



# WOODBRIDGE TOWNSHIP SCHOOL DISTRICT

## **REGISTRATION**

Registration for children entering Elementary School will be accepted at The Elementary Registration Center, located at The Evergreen Center, 400 Inman Avenue, Room 7, Colonia.

Elementary Registration Packets may be picked up Monday through Friday 8:00 am to 3:30 pm,

**E-mail:** [Central.Registration@woodbridge.k12.nj.us](mailto:Central.Registration@woodbridge.k12.nj.us) or call 732-388-1334.

All Registration Packets are available online: <http://www.woodbridge.k12.nj.us>

Middle and High School students should register at their assigned schools.

### **Registration Requirements:**

- ❑ Your child must be age **5** on or before **October 31** of the calendar year to be admitted to **Kindergarten**. A child must be age **6** on or before **October 31** of the calendar year to be eligible for **first grade** in September.
- ❑ Proof of residency must be presented when registering your child in Woodbridge Township (N.J.S.A. 18A: 38-1). Proof of residency includes: documentation that evidences property ownership, tenancy or residency in Woodbridge Township including, but not limited to a deed, lease, mortgage, or tax bill, or other documentation, which demonstrates personal attachment to a residence in Woodbridge Township.
- ❑ A current utility bill (gas, electric, phone or water bill) with your name and address on the document.
- ❑ An original birth certificate or passport.

### **The Following Immunizations are required:**

- ❑ Medical records must be certified and **translated** if needed at time of registration.
- ❑ DTaP – 4 doses with one given on or after the 4<sup>th</sup> birthday or any five doses.
- ❑ Tdap – Children born on or after January 1, 1997 and enrolled in grade six or transferring into a New Jersey school from another state or country will be required to receive one dose of Tdap vaccine.
- ❑ Polio – 3 doses with one given on or after the 4<sup>th</sup> birthday or any four doses. Intervals between the doses cannot be less than 1 month.
- ❑ Measles - 2 doses of a measles containing vaccine with the first dose given on or after the 1<sup>st</sup>. birthday. Intervals between the first and second doses cannot be less than 1 month. Laboratory evidence of immunity is also acceptable.
- ❑ Mumps-Rubella vaccines - 1 dose of each given on or after the 1<sup>st</sup>. birthday required. Laboratory evidence of immunity is also acceptable.
- ❑ Varicella (chicken pox) vaccine– 1 dose given on or after the 1<sup>st</sup>. birthday. Children, who present documented laboratory evidence, a physician's statement, or parental statement of previous varicella disease, shall not be required to receive the varicella vaccine.
- ❑ Haemophilus Influenza B (Hib)-mandated for preschool students only. Minimum of one dose needed after the 1<sup>st</sup> birthday.
- ❑ Hepatitis B vaccine - 3 doses or laboratory evidence of immunity.
- ❑ Pneumococcal conjugate vaccine – Mandated for preschool students only. Minimum of one dose needed after the 1<sup>st</sup> birthday.
- ❑ Meningococcal conjugate vaccine – Children born on or after January 1, 1997 and enrolled in grade six or transferring into a New Jersey school from another state or country will be required to receive one dose on meningococcal conjugate vaccine.
- ❑ Flu vaccine – Proof of an annual influenza vaccine for preschool students.
- ❑ Mantoux Tuberculin Test may be required depending on country of birth.
- ❑ Your child is required to have a physical examination upon entry into the school district. This exam must have been conducted no more than one year prior to entry.

If any records are not immediately available, your child should be registered and the records produced as soon as possible. For your information the Woodbridge Board of Health holds an immunization clinic the second Wednesday of the month for students who do not have health care insurance. For more information, please contact the Woodbridge Board of Health, 2 George Frederick Plaza, Woodbridge, NJ 07095, (732) 855-0600 ext. 5011/5012.



## WOODBRIDGE TOWNSHIP SCHOOL DISTRICT

### NOTICE OF DEFECT IN APPLICATION AND POTENTIAL INELIGIBILITY

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
*Last* *First* *Middle*

Date of Birth: \_\_\_\_\_

Mother/  
Guardian Name: \_\_\_\_\_ Father/  
Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone/Beeper: \_\_\_\_\_

Person Enrolling the Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Please be advised that, although the above-named student is being accepted for enrollment on a preliminary basis, the enrollment application you have submitted has defects as noted below. If these defects are not corrected within **five (5) school days**, you will be notified that, unless you file an appeal, the student will be removed from school. If that occurs, you will be provided with information on how to appeal the removal to the Commissioner of Education. Within five (5) school days of the date of this letter, please submit the following:

\_\_\_\_\_ Student Registration Form

\_\_\_\_\_ Proof of domicile/residency at address where you claim to live  
Acceptable documentation may include, but is not necessarily limited to, the following:

1. Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency;
2. Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location;
3. Court orders, State agency agreements and other evidence of court or agency placements or directives;

4. Receipts, bills, cancelled checks and other evidence of expenditures demonstration personal attachment to a particular location, or where applicable, to support of the student;
5. 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;
6. Affidavits, certifications and sworn attestations;
7. Documents pertaining to military status and assignment; and
8. Any other business record or document issued by a governmental entity.

\_\_\_\_\_ Affidavits demonstrating that you are supporting student financially and that parents are incapable of caring for student due to family or economic hardship (applies only to residents enrolling students of whom they are not parents or legal guardians/custodians)

\_\_\_\_\_ Proof of legal guardianship or custody of student

\_\_\_\_\_ Original birth certificate

\_\_\_\_\_ Home Visits New Pupils

\_\_\_\_\_ Home Language Survey

\_\_\_\_\_ New Entrant – Verification of Screening/Native Language (as applicable)

\_\_\_\_\_ Student Health Record Form (Parent Questionnaire)

\_\_\_\_\_ Family Physician’s Report (including immunization records and physical within one (1) year)

\_\_\_\_\_ Fingerprint permission slip (or letter refusing consent)

\_\_\_\_\_ Strep permission form (or letter refusing consent)–**Elementary Students Only**

\_\_\_\_\_ School records (copy of transfer card, test scores, report card) or request for pupil records (as applicable)

Thank you for your attention to this important matter. If you have any questions regarding this notice, please call \_\_\_\_\_.

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### **ACKNOWLEDGEMENT OF RECEIPT**

I have received a copy of this notice advising me of the defects in my enrollment application for my child.

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date



# WOODBIDGE TOWNSHIP SCHOOL DISTRICT

## REGISTRATION FORM

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Race Code(s)\*: \_\_\_\_\_  
*\*Race Codes: 01 American Indian/Alaska Native; 02 Asian/Pacific Islander; 03 Black; 04 Hispanic; 05 White*

**\*\*City of Birth:** \_\_\_\_\_

**\*\*State of Birth:** \_\_\_\_\_

**\*\*Country of Birth:** \_\_\_\_\_

**\*\*Date entered U.S.A.:** \_\_\_\_\_

*\*\*mandated by NJDOE*

### Provide the following information for the individual with whom the child resides:

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone/Beeper: \_\_\_\_\_

Home e-mail: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

Person Enrolling the Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Student lives with: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_ Address and Phone Number: \_\_\_\_\_  
(if different than student's) (if different than student's)

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

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

### **To be completed by the school office:**

**Student ID#:** \_\_\_\_\_ **SID#:** \_\_\_\_\_ **Family Code#:** \_\_\_\_\_

School Code Resident: \_\_\_\_\_ Entry Date: (yymmdd) \_\_\_\_\_

Year of Graduation: (YYYY) \_\_\_\_\_

Transferred from: \_\_\_\_\_ Transportation: \_\_\_\_\_

School Code Attending: \_\_\_\_\_

Student Assignment: Grade: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_

School Exit Date: \_\_\_\_\_ School Exit Withdrawal Code: \_\_\_\_\_

Are the parents divorced? \_\_\_\_\_ No \_\_\_\_\_ Yes

**If yes, is there is a legal document describing the child's domicile for school purposes or limiting either parent's parental rights? Please provide a copy of this document.**

Has the student attended a school outside the Woodbridge District? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give school name, address and dates of attendance:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Has the student attended a Woodbridge School before? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give school name, address and dates of attendance:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Names and birth date of brothers and sisters (please include pre-school children also):

_____	_____
_____	_____
_____	_____
_____	_____

**To the person enrolling the student:**

1. Complete SECTION A (Domicile), if the student is living with a parent or guardian whose permanent home is the address given on the registration form and is located in the District.
2. Complete SECTION B ("AFFIDAVIT OF DOMICILE" STUDENT), if the student is living with a person domiciled in the District, other than the parent or guardian.
3. Complete SECTION C (TENANCY), if you are a tenant and are unable to produce a copy of your lease. Use Tenant Form A or Tenant Form B as applicable.
4. Complete SECTION D (SPECIAL CIRCUMSTANCES), if the student's situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.



# WOODBRIDGE TOWNSHIP SCHOOL DISTRICT

## SECTION A -- DOMICILE (Student Residing with Parent/Guardian in the District)

Complete this section if the student is living with a parent or guardian whose permanent home is located in the Woodbridge Township School District. If you are the student's guardian or will be the guardian of a student from out of state following expiration of the required six-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit of domicile" student proofs of the type requested in Section B.

How long have you lived in this home? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

Please list four (4) forms of proof you will provide to demonstrate that the address given on this application is your permanent home. (See the list ACCEPTABLE DOCUMENTATION OF PROOF OF RESIDENCY on the first page of this packet.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

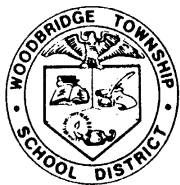
Does the student reside with one parent for the entire year? If so, with which parent and at what address? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



OFFICE OF SPECIAL SERVICES  
WOODBRIDGE TOWNSHIP SCHOOL DISTRICT  
Woodbridge, New Jersey

**HOME VISITS TO NEW PUPILS**

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Parent \_\_\_\_\_ Former School \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Town \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

**TO BE COMPLETED BY ATTENDANCE COUNSELOR**

Date of Visit \_\_\_\_\_  
Person Interviewed \_\_\_\_\_  
Pupil lives with \_\_\_\_\_  
Type of residence (Check one) Apartment \_\_\_\_\_ House \_\_\_\_\_  
Are you satisfied that pupil legally resides here? Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature



# WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT

Please respond in English

English Home Language Survey

## HOME LANGUAGE SURVEY

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Parent or Guardian's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_  
Home Work

1. Is the student's first-learned or home language anything other than English?  
 Yes  No

**If yes, please respond to the following questions:**

2. What is the student's country of origin? \_\_\_\_\_

3. Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_

4. What language does your son/daughter most frequently use at home? \_\_\_\_\_

5. What language do you most frequently speak to your son/daughter?  
(Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_

6. What is the language most frequently spoken at home? \_\_\_\_\_

7. Please describe the language understood by your child. (Check only one)
- A. Understands only the home language and no English.
  - B. Understands mostly the home language and some English
  - C. Understands the home language and English equally.
  - D. Understands mostly English and some of the home language.
  - E. Understands only English.

8. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



# WOODBRIDGE TOWNSHIP SCHOOL DISTRICT

## New Entrant – Verification of Screening/Native Language

Entry Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: # \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Counselor: \_\_\_\_\_

Special Ed \_\_\_\_\_ Classified: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Native Language: \_\_\_\_\_ Entering From: \_\_\_\_\_

**Standard Test Record:** Test Name: \_\_\_\_\_ Level/Form: \_\_\_\_\_ Date Admin. \_\_\_\_\_

**Scores:** Language Arts (R/W): \_\_\_\_\_ Math: \_\_\_\_\_

ASI Classes (if below cutoff scores): Language Arts (R/W): \_\_\_\_\_ Math: \_\_\_\_\_

ESL Screening (if needed):

1. **Initial Evaluation Sheet (IES)** Date Admin. \_\_\_\_\_ Score: \_\_\_\_\_ (21 is passing. If below, give MAC II)

2. **MAC II Test** (if IES score below 21) Date Admin. \_\_\_\_\_ Score: \_\_\_\_\_ Cutoff: \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_

**Home School:** \_\_\_\_\_

*Distribution:* Patricia Stock - School Copy - ESL/Bi-Lingual Teacher - ASI Teacher(s)



# WOODBIDGE TOWNSHIP SCHOOL DISTRICT

## STUDENT HEALTH RECORD Parent Questionnaire

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

With whom does the child live? \_\_\_\_\_ Who is legal guardian? \_\_\_\_\_

### Part I. Immunizations

Please attach an official copy of immunization records.

