

# Lebanon Borough School District

*“Where great things are happening!”*

6 Maple Street  
Lebanon, New Jersey 08833  
Telephone: (908) 236-2448  
Facsimile: (908) 236-7670

Bruce Arcurio  
Chief School Administrator  
Tricia Duell  
Business Administrator/Board Secretary



Dear Parents/Guardians,

Welcome to the Lebanon Borough School Family! We look forward to having your child join us.

The items listed below are required at the time of registration. Please complete and return to the school office prior to your child's first day at Lebanon Borough School. Registration forms can be downloaded or filled out online. All required documents can be submitted via email ([rmuia@lebanonschool.org](mailto:rmuia@lebanonschool.org)), fax, or mailed/dropped off to Lebanon Borough School. If your child is entering Preschool, the monthly fee is \$250.00 which is due the first day of each month.

- **New Student Registration Form**  
*(Kindergarten students must be age 5 on or before October 1st)*
- **Release of Student Information (Grades 1-6)**
- **Home Language Survey**
- **Student Health and Physical Exam Form (less than a year old)**
- **Immunization Records**  
*(Immunizations must be up to date before your child can begin school)*
- **Authorization of Administration of Prescription Medication in School (if applicable)**
- **Proof of Residency (property tax bill, utility bill, deed, etc.)**
- **Student's original birth certificate with raised seal**  
*(A copy will be made and original returned promptly)*
- **Copy of most recent IEP, 504 Accommodation Plan, or Evaluation (if applicable)**

If you have any questions, please feel free to contact the School Secretary at [rmuia@lebanonschool.org](mailto:rmuia@lebanonschool.org). If your child requires additional health forms (i.e. EpiPen, Asthma etc.) please contact the School Nurse at [lkosciulek@lebanonschool.org](mailto:lkosciulek@lebanonschool.org) or the Main Office between 8:00 a.m. and 3:30 p.m.

Thank you.

**BETTER TOGETHER!**



Ethnicity:  American Indian/Alaska Native       Black/African American  
 Native Hawaiian/Pacific Islander       Asian  
 Hispanic/Latino       White/Caucasian

Military Connection:  Not Active Military Connected  
 Active Military Connected

Marital status of parents: Married Divorced Separated Single Remarried Widowed

If parents are separated/divorced, name of person with legal custody: \_\_\_\_\_

Does your child see the non-custodial parent: \_\_\_\_\_ How often: \_\_\_\_\_

If there are other adults (i.e. guardian, relatives) that play an important role in your child's life, please list below:

Siblings: Name	Age	Grade	School

Child's Status in Family:  Oldest  Middle  Youngest  Multiple Birth

Are there any recent changes in family life (i.e. birth, death, divorce, separation, recent move, etc.):  Yes  No

If yes, please explain:

Does your child require any accommodation:  Yes  No

If yes, please explain:

Please attach a copy of your child's IEP, 504 Accommodation Plan, or any evaluations if applicable.

**PREVIOUS SCHOOL INFORMATION**

Did your child attend Preschool: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete the following:

Name of Preschool: \_\_\_\_\_ Number of years attended: \_\_\_\_\_

Days per week: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Name of last school your child attended: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Entrance: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

**For Office Use:**

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

Release of Student Information: \_\_\_\_\_

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

Student Health and Physical Exam Form: \_\_\_\_\_

Certificate of Immunization: \_\_\_\_\_

Authorization of Prescription Medication: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

IEP/504 Plan/Evaluation: \_\_\_\_\_

Student ID#: \_\_\_\_\_

SID#: \_\_\_\_\_

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6 Maple Street, Lebanon, NJ 08833  
(908) 236-2448  
Fax: (908) 236-7670



## AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

I/We, \_\_\_\_\_, parent(s)/guardian(s) of

\_\_\_\_\_, DOB: \_\_\_\_\_,  
(student name)

do, hereby, authorize the Lebanon Borough School District, Lebanon, NJ, to send  
information from their files, as it pertains to the above named student, to the following:

\_\_\_\_\_  
(School name)

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent(s)/Guardian(s))

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

Please send requested records to the address below:

Bruce Arcurio, Chief School Administrator  
Lebanon Borough School  
6 Maple Street - Lebanon, NJ 08833  
(908) 236-2448  
FAX: (908) 236-7670



# LEBANON BOROUGH SCHOOL

## NEW STUDENT HEALTH AND PHYSICAL EXAM FORM

**Part A: HEALTH HISTORY**-Completed by the parent/guardian and reviewed by examining licensed provider

**Part B: PHYSICAL EXAMINATION**-Completed by examining licensed provider

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex \_\_\_\_M \_\_\_\_F

Grade: \_\_\_\_\_ Languages Spoken at home: \_\_\_\_\_

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

### PART A: HEALTH HISTORY

**Does the student have or have had any of the following medical conditions:**

DISEASE HISTORY	Yes	NO	DISEASE HISTORY	Yes	No
Asthma			Diabetes		
Seasonal Allergies			ADHD/ ADD		
Chronic Otitis Media			Autism Spectrum Disorders		
Lyme Disease			Concussions		
Hepatitis			Neuromuscular Disease		
Rheumatic Fever			Convulsive Disorder		
Strép Infections			Auto Immune Disorders		
Chicken Pox			Juvenile Rheumatoid Arthritis		
Mononucleosis			Congenital Disorders		
Influenza (Flu)			Hematologic Disorders		
Heart Disease			Vision Disorder		
Fractures			Hearing Disorder		

**Please provide further details on any "yes" answers:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Operations or Serious Hospitalizations:**

\_\_\_\_\_

\_\_\_\_\_

**Current Medications (Name, Dose, Frequency and Reason used):**

\_\_\_\_\_

\_\_\_\_\_

**Allergies: (Name, reaction to exposure)**

Drug: \_\_\_\_\_

Food: \_\_\_\_\_

Environmental: \_\_\_\_\_

**Any Other Additional comments or information that you would like to provide:**

\_\_\_\_\_

\_\_\_\_\_

# LEBANON BOROUGH SCHOOL

Student's Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**PART B: PHYSICAL EXAM**  
Completed by examining licensed provider

Height:	Weight:	Pulse:	B/P:
Vision:	Uncorrected	Right:	Left:
Vision:	Corrected	Right:	Left:
Hearing Screen:		Right:	Left:
	<b>Normal Exam</b>	<b>Abnormal Findings:</b>	
Head			
Eyes			
Ears			
Nose			
Throat			
Lymph Glands			
Heart			
Lungs			
Abdomen			
Hernia			
Genitalia			
Skin			
Orthopedic			
Scoliosis			
Neurological			
Speech			
Nutrition			

Physical Exam Comments:

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Any Limitation of Activity or other Recommendations? • No • Yes (Please define):

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1. If the student will be required to have medications at school such as an Epi-Pen, Asthma inhalers, and other medications for chronic Please fill out the appropriate medication packets.
2. Please attach a copy of the student's immunization records, and include any recent TB screening results.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Address Stamp: