

Registration Appointment
Day: _____
Date: _____
Time: _____

Palmyra Public Schools

301 Delaware Avenue
Palmyra, New Jersey, 08065
856-786-9300 X 1000

New Student Enrollment by Appointment Only

Palmyra Public Schools *New Student Enrollment* is administered from the Board of Education offices located at the Delaware Avenue School (contact information above). During the school year (September through June) registration appointments may be scheduled on the following days and times as long as school is open on that day.

Monday	8:00am to 11:00am
Wednesday	8:00am to 11:00am
Thursday	1:00pm to 3:00pm

During the summer (July through August) registration appointments may be scheduled on the following days and times. Summer hours are subject to change. The most current schedule will be posted on the District webpage at <http://www.palmyraschools.com/ps/>

Monday	8:00am to 11:00am
Tuesday	8:00am to 11:00am
Wednesday	1:00pm to 3:00pm

Please contact Chris Costello at 856-786-9300 x1000 or at ccostello@palmyra.k12.nj.us to schedule an appointment. Please note that appointments are subject to staff availability and only scheduled during the regular school day.

To accelerate the process you are encouraged to stop in to the Delaware Avenue School and pick up a registration packet or download a copy from our webpage at <http://www.palmyraschools.com/ps/> prior to scheduling your registration appointment. Completing the registration documents in advance of your registration appointment may significantly decrease the time spent at the registration appointment.

When you arrive for your registration appointment you must bring originals of the following documents.

Parent/Guardian

A valid photo driver's license or State ID

AND

First Proof of Residency Choose either A, B, or C below and provide the document called for
A. Mortgage statement, OR Title, OR Tax Bill

B. Formal Lease OR Rental Agreement AND Owner/Landlord Affidavit

AND

Second Proof of Residency Choose either A, B, C or D below and provide all documents called for

A. Utility Bill (PSE&G, Water Company, Cable Company, etc. must reflect address provided as First Proof)

B. Credit Card statement OR Bank statement (must reflect address provided as First Proof)

C. Vehicle Registration (must reflect address provided as First Proof)

*Choose C or D for Special Circumstances Only

C. Property Owner/Temporary Residence Affidavit AND Choose 1 or 2 below and provide all documents called for

1. Mortgage statement, OR Title, OR Tax Bill of Property Owner

2. Formal Lease OR Rental Agreement of Tenant AND Owner/Landlord Affidavit of Tenant

D. Affidavit of Domicile and Support AND Choose 1 or 2 below and provide all documents called for

1. Mortgage statement, OR Title, OR Tax Bill of Property Owner accepting responsibility for student(s)

2. Formal Lease OR Rental Agreement of Tenant accepting responsibility for student(s) AND Owner/Landlord Affidavit of Tenant accepting responsibility for student(s)

Student

Original Birth Certificate OR Passport

Transfer Card

Immunization Record

Completed Palmyra Public Schools Physical Form

Recent Report Card or Unofficial Transcript (Grades 9-12)



Registration Appointment
 Day: _____
 Date: _____
 Time: _____

Palmyra Public Schools

Student Enrollment Package

To be completed by District Staff

New
 Special Attention
 Test ESL
 IEP
 504

Student Name _____ Parent Name _____
 Parent Address _____
 Parent Phone () _____ Cell () _____
 NJSID# _____ Grade _____ School _____

Required

Motor Vehicle License	First Proof Residency	Second Proof Residency	Proof of Birth
Transfer Card	Immunization Record	Physical	Permission Form
Residency Affidavit	Parent/Guardian Information	Student Information	
Official Records Request	Home Language Survey	Admission Card (Beverly/Riverton only)	

If Applicable

NJSIAA Transfer (9-12 only)	Semi Parental Consent	Domicile and Support (Affidavit)
Owner/Landlord (Affidavit)	Owner/Tenant Temporary Residence (Affidavit)	
Owner/Tenant Temporary Residence (Affidavit)	Student Affidavit	

Other

Free and Reduced Lunch	After School Care Application	PTA Membership
------------------------	-------------------------------	----------------

Parent/Guardian

Date Initial

A valid photo driver's license or State ID.
 AND

First Proof of Residency Choose either A, B, or C below and provide the document called for
 Mortgage statement, OR Title, OR Tax Bill
 Formal Lease OR Rental Agreement AND Owner/Landlord Affidavit

AND
 Second Proof of Residency Choose either A, B, C or D below and provide all documents called for

Utility Bill (PSE&G, Water Company, Cable Company, etc. must reflect address provided as First Proof)
 Credit Card statement OR Bank statement (must reflect address provided as First Proof)
 Vehicle Registration (must reflect address provided as First Proof)

***Choose C or D for Special Circumstances Only**

Property Owner/Temporary Residence Affidavit AND Choose 1 or 2 below and provide all documents called for
 Mortgage statement, OR Title, OR Tax Bill of Property Owner
 Formal Lease OR Rental Agreement of Tennant AND Owner/Landlord Affidavit of Tenant
 Affidavit of Domicile and Support AND Choose 1 or 2 below and provide all documents called for
 Mortgage statement, OR Title, OR Tax Bill of Property Owner accepting responsibility for student(s)
 Formal Lease OR Rental Agreement of Tennant accepting responsibility for student(s)
 AND Owner/Landlord Affidavit of Tennant accepting responsibility for student(s)

Student

Original Birth Certificate OR Passport
 Transfer Card
 Immunization Record
 Completed Palmyra Public Schools Physical Form
 Recent Report Card or Unofficial Transcript (Grades 9-12)

To be completed by District Staff

Registration Complete	Date	Initial
30 Day Provisional	_____	_____
Deadline:	_____	_____

Palmyra Public Schools

Home Language Survey

Please print

Please respond to each of the questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language(s) did your child learn when he/she first began to talk?

2. Which language(s) do you use most often at home? _____

3. What language(s) did/do the child's parents/guardians use to speak to the child most of the time?

4. What Language(s) is/are spoken most often by adults (parents, guardians, grandparents, or any other adults) in your home?

5. What Language(s) was used predominately at your child's previous school? _____

6. What Language(s) can your child read and write? _____

7. Do you have a report card from your child's previous school? (Please include with your child's records)

- The person completing this survey must sign and date this document below.
- This survey must remain in the student's permanent file.
- If any language other than English is mentioned on this survey, the student must be referred to a qualified ELL specialist for additional language assessment.

Signature of Parent/Guardian completing this record

Date

Palmyra Public Schools

Student Information

Please print

Student Information

Last Name _____ First Name _____ M.I. _____

Permanent Home Address _____

Municipality _____ State _____ Zip Code _____ Home Phone # _____

Student Lives with Parents Mother Father Guardian Other (explain) _____

Birth Record

Month _____ Day _____ Year _____ City of Birth _____ State of Birth _____

Country of Birth _____ Male _____ Female _____ Age _____

Ethnicity (this information is for State and Federal reporting purposes only)

Asian Black Hispanic American Indian/Alaskan Native White Pacific Islander

Medical

Family Doctor/Practice _____ Phone # _____

Family Dentist/Practice _____ Phone # _____

Health Concerns (Check all that apply) Asthma Diabetes Cardiac Hearing Speech Vision

Orthopedic Fainting Seizures Allergy _____

Allergy _____ Current Medication _____

At last school attended the student had a Section 504 Plan in place yes no

Education

Name and Address of the last school student attended _____

Previous home address _____

Last grade level completed _____ Has your student ever been held back a grade yes no

Child's primary language _____

At last school attended the student had an Individual Education Plan (IEP) in place yes no

Student received the following services at the last school attended (check all that apply)

Speech Therapy Occupational Therapy Physical Therapy Audiology Psychological Counseling

Nursing Specialized Transportation Basic Skills Instruction Gifted & Talented Bilingual/ESL Instruction

Other (please explain) _____

Has student ever been enrolled in Palmyra Public Schools prior to this enrollment yes no

NJ-SMART Health Care Provider Information

Child is covered by Health Care yes no (please specify provider -- check one)

Aetna AmeriHealth Cigna Health Net Horizon Blue Cross NJ Kid Care

Other _____

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For information call 800-701-0710 or visit www.nifamilycare.org to apply online.