### Part II. Perinatal and Developmental History

1. Did the mother have any unusual problems/illnesses during the pregnancy or the birth, such as breech, forceps or cesarean delivery? Yes \_\_\_ No \_\_\_ If yes, explain briefly: \_\_\_\_\_
2. Was this infant born full term \_\_\_ early \_\_\_ late \_\_\_?
3. What was this infant's birth weight? \_\_\_\_\_
4. Did the infant have any sickness or problems while in the hospital, such as jaundice, seizures or difficulty breathing? Yes \_\_\_ No \_\_\_ If yes, explain briefly: \_\_\_\_\_
5. Please give approximate age at which the child: sat up alone \_\_\_ walked \_\_\_ spoke single words \_\_\_ spoke sentences \_\_\_ was toilet-trained \_\_\_
6. How does this child's development compare to other children, such as brothers, sisters, or playmates? about the same \_\_\_ slower \_\_\_ faster \_\_\_

### Part III. Health Conditions (please check any this child has had)

- |  |  |
|--|--|
| <input type="checkbox"/> chicken pox (what year? _____)            | <input type="checkbox"/> poor hearing                    |
| <input type="checkbox"/> diabetes                                  | <input type="checkbox"/> seizures                        |
| <input type="checkbox"/> eye problems, poor vision or crossed eyes | <input type="checkbox"/> epilepsy                        |
| <input type="checkbox"/> frequent ear infections                   | <input type="checkbox"/> sickle cell disease             |
| <input type="checkbox"/> tubes in ears                             | <input type="checkbox"/> toothaches/dental infection     |
| <input type="checkbox"/> frequent headaches                        | <input type="checkbox"/> other? List: _____              |
| <input type="checkbox"/> frequent nosebleeds                       |  |
| <input type="checkbox"/> frequent sore throat infections           | <input type="checkbox"/> Is your child sick a lot? _____ |
| <input type="checkbox"/> high fevers                               | If yes, please explain: _____                            |

### Part IV: Allergies and Asthma

1. Please list and describe allergies or reactions to:  
Medicines/drugs \_\_\_\_\_  
Foods/plants/others \_\_\_\_\_  
Bee or wasp stings \_\_\_\_\_
2. Recommended treatment if allergy is severe: Allergy shots? \_\_\_\_\_
3. Does this child have asthma that has been diagnosed by a doctor? Yes \_\_\_ No \_\_\_  
If yes, what treatment has been prescribed? \_\_\_\_\_

### Part V: Injuries, Illnesses and Surgeries

Please list any severe injuries, illnesses or surgeries:

Injuries, Illnesses, Surgeries	Age of Child	If Hospitalized, Check Here
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Part VI: Additional Information

1. What medications are given daily? \_\_\_\_\_
2. What medications are given frequently, but not daily? \_\_\_\_\_
3. This child is usually: very active \_\_\_ normally active \_\_\_ rather inactive \_\_\_
4. Do any family members have long-term illnesses such as diabetes or high blood pressure? If so what? \_\_\_\_\_

Do you have any other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of? If yes, please explain: \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_ I would like a conference with this school nurse: Yes \_\_\_ No \_\_\_



## **WOODBRIDGE TOWNSHIP SCHOOL DISTRICT**

P.O. Box 428, School Street  
Woodbridge, NJ 07095

Dear Parent/Guardian:

In order to attend a public school in New Jersey, your child must be properly immunized against certain communicable diseases. Enrollment in the Woodbridge Township Public Schools will not be denied based upon the absence of your child's medical information, but actual attendance at school may be deferred as necessary until there is compliance with the rules regarding immunization of students.

Pertinent regulations of the New Jersey Department of Health and Senior Services are at N.J.A.C. 8:57-4.1 et seq.

Medical exemptions to the compulsory immunization requirements will be accepted if documented by a physician licensed to practice medicine or osteopathy or a certified registered nurse practitioner indicating that an immunization is medically contraindicated for a specific period of time, and the reason(s) for the medical contraindication, based upon valid medical reasons as described by applicable statutes, rules, and regulations.

