

Roselle Park Schools

GENERAL REGISTRATION FORM

Children who will become 5 years of age on or before October 31, 2017, are eligible to enroll in **Kindergarten** in September 2017. Children who will become 6 years of age on or before October 31, 2017, are eligible to register for **First Grade**. All students require a transfer card and health records from their previous school.

**COMPLETED FORMS AND REQUIRED MATERIALS MUST BE BROUGHT WITH YOU
WHEN YOU REGISTER.**

Please bring the following with you:

1. **Contents of this Packet**
2. **Child's Birth Certificate**
3. **Child's History and Physical Assessment Form** filled out, signed and **dated** by a physician and dental exam form signed and dated by a dentist. The physical exam must be performed within the 12 months prior to the first day of school.
4. **Child's Proof of Immunizations** (school policy requires proof of the following immunizations at the time of Kindergarten registration):
 - A. Pre-K students require an annual influenza vaccine given between September 1 and December 31.
 - B. DPT: (age 1-6 years) 4 doses, with 1 dose given on or after the 4th birthday, OR any 5 doses.
 - C. Oral Polio (OPV) or enhanced IPV: (age 1-6 years) 3 doses, with one dose given on or after the 4th birthday OR any four doses given at least 28 days apart.
 - D. Measles: 2 doses of a measles containing vaccine administered after the 1st birthday, and separated by an interval of at least 1 month OR laboratory evidence of immunity.
 - E. Rubella: 1 dose of live rubella vaccine administered on or after the 1st birthday OR laboratory evidence of immunity.
 - F. Mumps: 1 dose live mumps vaccine administered on or after the 1st birthday OR laboratory evidence of immunity.
 - G. Hepatitis B: 3 doses OR laboratory evidence of immunity or a physician's written certification of past hepatitis B disease.
 - H. Varicella (Chicken Pox): One dose of varicella vaccine on or after the 1st birthday or proof of disease immunity.
 - I. Valid Tuberculin test and results.
5. **Proof of Residency (All documents must be original – no copies please)**
 - A. Driver's license with Roselle Park address / auto insurance card
 - B. Need 2 of the following: Current credit card bill / Comcast bill and/or checking or bank statement
 - C. Two current utility bills
 - D. Fill out form for housing (available at registration)
 - E. ***If You Own Your Own Home:*** Copy of deed, mortgage statement or payment book, or tax bill
If You Rent a House or Apartment: Copy of lease or notarized letter from landlord establishing all residents living at the house or apartment indicated....All names must be listed

NEW JERSEY STATE LAW requires that all necessary medical records **must** be in the school's possession before a child may enter kindergarten.

NO CHILD WILL BE ADMITTED TO SCHOOL WITHOUT THESE COMPLETED DOCUMENTS!

Roselle Park Public Schools
510 Chestnut Street
Roselle Park, New Jersey 07204

“A High-Performing District”

Pedro Garrido
Superintendent of Schools
(908) 245-1197
FAX (908) 245-1226

Susan M. Guercio
School Business Administrator/
Board Secretary
(908) 245-2103

Dear Parent/Guardian:

WELCOME to the Roselle Park Public Schools! Each child who enrolls in our schools is accepted at his or her own educational level and then challenged to attain maximum growth and development. Our district provides a quality education for all students.

We strive to instill in each student the capacity for constructive self-direction. Our mission, through a community partnership, is to provide personalized, exemplary learning experiences for the optimal development of students enabling them to become life-long learners and contributing members of a diverse and changing society.

Parental interest in school life enhances student learning. Therefore, you are encouraged to visit our schools, to join the parent/teacher organizations, to attend meetings of the board of education, and to participate in school functions. We appreciate your inquiries and suggestions, your help, and your cooperation. We all look forward to working with you in the education of your child/children.

Sincerely,

Pedro Garrido
Superintendent of Schools

lb

“Where Children Come First”

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RESOLUTION

CENTRAL ASSIGNMENT OF ELEMENTARY STUDENTS

WHEREAS, The Roselle Park Board of Education has undertaken extensive and exhaustive studies regarding Central Office Assignment of Elementary Students; and

WHEREAS, The Roselle Park Board of Education has considered the impact of Central Office Assignment of Elementary Students upon the safety of students; and

WHEREAS, The Roselle Park Board of Education has considered the impact of Central Office Assignment of Elementary Students upon the maintenance of the family unit within a specific elementary school as well as within the elementary school system; and

WHEREAS, The Roselle Park Board of Education has considered the impact of Central Office Assignment of Elementary Students upon the ability of a student to continue and complete his or her elementary education in one or as few elementary schools as possible; and

WHEREAS, The Roselle Park Board of Education has considered the impact of Central Office Assignment of Elementary Students upon the continuity of education within the Board's physical and budgetary constraints; therefore, be it

RESOLVED, That the Roselle Park Board of Education shall implement Central Office Assignment of Elementary Students at the commencement of the 1983-84 school year; and be it further

RESOLVED, That the Roselle Park Board of Education, in implementing said plan, shall at all times consider the safety of all students, will avoid the splitting of families unless otherwise requested, and guarantee that a student shall be transferred no more than one (1) time during his/her elementary school education.

3/8/83

"Where Children Come First"

**ROSELLE PARK BOARD OF EDUCATION
ROSELLE PARK, NJ 07204**

PLEASE PRINT

REGISTRATION FORM

Date Entered _____ Grade _____

CHILD'S

Name _____
Last First Middle Generation Suffix (i.e., Jr., II)
Address _____ Phone _____

Birth Date: Month _____ Day _____ Year _____ Gender: Male () Female ()

City of Birth: _____ State of Birth _____ Country of Birth _____

School Last Attended _____ Grade _____

Address _____

Last Home Address _____

Language Most Often Spoken at Home _____

FATHER'S NAME _____ *Living?* _____
First Last

Date of Birth _____ Birthplace _____ Citizen _____

Occupation _____ Employer _____ Business Phone _____

Home Address (if different) _____

Home Phone _____ Cell Phone _____ E-Mail _____

MOTHER'S NAME _____ *Living?* _____
First Maiden Last

Date of Birth _____ Birthplace _____ Citizen _____

Occupation _____ Employer _____ Business Phone _____

Home Address (if different) _____

Home Phone _____ Cell Phone _____ E-Mail _____

If parents are separated/divorced, provide documentation (preferably in the form of a court order) determining legal custody.

Please list: **ALL** Other Children Living in your household.

| NAME | SEX | DATE OF BIRTH |
|----------|-----|---------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

LEGAL GUARDIAN'S (Please provide documentation determining the legal custody of the student)

Name _____ Relationship _____

Address _____ Home Phone _____

Remarks _____

The following questions are for State Report use only:

1. Is the child a citizen of the USA? _____

2. If the child is not a citizen, what is the country of origin? _____

Date arrived in USA _____ Date of SCHOOL ENTRY in USA _____

3. What was first language spoken by child? _____

Ethnicity: (Answer "Yes" or "No"):

I AFFIRM THE ABOVE FACTS TO BE TRUE.

_____ Relationship to Child: _____

Signature: _____

Race (Check all that apply) Note that a non-Hispanic student ("No" above) will check off at least one race category below. A Hispanic student ("Yes" above) can have all race categories blank below.
____ American Indian – *American Indian or Alaska Native*

E-Mail: _____

Health Related Information

Does the student have health insurance? (Check one): ____ Yes
____ No

If "Yes" Health Insurance Company: _____

Other adults living in home and relationship: _____

If parents are not living together, to whom shall communication be addressed? _____

Are there any issues the school should know about regarding:

Elimination () Play () Speech () Attitudes () Sleeping ()

Special Interest or Abilities – Please Specify _____

Has the child any fears or tensions? No () Yes () Explain: _____

Does the child seem happy and well balanced? No () Yes ()

Any other information that we should have to help your child: _____

I AFFIRM THE ABOVE FACTS TO BE TRUE.