You may release my name and address to NJ Family Care to contact me about health insurance. Written consent required pursuant to 20 U.S.C. 1232g(b)(1) and C.F.R. 99.30(b)

Signature _____ Date _____

Palmyra Public Schools

Parent Information

Please print

Parent Information

Parents Marital Status Married Separated Divorced Widowed Single

Mother Name _____

Home Address _____

Home Phone # _____

Occupation _____

Employer Name & Address _____

Work Phone # _____

Cell Phone # _____

Email _____

Guardian/Step Parent if Applicable

Mother Name _____

Home Address _____

Home Phone # _____

Occupation _____

Employer Name & Address _____

Work Phone # _____

Cell Phone # _____

Email _____

Custodian papers presented yes no

Affidavit forms submitted yes no

Father Name _____

Home Address _____

Home Phone # _____

Occupation _____

Employer Name & Address _____

Work Phone # _____

Cell Phone # _____

Email _____

Father Name _____

Home Address _____

Home Phone # _____

Occupation _____

Employer Name & Address _____

Work Phone # _____

Cell Phone # _____

Email _____

Custodian papers presented yes no

Affidavit forms submitted yes no

If other than the child's natural parent, proof of legal custody or Domicile and Parent Permission forms must be submitted.

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Allowed to pick student up from school with prior notification from Parent.

Name _____ Relationship _____ Phone _____

Allowed to pick student up from school with prior notification from Parent.

I certify that the information provided on this form is true and accurate. I understand that misrepresenting myself as a legal resident of Palmyra Borough and/or its sending districts may result in criminal prosecution and/or will cause me to be legally responsible for tuition costs associated with my child's enrollment.

Signature of Parent /Guardian completing this record

Date

PALMYRA BOROUGH SCHOOL DISTRICT
ENROLLMENT RESIDENCY QUESTIONNAIRE

In accordance with New Jersey state law (N.J.S.A. 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district by answering the following questions: (check the appropriate answer)

I currently live in a:

a. house that I own (address/phone): _____

b. house or apartment I rent (address/phone): _____

Please provide a copy of your lease.

_____ c. hotel/motel/apartment

_____ d. shelter

_____ e. transitional housing facility

_____ f. domestic violence shelter

_____ g. runaway youth shelter

_____ h. home for adolescent school-age mothers

_____ i. migrant family dwelling

_____ j. family* or friend's* home out of necessity

(Please circle the appropriate relationship)

*grandparent, aunt, uncle, brother, sister, cousin, or friend

Please print the name of the person with whom you are staying:

_____ k. other (please identify): _____

This statement is made under oath. I am aware that if any of the foregoing statements made in the Affidavit are willfully false, I may be subject to punishment. Additionally, I will be responsible for paying the Palmyra School District annual cost per pupil of \$11,237 (as of 2011/2012)

Student's Name _____ School _____

Date _____

Parent Signature _____



Palmyra Public Schools

Official Records Request Form

Please print

Student Information			
Last Name	First Name	Middle Name	
Street	City	State	Zip
			Date of Birth
Previous School		Entering School -- Send Information To	
Name of School		<input type="checkbox"/> Palmyra High School 856-786-9400 X 3184 311 W. 5 th Street Palmyra, New Jersey 08065 Fax: 856-786-3014	
Street Address		<input type="checkbox"/> Charles Street School 856-829-3601 100 W. Charles St Palmyra, New Jersey 08065 Fax: 856-303-0481	
City	State	ZIP	<input type="checkbox"/> Delaware Avenue School 856-786-9300 X 1000 301 Delaware Ave Palmyra, New Jersey 08065 Fax: 856-829-9638
Telephone Number	Fax Number		
Date Left	Last Grade Attended:	Public	
		Private	
Records to be Released			
• New Jersey State ID # _____	Is student in and ESL or Bilingual program?	YES	NO
• Grades/Transcript Information	Has student ever been referred for Special Education Services	YES	NO
• District & State Assessment	If yes, please indicate the specific classification, if any:		
• Special Education Records (if applicable)	_____		
• Disciplinary Records	_____		
• Attendance Records			
• Section 504 Plan (if applicable)			
Comments			