A child will be exempt from mandatory immunization if the parent or guardian objects in a written statement submitted to the school that is signed by the parent or guardian, explaining how the administration of immunizing agents conflicts with the student's exercise of bona fide religious tenets or practices. General philosophical or moral objection to immunization shall not be sufficient for an exemption on religious grounds.

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

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

## New Jersey Department of Health and Senior Services

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

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

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

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

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

#### **Please Note The Following:**

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

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

#### **Provisional Admission:**

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. Pupils <5 years of age, must receive the required vaccines within 17 months in accordance with the ACIP recommended minimum vaccination interval schedule. Pupils 5 years of age and older, must receive the required vaccines within 12 months in accordance with the ACIP recommended minimum vaccination interval schedule.

#### **Grace Periods:**

- **4-day grace period:** All vaccine doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, pre-school, or child care facility.
- **30-day grace period:** Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.



## **WOODBRIDGE TOWNSHIP SCHOOL DISTRICT**

P.O. Box 428, School Street  
Woodbridge, NJ 07095

Dear Healthcare Provider:

Recent changes to the New Jersey Guidelines for School Health Services, (N.J.A.C. 6A:16-2.2 and N.J.S.A. 18A:40-4), require a medical examination prior to entry into the public school system. The examination must state what, if any, modifications are required for full participation in the school program.

On the basis of your records and your examination, please provide the information requested on the attached form. This information will assist the school in providing an educational program suited to the individual student.

Your cooperation is appreciated.

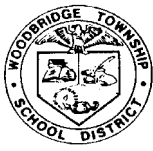
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School Nurse

---

Phone

Attachment



# WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT

School: \_\_\_\_\_

## FAMILY PHYSICIAN'S REPORT

Name of Child (Last, First, M.I.)		Date of Birth (Mo./Day/Yr.)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Parent/Guardian</b>	Name:	Home Phone #:	
	Address:	Cell Phone #:	

Vaccine Type	Disease Date	1 <sup>st</sup> Dose Mo./Day/Yr.	2 <sup>nd</sup> Dose Mo./Day/Yr.	3 <sup>rd</sup> Dose Mo./Day/Yr.	4 <sup>th</sup> Dose Mo./Day/Yr.	5 <sup>th</sup> Dose Mo./Day/Yr.	Mo./Day/Yr.
Diphtheria, Tetanus, Pertussis – DTP <small>*(If DT, Td, DTaP, Tdap indicate in corner box)</small>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio Oral Polio Vaccine (OPV) <small>*(If Salk Vaccine indicate (IPV) in corner box)</small>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles, Mump Rubella (MMR)							
Measles							
Rubella							
Mumps							
Haemophilus B (HIB)							
Hepatitis B							
Varicella							
Influenza							
Meningococcal							
Pneumococcal Conjugate							
Other (Specify)							

Ht.	Wt.	Abdomen	Operation or Injuries	Year
Ears		Hernia		
Eyes		Genito-Urinary (Urinalysis)		
Lymph Glands		Structural		
Thyroid		Orthopedic: Scoliosis		
Nose		Feet		
Throat		Skin (Non Comm.)	Congenital Defects	
Teeth-Mouth		Nutrition		
Heart B/P		Nervous System		
Lungs		Speech		

TB Screening (Mantoux Test):	Vision:	Hearing:
Date Tested:	With Glasses – Right	Sweep Check: Right
Date Read:	Left	Left
Result (MM):	Both	Complete Pure Tone: Right
	Without Glasses – Right	Left
	Left	
	Both	

1. Is this child capable of carrying a full program of schoolwork, including physical education activities?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Should the school program be modified to meet the needs of this child? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is this child taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please indicate type and reason: \_\_\_\_\_

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Physician's Telephone #

\_\_\_\_\_  
Physician's Signature



## WOODBIDGE TOWNSHIP SCHOOL DISTRICT

L. Rotella  
Assistant Superintendent

Dear Parents/Guardians:

We are pleased to inform you that the Woodbridge Township Board of Education in cooperation with the Middlesex County Sheriff's Office is sponsoring a Fingerprinting Program for all elementary school-age children who are new to our public school system. You will have the opportunity to have your child fingerprinted, at his/her school, by an officer of the Middlesex County Sheriff's Office.

