### **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), 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 <u>rmuia@lebanonschool.org</u>. If your child requires additional health forms (i.e. EpiPen, Asthma etc.) please contact the School Nurse at <u>lkosciolek@lebanonschool.org</u> or the Main Office between 8:00 a.m. and 3:30 p.m.

Thank you.

## BETTER TOGETHER!

#### NEW STUDENT REGISTRATION FORM: LEBANON BOROUGH SCHOOL

### **NEW STUDENT REGISTRATION FORM**

Registration Date:			
Grade Entering:			·
Student Name:			
First	Middle	e	Last
Nickname:	_ Child's Primary I	Language:	
Address:			
Date of Birth:/	<u>/</u>	le:	_Female:
Place of Birth:  City State/Cou			
City State/Cou	intry Date	e of entry into the	US if born <u>outside</u> of US
Parent/Guardian 1:	GUARDIAN INFO Parent/G	RMATION Guardian 2:	
Name:	Name:		
Relationship:	Relationsl	hip:	
Home Address: (if different)	Home Add		
Home Phone:	Home Pho	one:	
Cell Phone:	Cell Phon	e:	
Email Address:	Email Add	dress:	
Employer:	Employer	•	
Occupation:	Occupatio	on:	
Work Phone:	Work Pho	one:	

·	can Indian/Alaska Nativ		an American
	Hawaiian/Pacific Island		
Hispan	ic/Latino	White/Cauc	asian
Military Connection:	Not Active Milita	ary Connected	
_	 Active Military C	·	
-	v		
Marital status of pare	nts: Married Divorced	d Separated Single	Remarried Widowed
If parents are separate	ed/divorced, name of pe	erson with legal custody	<b>/:</b>
Does your child see th	e non-custodial parent:	How	often:
	lts (i.e. guardian, relativ	es) that play an import	ant role in your child's
life, please list below:			
1			
•			
Siblings: Name	Age	Grade	School
Child's Status in Fami	lly:Oldest	MiddleYoungest	Multiple Birth
	hanges in family life (i.e	e. birth, death, divorce,	separation, recent
move, etc.):Yes If yes, please explain:			
			-
	e any accommodation:	YesNo	
If yes, please explain:			
Dlagga attach a com- of	From child; TED 504 A	accommodation Disc.	w owy ovolved!
applicable.	f your child's IEP, 504 A	Accommodation Plan, 0	or any evaluations if

### PREVIOUS SCHOOL INFORMATION

Did your child attend Preschool:Yes If yes, please complete the following:	No
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:	Proof of Residency:
Home Language Survey:	Birth Certificate: IEP/504 Plan/Evaluation:
Student Health and Physical Exam Form:	Student ID#:
Certificate of Immunization:  Authorization of Prescription Medication:	SID#:

### Lebanon Borough School District

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
(studen	t name)
	he Lebanon Borough School District, Lebanon, NJ, to send
information from their f	iles, 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

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Chief School Administrator
Tricia Duell
Business Administrator/Board Secretary



### **Home Language Survey**

(Parent/Guardian Language Questionnaire)

Name:	[first]	[middle]	[last]	Age:
Date of	School Entrance			
Person	completing the surv	ey: [ ] Mother	[ ] Father	[ ] Grandparent
	•	[ ] Guardian	[ ] Other	
Directions: (	Check or write in the	correct response for eac	ch of the followin	g questions about your child
1.	What language did	the child learn when he	/she first began	to talk?
	English	Other [specify]		
2.	What language do	es the family speak at ho	ome most of the	time?
	English	Other [specify]	ı	
3.	What language do	es the parent [guardian]	speak to the chil	d most of the time?
	English	Other [specify]		
4.	What language doe	es the child speak to his	/her parent [guar	dian] most of the time?
	English	Other [specify]		
5.	What language doe	es the child speak to her	/her brothers and	d sisters most of the time?
	English (	Other [specify]		***
6.	What language doe	es the child speak to his/	her friends most	of the time?
	English (	Other [specify]		
7.	In which language	do you wish to receive s	chool communic	ation?
	English	Other [specify]		
Signatu	re:	npleting the survey]	Date:	
	[person con	npleting the survey]		

BETTER TOGETHER!

<sup>\*</sup>Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

# LEBANON BOROUGH SCHOOL NEW STUDENT HEALTH AND PHYSICAL EXAM FORM

Student's Name:		Birth Date:	SexM	
Grade:	Languages	Spoken at home:		
Parent / Guardian Nam	e:			
This are the state of the state				
	P	ART A: HEALTH HISTORY		
Does the student hav	e or have ha	d any of the following medical conditi	ons:	
DISEASE HISTORY	Yes	NO DISEASE HISTORY	Yes	No
Asthma		Diabetes		
Seasonal Allergies		ADHD/ ADD		
Chronic Otitis Media		Autism Spectrum Disorders		<del> </del>
yme Disease		Concussions		<b> </b>
lepatitis		Neuromuscular Disease		
theumatic Fever		Convulsive Disorder	**************************************	
trep Infections		Auto Immune Disorders	18	
Chicken Pox		Juvenile Rheumatoid Arthritis	· · · · · · · · · · · · · · · · · · ·	
1ononucleosis		Congenital Disorders		
nfluenza (Flu)		Hematologic Disorders	**************************************	
leart Disease	[·	i vision Disorder		
ractures	r details on a	Vision Disorder Hearing Disorder any "yes" answers:		
ractures Please provide further Pperations or Serious	Hospitalizat	Hearing Disorder  any "yes" answers:		
leart Disease Fractures Please provide further Operations or Serious	Hospitalizat	Hearing Disorder  any "yes" answers:		
ractures lease provide further perations or Serious	Hospitalizat	Hearing Disorder  any "yes" answers:		
ractures lease provide further perations or Serious	Hospitalizat	Hearing Disorder  any "yes" answers:		
ractures  lease provide further  perations or Serious	Hospitalizat	Hearing Disorder  any "yes" answers:		
ractures Please provide further perations or Serious	Hospitalizat	Hearing Disorder  any "yes" answers:		
ractures Please provide further Operations or Serious urrent Medications (I	Hospitalizat Name, Dose,	Hearing Disorder any "yes" answers: ions: Frequency and Reason used): sure)		
ractures Please provide further perations or Serious urrent Medications (I	Hospitalizat Name, Dose, tion to expo	Hearing Disorder  any "yes" answers:  lions:  Frequency and Reason used):  sure)		
Please provide further  Operations or Serious  urrent Medications (I	Hospitalizat Name, Dose, tion to expo	Hearing Disorder any "yes" answers: ions: Frequency and Reason used): sure)		

### LEBANON BOROUGH SCHOOL

addit 5 (vai)	ne:				Exam Date:	
		<b>PART</b> Completed by		SICAL EX		
Heig	ht:	Weight:		Pulse:	B/P:	
Visio		Uncorrected	L	ght:	Left:	·
Visio		Corrected		ght:	Left:	
	ing Screen:	Oorrooted		ght:	Left:	
11001		Normal Exam		nal Finding		
Head	WA	tornar Exam	ADITOTI	nai i manig	<b>35.</b>	
Eyes						
Ears						
Nose			<u> </u>			
Thro			-			
Lymp						
Glan						
Hear						
Lung						
Abdo			1			
Herni						
Genit	·				W. of Complete Control of Control	
Skin	alia				***************************************	····
	pedic					
Scolid						
	ological		****		The same of the sa	``
Speed						
Nutrit						
Nullu	011			3 · · · · · · · · · · · · · · · · · · ·		
ical Exan	n Comment					
Limitatio	n of Activity	or other Rec	ommend	dations?	• No • Yes (Pleas	e define):
If the stu	dent will be r medications	equired to have to	medicatio se fill out	ns at school the appropri	such as an Epi-Pen, A ate medication packets	sthma inhalers
Please att	ach a copy o	f the student's in	nmunizati	on records,	and include any recent	: TB screening