Signature _____ Relationship to Child _____

TO BE COMPLETED BY SCHOOL PERSONNEL

VERIFICATION OF DATE OF BIRTH: _____

VERIFICATION OF RESIDENCY: _____

OTHER: _____

APPROVED BY: _____

DATE: _____

SCHOOL: _____

Roselle Park School District

Roselle Park, NJ 07204

PARTICIPATION RELEASE FORM

Dear Parents/Guardians:

Throughout the school year, the Roselle Park Board of Education will be using images of students who are involved in certain educational and/or recreational programs.

Your son/daughter's image may be used as part of his/her participation in various school activities. Images may be used for various purposes including, but not limited to, teaching, teacher training, and public information. The purposes for which the images may be used shall not include profit-making ventures. They may also be cablecast over cable TV Channel 34.

Please check the appropriate box and send this form back to school. Please understand that your objection to the use of their image may require the **exclusion** of your son/daughter from the activity in some cases. (Example: Award's Assembly – students will receive awards in their classroom instead of in front of the camera at the assembly.)

This permission slip will be in effect for the remainder of your years here in the Roselle Park School District.

Participation Release Permission Slip

- I give permission for my son/daughter's image to be used
- I do not want my son/daughter's image used

Student Name: _____ Class: _____

Relationship to child: _____

Parent/Guardian Signature

Date

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School Business Administrator/
Board Secretary
(908) 245-2103

TO: Parents/Guardians
FROM: Pedro Garrido
Superintendent of Schools
DATE: _____
SUBJECT: Language Survey - Roselle Park Students

I am asking your cooperation in helping us complete a very important report that we must file with the New Jersey Department of Education each year. We are required to obtain the following information:

- **Language spoken at home**
- **First language child learned to speak**
- **Number of years child has resided in the United States**

.....

Student's Name: _____
(Please print your name)

Grade: _____ School: _____

Language Child First Learned to Speak? _____

Language Most Often Spoken in your Home? _____

Number of Years Child has Resided in the USA? _____

Month / Year Student Entered USA: _____

Date started school in USA: _____

**Please return this survey at time of registration.
Thank you for your assistance.**

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Internet Use Form

The Internet is a special tool that can help me learn, communicate, and solve problems. Before I can use the Internet at my school, there are some promises that I need to make to my teacher, my classmates, my parents and myself. These promises are made to help keep me safe and to make my time on the Internet fun, interesting, and educational.

When I, _____ use the Internet,
(print name)

I promise to...

- Actively use the information I find on the Internet in my learning;
- Follow all of the instructions my teacher gives and stay only in the areas s/he suggest to me;
- Tell my teacher or another adult immediately if I see something is inappropriate or makes me feel uncomfortable;
- Use appropriate language on the Internet and treat the machines I use with respect;
- Never give out personal information such as my address or telephone number;
- Be aware that there are consequences for choosing not to follow the Internet rules.

I understand that my teacher knows how to keep me safe on the Internet, so it is important for me to follow directions. I understand that there are some things on the Internet that are not meant for children. If I find anything on the Internet that makes me feel uncomfortable, I know it is important to share that with my teacher right away.

This permission slip will be in effect for the remainder of your years in the Roselle Park School District. Please sign below and return to school. If you have any questions, please do not hesitate to contact the school office.

Student Signature _____ Date _____

Current Class _____

Parent Signature _____ Date _____

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LANDLORD VERIFICATION FORM

This form is to be completed in the absence of a lease.

(Date)

TO THE ROSELLE PARK BOARD OF EDUCATION:

This is to state that I, _____, am the landlord and owner of the property
located at _____

This is to further state that _____
(List All Family Members)

are tenants at the above address.

Sincerely,

(Landlord's Name & Signature)

(Landlord's Phone Number)

(Landlord's Address)

SWORN AND SUBSCRIBED BEFORE
ME THIS _____ DAY OF _____

(A Notary Public of New Jersey)

Attention New Registrants:

Please read the ordinance below pertaining to registering a child in the Roselle Park School District, and sign at the bottom of the page that you have read it.

ORDINANCE NO. 2315

AN ORDINANCE AMENDING CHAPTER XL, ARTICLE XVI, OF THE CODE OF THE BOROUGH OF ROSELLE PARK REGARDING REGISTRATION IN PUBLIC SCHOOLS

Section 40-1604 REGISTRATION IN PUBLIC SCHOOLS

A. Registration of Nonresidents Unlawful.

- a. It shall be unlawful for any parent or guardian to assist, aid, abet, allow, permit, suffer or encourage a minor to register or enroll in the Borough of Roselle Park School System where the minor is ineligible to attend as a result of the minor's nonresident status.
- b. It shall be unlawful for any person to knowingly permit his or her name, address or other residence designating documentation to be utilized in the registration or enrollment of any nonresident student in the Borough of Roselle Park School System unless previous approval has been granted Violations and Penalties.

B. Violations and Penalties.

Any person violating or failing to comply with any of the provisions of this Chapter shall, upon conviction thereof, be liable to the penalties stated in Chapter XL, Article XVI, Section 1604-B.

- a. It shall be unlawful for any landlord or entity to permit a child, who he/she is not the legal guardian to use his/her address to enroll in the Roselle Park School System. If the child has already been enrolled using the illegal address, then an additional fine will be assessed as listed.
- b. In addition to the fine outlined in **40-1604**, sub-paragraph 1B (a) above, any landlord, person, firm or entity that violates any portion of Ordinance **40-1604** shall be assessed an additional fine equal to the cost incurred by the Board of Education of the Borough of Roselle Park for a period not to exceed three (3) years prior to the determination by the Court of the violation. The fine shall be recovered by the Borough of Roselle Park by summary proceedings pursuant to the Penalty Enforcement Law. The proceedings shall be commenced by the Borough of Roselle Park's Municipal Court for enforcement of the penalty herein.

I have read ordinance 40-1604.

Name: _____

Signature: _____

Date: _____

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Superintendent
(908) 245-1197
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Marie Mormelo
Director of Special Services
(908) 241-3944
FAX (908) 241-4812

Roselle Park School District

Special Education Medicaid Initiative (SEMI) Parental Consent Form

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students. **We must have 100% of these forms completed and returned in order to be in compliance.** Please take a few moments to complete and return this form **immediately** to either your child's school or Special Services.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personal identifiable information, such as student records or information about services provided to your child including evaluations, and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or insurance to pay for special education or related services under Part 300 (services under the IDEA).

Child's Name: _____

Child's Date of Birth: ____/____/____

Parent: _____ Date: ____/____/____

I give consent to bill for SEMI: Yes No

This consent can be revoked at any time by contacting the administrator at your child's school.

Please return this form to:
Roselle Park Board of Education
Special Services Department
510 Chestnut Street, 3rd Floor
Roselle Park, NJ 07204
or
to your child's school

(Teachers/Secretaries, please put in interoffice mail to Mary Ann Hrubic – Special Services.)

Roselle Park Medicaid Annual Notification Regarding Parental Consent

Background: The State of New Jersey has participated in a Federal program, Special Education Medicaid Initiative (SEMI), since 1994. The program assists school districts by providing partial reimbursement for medically-related services listed on a student's Individualized Educational Program (IEP).

The SEMI program is under the auspices of the New Jersey Department of the Treasury through its collaboration with the New Jersey Department of Education and New Jersey Division of Medicaid Assistance and Health Services.

In 2013, the regulations regarding Medicaid parental consent for school-based services changed. Now the regulations require that, prior to accessing a child's public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification and obtain a one-time parental consent.

Is there a cost to you?

No. IEP services are provided to students while at school at **no** cost to the parent/guardian.

Will SEMI claiming impact your family's Medicaid benefits?

The SEMI program **does not** impact a family's Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family's Medicaid program. The SEMI program **does not** affect your family's Medicaid benefits in any way.

What type of services does the School-Based Services program cover?

- Evaluations
- Occupational Therapy
- Psychological Counseling
- Nursing
- Speech Therapy
- Physical Therapy
- Audiology
- Specialized Transportation

What type of information about your child will be shared?

In order to submit claims for SEMI reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

Who will see this information?

Information about your child's special education program may be shared with the New Jersey Division of Medicaid Assistance and Health Services and its affiliates, including the Department of the Treasury and the Department of Education for the purpose of verifying Medicaid eligibility and submitting claims.

What if you change your mind?

You have the right to withdraw consent to allow for Medicaid billing at any time by contacting the school in which your child is enrolled.

Will your consent or refusal to consent affect your child's services?

No. Your school district is still required to provide services to your child pursuant to his or her IEP, regardless of your Medicaid eligibility status or your willingness to consent for SEMI billing.

What if you have questions?

Please call your school district's Special Education department with questions or concerns, or to obtain a copy of the parental consent form.

Method of Delivery: (check one) Mailed to parent(s) Emailed to parent(s) IEP meeting Hand Delivered

History and Physical Assessment

Board of Education

ROSELLE PARK * NEW JERSEY * 07204

| | |
|----------------------|----------|
| Aldene School | 245-1521 |
| Sherman School | 245-1886 |
| Robert Gordon School | 245-2285 |
| Middle School | 245-1634 |
| High School | 241-4550 |
| ECC | 298-6835 |

CHILD STUDY TEAM EVALUATION

| | |
|---|----------------|
| Name of CHILD (Last, First, Middle Initial) | Date of Exam |
| Street Address | Date of Birth |
| City | Zip Code |
| Phone | Name of Parent |

→ TO BE FILLED IN BY EXAMINING PHYSICIAN

NJ Immunization Registry ID #

DATES OF IMMUNIZATIONS:

*Fill out completely for students entering school for first time.
For students already attending, list only recent immunizations.*

| D.P.T. | POLIO | MANTOUX TEST | MMR | MEASLES | MUMPS | RUBELLA |
|------------|----------|-----------------------------------|-----------------------|-----------------|------------|---------------------|
| 1. _____ | 1. _____ | Date _____ | 1. _____ | 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | | 2. _____ | 2. _____ | 2. _____ | 2. _____ |
| 3. _____ | 3. _____ | | Result _____ | INFLUENZA _____ | | MENINGOCOCCAL _____ |
| 4. _____ | 4. _____ | HEP. B 1. _____ 2. _____ 3. _____ | | | | |
| 5. _____ | 5. _____ | | VARICELLA _____ | | TYPE _____ | |
| Tdap _____ | | | OTHER VACCINES: _____ | | | |

| DISEASE HISTORY | | | Date of Diagnosis | | | Date of Diagnosis | | |
|---------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| | Yes | No | | Yes | No | | Yes | No |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Pertussis | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Convulsive Disorder | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> | Polio | <input type="checkbox"/> | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> | <input type="checkbox"/> | Strep Infections | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> | Scarlet Fever | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Otitis Media | <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|---|--|
| KNOWN VISUAL PROBLEMS Wears Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No Wears Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No Visual Acuity _____ | KNOWN HEARING LOSS Hearing Aide: <input type="checkbox"/> Yes <input type="checkbox"/> No | LEAD SCREENING: DATE: _____ RESULTS: _____ GENERAL CONDITION _____ _____ |
|--|---|--|

| | |
|--|--|
| PRESCRIBED MEDICATION _____ _____ _____ <i>Name of Drug</i> | ALLERGIES _____ _____ _____ <i>Type</i> |
|--|--|

| | |
|--|---|
| INJURIES _____ _____ <i>Type</i> | SURGERY _____ _____ <i>Type</i> |
|--|---|

| | |
|---|---|
| NEED FOR LIMITED PHYSICAL ACTIVITY <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain) _____ _____ _____ | RESTRICTIONS / CONSIDERATIONS _____ _____ _____ |
|---|---|

→ (P l e a s e C o m p l e t e B o t h S i d e s) →

Physical Examination Form

| → TO BE SIGNED BY EXAMINING PHYSICIAN | | | | | | | |
|--|---|---------------------|----------------------|---------------------|------------------------|-------------------------|---------------|
| Name of Child (Last) | | (First) | | (MI) | Sex | Grade | Date of Birth |
| Weight | | Height | | Blood Pressure | | Pulse | |
| | | | | | Normal | Abnormal | Not Examined |
| EARS | *Infection | *Gross Hearing Loss | *Eardrum Perforation | | | | |
| EYES | Assess for Jaundice | | Contacts _____ | Glasses _____ | | | |
| | | | | Visual Acuity _____ | | | |
| LYMPH NODES | | | | | | | |
| NECK | Assessment To Determine: | *Range of Motion | *Pain | *Thyroid | | | |
| NOSE | Deformity Affecting Endurance | | | | | | |
| MOUTH | *Pharynx | *Condition Of Teeth | | | | | |
| HEART | *Murmurs | *Note Rate/Rhythm | | | | | |
| LUNGS | *Percussion | *Auscultation | | | | | |
| ABDOMEN | Presence of: *Scars *Heptamegaly *Splenomegaly *Abnormal Masses | | | | | | |
| TESTES | Determination of: *Hernia *Presence/Descent of Both Testes *Masses *Configurations | | | | | | |
| BACK | Assessment Determining: *Range of Motion *Abnormal Curve of Spine | | | | | | |
| CHEST | Contour Assessment | | | | | | |
| EXTREMITIES | Determine: *Abnormal Mobility/Immobility *Muscle Weakness *Deformity *Instability *Scars *Atrophy *Varicosities | | | | | | |
| SKIN | *Purpura | *Scars | *Trauma | *Jaundice | *Presence of Infection | | |
| PHYSICAL MATURATION ASSESSMENT | | | | | | | |
| NEUROLOGICAL EXAM | Presence of: *Balance/Coordination *Abnormal Reflexes | | | | | | |
| SPEECH | | | | | | | |
| <i>Comments</i> _____ | | | | | | | |
| → THIS IS TO CERTIFY THAT THE ABOVE CHILD HAD BEEN EXAMINED AND IS PHYSICALLY ABLE TO PARTICIPATE IN ALL SCHOOL ACTIVITIES. | | | | | | | |
| Physician's Signature | | | | Date of Exam | | Telephone No. () | |
| Physician's Name (Please Print) | | | | Street Address | | | |
| City | | | | State | | Zip Code | |
| SCHOOL PHYSICIAN'S COUNTER-SIGNATURE | | | | | | Date | |

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Please have this form filled out by your **Dentist** on your next visit.

NAME: _____

ADDRESS: _____

BIRTHDATE: _____

SCHOOL: _____

The above named child has received the necessary dental care.

Dentist's Name

Dentist's Signature Date

"Where Children Come First"

FREE IMMUNIZATIONS AND PHYSICALS



WESTFIELD REGIONAL HEALTH DEPT.
425 East Broad Street
Westfield, NJ 07090

Any child living in Roselle Park who is not covered by a health insurance plan OR who has a plan that will not pay for immunizations and/or well care is eligible for services provided by the

Westfield Regional Health Department

Please call the

Public Health Nurse
(908) 789-4070 ext. 4073

To Make an Appointment