In order to have your child fingerprinted, you must complete both attachments:

- A) Woodbridge Township's Permission Slip - Fingerprint Program  
(Please print last name, first name, **sign and date**)
- B) Sheriff's Department Permission Slip  
(Please print last name, first name, **sign and date**)

**Your child will not be fingerprinted unless the Woodbridge Township Permission slip and the Sheriff's Department Permission slip are signed.**

Once the fingerprints have been recorded, the card will be placed in an envelope and mailed directly to your home. **No record** of your child's fingerprints will be kept by the school or the Police Department. When you receive the card, you may wish to fill out the remainder of the information listed under personal identification for later reference, and then store the card in a safe place.

If you have any questions regarding any aspect of the Fingerprinting Program, you are encouraged to call the principal of your child's school.

Very truly yours,

A handwritten signature in cursive script that reads "L. Rotella".

L. Rotella



## **WOODBRIDGE TOWNSHIP SCHOOL DISTRICT**

### **WOODBRIDGE TOWNSHIP SCHOOL DISTRICT PERMISSION SLIP FINGERPRINTING PROGRAM**

TO: Principal

I agree to have my child \_\_\_\_\_ fingerprinted by an  
(Last Name, First Name)

Officer of the Middlesex County Sheriff's Office. I understand that the fingerprinting will be conducted in accordance with the procedures noted on the attached letter. It is also my understanding that, when completed, the fingerprint card will be mailed to my home address.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Parent/Guardian)

#### **REMINDER:**

Please sign the Middlesex County Sheriff's Department Permission Slip also.



**WOODBIDGE TOWNSHIP SCHOOL DISTRICT**

Date: \_\_\_\_\_

To whom it may concern,

\_\_\_\_\_ is now enrolled in the  
Woodbridge Township School District.

Please send the following information to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Academic Records
- Health Records
- (NJ Schools please send permanent Health Record Card - Original A45)
- Achievement Test Results
- Confidential Records (IEP)
- Child Study Team Records
- Discipline Records

Thank you for your prompt attention in filling this request.

Sincerely,

\_\_\_\_\_  
Principal

I give permission for \_\_\_\_\_ to release the records  
(Former School)

\_\_\_\_\_  
(Former School address)

\_\_\_\_\_  
(Former School city, state, zip code)

( ) ( )  
\_\_\_\_\_  
Phone# FAX #

of \_\_\_\_\_ to: \_\_\_\_\_  
(Student) (School Name)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# WOODBIDGE TOWNSHIP SCHOOL DISTRICT

## STUDENT EMERGENCY INFORMATION

**Note: This is a 2 sided form.**

Emergencies, such as sudden illness and injury, may make it necessary for the school to communicate with someone who can assume responsibility for the welfare of students. We, therefore, request that you complete this form in its entirety to make it possible for the school to take care of emergencies that may relate to your child.

**IMPORTANT: PLEASE CLEARLY PRINT ALL INFORMATION. IF ANY INFORMATION CHANGES DURING THE COURSE OF THE SCHOOL YEAR, PLEASE CONTACT THE SCHOOL IMMEDIATELY.**

Student's Name: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Room (if applicable): \_\_\_\_\_ Check one: Rides Bus: \_\_\_\_\_ Walks: \_\_\_\_\_

DO NOT include numbers that are beepers or pagers. Voice mail or answer machines WILL NOT be considered as a personal contact.

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parent's e-mail address \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I authorize the following persons to sign-out my child from school in case of a health-related or other emergency (please list at least 2):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If I am not at home when my child arrives there, he/she has permission to go to the home of one of the following neighbors with whom I have made arrangements:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

**Parent's/Guardian's Name (PRINT):** \_\_\_\_\_

**Parent's/Guardian's SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### EMERGENCY HEALTH INFORMATION

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(To be called at expense of parent/guardian in an emergency.)

Physician's Address: \_\_\_\_\_

I acknowledge that pertinent information regarding my child's health may be shared with school personnel on a need-to-know basis only.