I hereby give my permission for release of the above records and for the school district to contact my child's former district for further information.

Signature of Parent/Guardian

Signature of Student (18 or above)

Date

In addition to the release of the above records to which you consent, the prior District will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, attendance records, child study team records and disciplinary records pursuant to N.J.A.C. 6:3-6.5.



Palmyra Public Schools

Residency Affidavit

Please print

THIS FORM MUST BE NOTARIZED BY A PALMYRA PUBLIC SCHOOLS EMPLOYEE

_____, parent/legal guardian of _____, age _____
Parent/Guardian Student

entering grade _____ of the Palmyra Public Schools, hereby certify that I and my child are officially domiciled in the Borough of Palmyra at the following address:

Appt/House # Street

I hereby submit the following documents which establish that I and my child are domiciled in the Borough of Palmyra

- A. An original lease or rental agreement and Landlord Affidavit—OR— mortgage statement, tax bill or title — AND—
- B. Motor Vehicle Photo License or State ID — AND—
- C. One of the following: Utility Bill (PSE&G, Water Company, Cable TV, etc.)—OR—Credit Card Statement or Bank Statement—OR—Vehicle Registration

And if applicable

Host Family Affidavit — OR — Financial Dependency Affidavit

I _____ affirm that I am the Parent, Guardian, Affidavit Host of the student named above. I further
Parent/Guardian

state that this form and the documentation submitted to establish that I am domiciled in the Borough of Palmyra constitute true and accurate proof that the student listed above resides with me within the confines of the Borough of Palmyra. If the student listed above stops living with me or if I relocate my residence outside of the confines of the Borough of Palmyra I will promptly provide written notification of same to Palmyra Public Schools.

If it is determined by investigation that the above stated address is not my valid Borough of Palmyra—OR—it is determined by investigation that the student named in this affidavit is not domiciled at the stated address—OR—after thirty (30) calendar days I have failed correct any material defect in my application for enrollment I acknowledge that I will be responsible to pay tuition to the Palmyra Public Schools for the student named in this affidavit while attending Palmyra Public Schools and that unless the Palmyra Board of Education approves continued school attendance as a tuition student, the student named in this affidavit will be dis-enrolled and removed from the Palmyra Public School system .

Signature of Parent /Guardian completing this record

Date

Subscribed and sworn to before me

this _____ day of _____, 20_____

Signature of Notary

Notary Public of _____

My Commission Expires: _____





**PALMYRA SCHOOL DISTRICT
PALMYRA, N.J. 08065**

Dear Parent/Guardian:

Due to New Jersey State Regulations, a physical examination by your child's doctor is required for entry into public school.

If your child has had a physical in the last 12 months, please ask your doctor's office to complete the attached form and return it to the school.

If your child has not had a recent physical exam, please make an appointment for this as soon as possible. (Return below)

Thank you very much for your cooperation in this important matter.

If you have any questions or need assistance in finding a doctor, please do not hesitate to call your school nurse:

Mary DelRossi-Bishop, R.N.
Charles Street School
(856) 829-3601, x2004

Kathleen McClure, R.N.
Palmyra High School
(856) 786-9400, x3124

Please return to school office.

.....

Dr.'s Name: _____ Dr.'s Phone No. _____

Doctor's appointment scheduled for: _____

Date

Student's Name

Parent Signature



Palmyra Public Schools

Parent/Guardian Permissions and Acknowledgements

Permissions

Please check YES or NO on each permission line

YES	NO	Parent/Guardian information may be provided to the PTA for purposes of school closing notification, emergencies, school and volunteer activities
YES	NO	Permission for my child's photo/likeness to be used in any form of media created by the school district in order to publicize school events and activities in which my child is a participant
YES	NO	Permission for my child's name to be used in any form of media created by the school district in order to publicize school events and activities in which my child is a participant
YES	NO	Student/Parent contact information (name, address, phone number, etc.) may be provided to College/University recruiters, Military recruiters, prospective employers (grades 9-12 only)
YES	NO	Permission for my child to be released to the individuals listed by me as emergency contacts in cases where school(s) are dismissed early due to inclement weather or other emergency closing (grades PK-8 only)
YES	NO	Permission for my child to walk home in cases where school(s) are dismissed early due to inclement weather or other emergency closing (grades PK-8 only)
YES	NO	Permission for my child to use technology in accordance with the Acceptable Use of Educational Technology Policy enclosed in my registration package
YES	NO	After reading the Acceptable Use of Educational Technology Policy enclosed in my registration package my child, by his/her signature below, agrees to utilize technology in accordance with said policy (mandatory grades 3-12)
YES	NO	Student/Parent contact information (name, address, phone number, etc.) may be provided to the Police Department for emergency purposes

Acknowledgements

Please check each acknowledgement line indicating receipt

I acknowledge receipt of	The current district calendar
I acknowledge receipt of	The current school dress code
I acknowledge receipt of	Free and Reduced Lunch application package
I acknowledge receipt of	After School Child Care application package
I acknowledge receipt of	PTA membership application
I acknowledge receipt of	Title I Parent Involvement Letter, Title I Compact, Title I Parent Involvement Policy (District Website)
I acknowledge receipt of	
I acknowledge receipt of	

Signature of Parent /Guardian completing this record

Date

Signature of Student

Date

(Mandatory grades 3-12)





PALMYRA BOARD OF EDUCATION
PALMYRA, NJ 08065

Brian J. McBride
Superintendent of Schools

Administrative Office
301 Delaware Avenue
856-786-9300
Fax: 856-829-9638

William R. Blatchley
*Business Administrator/
Board Secretary*

Dear Parent/Guardian:

The New Jersey Department of Health and Senior Services (DHSS) requires the influenza vaccine for children six months through 59 months of age attending any licensed child-care or pre-school facility.

You must provide documentation of your child receiving at least one dose of vaccine between September 1st and December 31st of each year in order for your child to continue attending school. If you choose not to have your child vaccinated, you must complete the attached Immunization Waiver which will exclude your child from school from January 2, 2016 through March 31, 2016, as advised by the Health Department (see attached form).

If you have any questions regarding this information, please contact the Burlington County Health Department at (609) 265-5548 or the school nurse at (856) 829-3601.

Sincerely,

Brian J. McBride
Superintendent

BJM:db
Attach.





PALMYRA BOARD OF EDUCATION
PALMYRA, N.J. 08065

Brian J. McBride
Superintendent of Schools

Administrative Office
301 Delaware Avenue
856-786-9300
FAX: 856-829-9638

William R. Blatchley
*Business Administrator/
Board Secretary*

Dear Mr. McBride,

I am aware of the New Jersey Department of Health's requirement for the 2015/2016 school year that my pre-school child have an influenza vaccination.

I have chosen not to have this vaccination for my child and I request that my child be excused from school from January 2, 2016 through March 31, 2016 as advised by the health department.

Name of Child: _____

Birth Date: _____

School/Class: _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Telephone: _____

Date: _____





Palmyra School District

Emergency and Health Information - Annual Update

Please Print

Student Name: _____ Grade: _____ Homeroom: _____

Home Address: _____ Phone: _____

Date of Birth: _____ Male: ___ Female: ___ Student Lives With: Mother ___ Father ___ Both ___ Other ___

Primary Physician: _____ Physician's Phone: _____

HEALTH INSURANCE: Does your child have health insurance? YES ___ Name of insurance company _____ NO ___ NJ

FAMILY CARE provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ Family Care Program to contact me regarding health insurance.

Signature: _____ Date: _____

Emergency Contacts ONLY CONTACTS LISTED ON THIS EMERGENCY CARD WILL BE PERMITTED TO PICK UP CHILD

Mother's/Guardian's Name: _____ Address: _____
(If different from Student's address)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's/Guardian's Name: _____ Address: _____
(If different from Student's address)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of friend, relative or child care provider permitted to care for your child if you cannot be reached:

1. Name: _____ Relationship: _____ Phone: _____ Work or Cell Phone: _____

2. Name: _____ Relationship: _____ Phone: _____ Work or Cell Phone: _____

Medical History

Does your child take any medication on a regular basis? Yes: ___ No: ___

If yes, please indicate the exact name of the medication, reason it was prescribed and by whom: _____

Has your child ever been diagnosed with a concussion? Yes: ___ No: ___ If yes, when: _____

*All medications to be taken during the school day require a Palmyra Medication Form to be completed by the Parent and Physician. This also includes inhalers for asthma. (Forms are available in the Nurse's Office)

Please check health condition(s) your child has My child has no health conditions

<input type="checkbox"/> ADD	<input type="checkbox"/> Hemophilia/Bleeding Disorder	<input type="checkbox"/> Orthopedic Disorder
<input type="checkbox"/> ADHD	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Psychiatric/Emotional Disorder
<input type="checkbox"/> Bowel or bladder disorder	<input type="checkbox"/> Diabetes2	<input type="checkbox"/> Ulcers/Gastric Reflux
<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Tubes in Ears
		<input type="checkbox"/> Nose Bleeds

For conditions checked above, Please provide additional information:

Allergies	What is your child allergic to: _____
	*Is emergency medication needed at school for allergies? Yes ___ No ___ Epi-pen? Yes ___ No ___
	If yes, name: _____ Check the type of allergic reaction that occurs: Hives ___ Swelling ___ Difficulty Breathing ___ Other ___
Asthma	Date of last episode: _____ List triggers: _____ *Medication is needed at school: Daily ___ Before P.E. ___ Never ___ When symptoms occur ___
Seizures	Check type: ___ Febrile Only ___ Convulsive ___ Non-Convulsive ___ When did last seizure occur? _____ Medication: _____
Heart Problems	Check type: ___ Functional Heart Murmur ___ Heart valve condition ___ Other ___ *Is exercise limited? Yes ___ No ___
Other Condition Listed	Name of Problem: _____ School Concerns: _____

Non-Prescription Pain Relievers/Fever Reducers: My child may receive
 Yes ___ No 1.) Acetaminophen (Tylenol) at the discretion of the School Nurse, in accordance with the school district protocol.
 Yes ___ No 2.) Ibuprofen (Advil) at the discretion of the School Nurse, in accordance with the school district protocol. Age 12 and over.
The State of New Jersey requires that all children age 10-18 be screened for Scoliosis (curvature of the spine) every other year.
 I want my child screened for Scoliosis at school by the School Nurse.
 My child will be screened for Scoliosis by our physician and I will send a report of this examination to the school.

In case of accident or serious illness, all reasonable efforts will be made to contact the student's parent or guardian. If necessary, the Primary Care Physician and/or 911 will be called and the student sent to the nearest hospital. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. When a student becomes ill at school, it is the policy of the Palmyra School District to send them home. Please notify the school if there are changes in this information. I certify that all of the above information is correct. I consent to the release of this medical information to appropriate school staff in order to insure the safety and learning potential of my child.

Print name of parent/guardian _____ Parent/Guardian Signature _____ Date _____





Palmyra Public Schools

Palmyra, N.J. 08065

PART I – PHYSICAL EXAMINATION (To be completed by examining physician)

PART II – MEDICAL HISTORY (To be completed by Parent/Guardian)

Name _____ Exam Date _____ Age _____ Date of Birth _____
 Address _____ Day Phone _____ Evening Phone _____
 Height _____ Weight _____ Sex _____ Grade _____
 BP _____ Pulse Rate _____ Rhythm _____
 Vision: Corrected (L) _____ (R) _____ (Both) _____
 Uncorrected (L) _____ (R) _____ (Both) _____

Eyes _____	Cervical spine/neck _____
Ears (otoscopic) _____	Back _____ Scoliosis _____
Nose _____	Shoulders _____
Throat _____	Arm/Elbow/Wrist/Hand _____
Teeth/Mouth _____	Knees/Hips _____
Speech _____	Nutrition _____
Balance _____	General Appearance _____
Coordination _____	Appropriate to chronological age _____
Skin _____	Male Genitalia _____ Normal _____ Abnormal _____
Lymphatic _____	Hernia _____ Normal _____ Abnormal _____
Lungs _____ Chest contour _____	Testes _____ Normal _____ Abnormal _____
Heart Rate _____	Present Bilaterally _____ Yes _____ No _____
Rhythm _____	Female Genitalia _____ Normal _____ Abnormal _____
Murmur _____	Other _____

Any recommendations or concerns on such items as:
 Weight loss or gain; restrictions for weight loss: _____
 Other _____

• **Please attach complete immunization record**

I have reviewed the data above, reviewed his / her medical history form and make the following recommendations for his/ her participation in athletics/physical education:

_____ Full participation	_____ Limited participation
_____ No participation	_____ Needs additional evaluation

If not cleared for full participation, give reasons and recommendations: _____

Physician's signature _____ Date _____

Physician's Name (print) _____

Address _____ City/State/Zip _____

Phone _____ Fax # _____

Name: _____

Grade/Teacher: _____

PART II - MEDICAL HISTORY (This page is to be completed by Parent/Guardian)

To be reviewed with the physician prior to and during the physical examination. Please explain any "yes" answers.

Has this student ever had any of the following:

YES NO DATES

- _____ Take any **MEDICATION** regularly? If so, what? _____
- _____ Any prescription for use of: Adrenaline, Inhaler, other allergy medicine? _____
- _____ Significant **ALLERGIES** to: Bee stings, foods, medicine, pollen, other _____
- _____ **Diagnosis of Asthma?** _____
- _____ Seizures or epilepsy _____
- _____ Broken bones _____ Weak joints-ankles, knee, etc. _____
- _____ Spinal injury _____
- _____ Chicken Pox _____
- _____ Lyme Disease _____
- _____ Congenital defects _____
- _____ Injury or illness that previously excluded athletic participation? _____
- _____ Blood disorders including sickle cell trait, anemia, etc.? _____
- _____ Diabetes? _____ Family history? _____
- _____ Wear contact lenses, eyeglasses or dental appliance? _____
- _____ Ever been knocked out? _____ Concussion? _____
- _____ Ever been hospitalized? _____ Surgery? _____
- _____ Illness lasting a week or more, such as, mononucleosis? _____
- _____ Missing or non-functioning organs, i.e. testes, eye, kidney, etc.? _____
- _____ Skin conditions; rash, infection, or athlete's foot, etc.? _____
- _____ Experienced a significant change in weight, loss or gain? _____

CARDIOVASCULAR HISTORY:

- _____ Fainting or passing out? _____
- _____ Chest pain or discomfort with exercise? Did student ever need to stop running or exercising because of chest pain or shortness of breath? _____
- _____ Excessive or unexpected or unexplained shortness of breath associated with exercise? _____
- _____ Found to have a heart murmur? _____
- _____ High blood pressure (hypertension)? _____
- _____ Has a family member died prematurely (prior to age 50, sudden or otherwise)? _____
- _____ Is there any family history of significant disability due to cardiovascular disease in a close relative less than fifty years of age? _____
- _____ Do you have any specific knowledge of the occurrence of specific cardiovascular conditions such as hypertropic cardiomyopathy, dilated cardiomyopathy, long QT Syndrome, Marfan Syndrome, or clinically important arrhythmias? _____