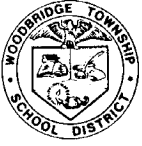
I authorize officials of New Jersey Public Schools to contact directly the persons named on this emergency information form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, or other persons named on this emergency information form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

**Parent's/Guardian's SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONTINUED OVER**



# WOODBRIDGE TOWNSHIP SCHOOL DISTRICT

## STUDENT EMERGENCY INFORMATION (Continued)

**Note: This is a 2 sided form.**

**Does the child have health insurance?**

Yes \_\_\_\_\_ If Yes, name of insurance company:

\_\_\_\_\_

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

No \_\_\_\_\_ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

For more information call 1-800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

\* \* \* \* \*

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

*Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30(b).*



# WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT

## UNSCHEDULED EARLY DISMISSAL INFORMATION FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS

### **PARENT/GUARDIAN REGISTRATION IN THE HONEYWELL INSTANT ALERT SYSTEM IS REQUIRED.**

If you have not yet registered, please visit [www.honeywell.com](http://www.honeywell.com) to register, or click on the Honeywell link on the school district's Website, located at [www.woodbridge.k12.nj.us](http://www.woodbridge.k12.nj.us). Instructions on registering in the Honeywell system are attached. Please keep the attachment and return this form to your child's school.

If your family does not have a personal computer, please be advised that computers are available for public use at all public libraries throughout Woodbridge Township.

Your cooperation regarding registration in the Honeywell *Instant Alert* System is expected and appreciated.

**NOTE: If any of the following contact information changes during the course of the school year, THE SCHOOL MUST BE NOTIFIED IMMEDIATELY and YOU MUST UPDATE YOUR HONEYWELL PROFILE.**

### **PARENTS/GUARDIANS: Please review the following IMPORTANT NOTES regarding your children's safety.**

1. It is the responsibility of each parent/guardian to provide their child's/ren's school with specific instructions for their child/ren in the event of an unscheduled early dismissal.
2. **KEEPING YOUR CHILD/REN AT SCHOOL AFTER DISMISSAL TIME AND WAITING UNTIL A PARENT ARRIVES IS NOT AN OPTION!**
3. All AFTER CARE programs in the schools of Woodbridge Township are CANCELLED in the event of an unscheduled early dismissal.
4. **PLEASE DO NOT CALL THE SCHOOL FOR INFORMATION REGARDING EARLY DISMISSALS** as this ties up the school's telephone lines. If the decision is made to proceed with an unscheduled early dismissal, **you will be notified via the Honeywell Instant Alert System** at the telephone numbers you identify in your family's Honeywell profile.

School: \_\_\_\_\_

*Please list below all children in your household who attend this school*

Child's Name	Grade	Teacher or Homeroom Teacher

Check one: Child/ren Ride/s bus \_\_\_\_\_ or Walk/s \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name/s: \_\_\_\_\_

List below the instructions you have given your child/ren to follow in the event of an unscheduled early dismissal.

**REMEMBER: KEEPING YOUR CHILDREN AT SCHOOL AFTER DISMISSAL TIME AND WAITING UNTIL YOU ARRIVE IS NOT AN OPTION!**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **The following information will help us in making safe decisions about your child/ren.**

I give permission for my child/ren to be picked up and/or driven home by the following local person/s (list name/s and phone number/s):

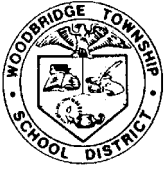
Name/s: \_\_\_\_\_

If I am not at home when my child/ren arrive/s there, he/she/they should go to the home of one of the following neighbors, with whom I have made arrangements. (Note: Your child/ren, or the designee/s listed below, should be instructed to telephone you upon your child's/ren's arrival at this destination.)

Name/s: \_\_\_\_\_

I have instructed my child/ren on what to do in the event of an unscheduled early dismissal and I agree to the responsibilities noted above.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# WOODBIDGE TOWNSHIP SCHOOL DISTRICT

P. O. Box 428, School Street  
Woodbridge, New Jersey 07095  
Telephone: (732) 602-8472  
Fax: (732) 750-3493

*Dr. John A. Crowe*  
Superintendent of Schools

To Parents and Guardians of the Woodbridge Township School District:

Keeping parents informed and involved helps to insure student safety and to improve student success. With today's on-the-go lifestyles, it has become more difficult for schools to reach families quickly and effectively. This is why the Woodbridge Township School District utilizes the Honeywell *Instant Alert*<sup>®</sup> *System for Schools*.

*Instant Alert for Schools* is an essential tool for notification and communication which will eliminate the need for parent "call chains." Within minutes of an emergency, school officials can use the *Instant Alert* system to deliver a single, clear message to our students' parents and guardians through communication by telephone, cell phone, e-mail, pager and/or PDA, or any combination of these communication devices. *Instant Alert* can also be used to notify families of school closings due to inclement weather. It is also an equally effective way to keep families informed of everyday activities, such as event times and locations, and any schedule changes.

*Instant Alert* is Internet-based, which allows parents and guardians to maintain secure, password-protected online profiles. Instructions for accessing the system and for creating your profile are provided on the reverse side of this letter.

You will have the ability to log into your profile as needed to update your contact information. Maintaining the accuracy of your profile will increase the ability of the school to keep you informed. Your online profile will enable you to:

- Input your personal contact information;
- Select which type of school information you would like to receive on each of your contact devices;
- Add contact information of other caretakers of your children, such as a grandparent or neighbor.

**The *Instant Alert* system will be the only communication you receive with regard to inclement weather school closings and other important school information.**

**In order to use the *Instant Alert* system, parent registration is required.**

Log-on to <https://instantalert.honeywell.com>. A link has also been provided on the district's Website, located at [www.woodbridge.k12.nj.us](http://www.woodbridge.k12.nj.us). As the school district will be utilizing this system for most school-to-home communications, I urge you to register as soon as possible.

**Note:** Messages listed under the heading of "SCHOOL CLOSINGS" will include school closings for a full day, notices of delayed openings, and unscheduled early dismissals.

Messages listed under the heading of "HIGH IMPORTANCE" will include messages regarding school evacuations, bomb threats, lockdowns, and any other emergency situation that occurs at individual schools.

If you need assistance with your profile, please go to <https://instantalert.honeywell.com> and click on the "Help Request" link on the lower right hand side of the page. (Please be sure to set your e-mail spam filter to receive e-mail from Honeywell.com.)

If you do not have access to a computer, please contact your child's school.

Thank you for your participation in this very important communication system.

Very truly yours,

A handwritten signature in black ink that reads "John A. Crowe".

John A. Crowe

JAC/z

# Honeywell Instant Alert® for Schools

## Parent User Interface

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Website URL: <https://instantalert.honeywell.com>

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### Minimum Requirements

#### Register and create your account

1. Go to the Honeywell Instant Alert for Schools website listed above.
2. If you are not a staff member in the school, click on 'Parent' in the New User box.
3. If you are a staff member in the school, use the user name and password given to you by the school.
4. Complete the student information form. Click 'Submit.'
5. Complete the corresponding screen. Click 'Submit.'
6. After receiving the Confirmation message, click 'Proceed' to get started with Instant Alert.
7. Note: Remember your Login Name and Password so you may use it to update your profile.

#### View and check details about yourself and your family members

1. Upon successful login, click on 'My Family.'
2. Click on a parent name to view and edit parent details.
3. Click on a student name to view details about your children enrolled in this school.

#### Configure alert settings for yourself

1. Click on 'Alert Setup.'
  2. Click on the check boxes to select which alert type you would like to have sent to which device. Click on 'Save' when complete.
  3. If you would like to add another contact device, select the device type and enter the device details. Select the person to whom the device belongs and click on 'Add.'
  4. For e-mail, text messaging and pagers you may send yourself a test message. Click on 'Send Test Message' to send yourself a message.
- 

### Additional Functions

#### View History of Alerts

Click on 'Alert History' to view Alerts that have been sent to you. Use the calendar icons and 'Alert Type' list to filter the Alerts.

#### Identify key contacts for your children

1. Click on 'Other Contacts.'
  2. Click on 'Add New Contact' and complete the form.
  3. Click on the 'Pick Up Rights' check box if you wish to allow this person the right to pick up your child from school. This person's name will appear on a report for the school.
  4. Click on 'Save' when complete.
  5. If you would like this person to receive Alerts from the school, return to the 'Alert Setup' page to configure this person's alert settings.
- 

**For Assistance:** <https://instantalert.honeywell.com>

Click on the **Help Request** link in the lower right hand side of the page

Be sure to set your e-mail spam filter to receive e-mail from Honeywell.com.