Female Hx. Menstrual History: Age of onset _____

Are the cycles regular? _____ Yes _____ No Explain: _____

Any problems/severe pain? _____ Yes _____ No Explain: _____

Male Hx. Undescended Testicle _____ Yes _____ No

Testicular Surgery _____ Yes _____ No Date: _____

Have any other significant health problems? _____

Parent/Guardian Signature: _____

Date: _____

PALMYRA PUBLIC SCHOOLS

Student Name _____

Dear Parent or Guardian:

The Palmyra Board of Education has policies and procedures related to "Proof of Domicile" for students who attend our schools. The District shall only provide a free education to those students who are domiciled within the District or who otherwise qualify for a free education pursuant to the statutory and regulatory guidelines set forth in N.J.S.A. 18A:38-1 et seq. and N.J.A.C. 6A:22-1.1 et seq. A student shall be domiciled in the District "when he or she is living with a parent or legal guardian whose permanent home is located within the District." N.J.A.C. 6A:22-3.1. The home is permanent if "the parent or guardian intends to return to it when absent and has no present intent of moving from it..." If the District discovers that a student is attending school whose parents are not domiciled within the District and who is not otherwise eligible for a free education, the District may apply for the student's removal and seek tuition reimbursement for the period of ineligible attendance in accordance with the provisions of N.J.S.A. 18A:38-1(b) (2).

Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A. 18A:38-1 ©. If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months.

Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.

I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian



Part III – ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

I give permission for _____ (name of student) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, soccer, softball, tennis, track, wrestling, other (identify sports). _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student accident insurance available through the school (yes ___ no ___); has athletic participation insurance coverage through the school (yes ___ no ___); is insured by our family policy with:

Name of Company: _____

Policy Number: _____ Name of Policy Holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my student to participate in the sport and travel with the team.

I also give my consent and approval for my student to receive a physical examination, as required in Part III, Physical Examination, of this form by _____ M.D., D.O. or LNP as recommended by the named student's school administration.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or association athletic program.

I certify that all the above information is correct _____
Parent/Guardian Signature Date

Student Signature

Part IV – HEALTH HISTORY UPDATE

Each student whose medical examination was completed more than 60 days prior to the first practice session must provide a health history update of medical problems experienced since the last medical examination. This must be completed and signed by the parent/guardian.

Since your student's last sports physical, has he/she had any of the following:

Hospitalizations/operations: _____

Illnesses: _____

Injuries: _____

Care administered by a physician: _____

Medications: _____

Parent/Guardian Signature: _____

Date: _____

Part V – EMERGENCY PERMISSION FORM

Student's Name: _____ Grade: _____ Age: _____

High School: _____ City: _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency _____

Please list any allergies to medications, etc. _____

Has student been prescribed an inhaler or epipen? _____

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last tetanus shot _____

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person names above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Signature of parent or guardian _____ Date _____

Relationship to student _____

Name of Insurance Company _____ Name of Policy Holder _____

Policy Number _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all of the above information is correct _____ Date _____

Part VI – PARENTS' INSTRUCTIONS FOR FILING AN ACCIDENT CLAIM

The School Accident Insurance coverage purchased by the Board of Education provides on an EXCESS BASIS only. This means that it will cover only those medical expenses, which are NOT covered by your own personal or group insurance. Please follow these instructions if your student is injured in practice or competition.

- Immediately notify the coach and the trainer. They must complete the Injury Form and submit it to the school nurse the day following the injury.
- If injuries are not reported in this manner, school insurance may not be responsible for medical bills.
- Any student, who is covered by HMO, CIGNA, HCP, etc., must be treated by their own medical doctor selected through their health insurance policy.
- After your own insurance has paid the medical expenses up to the policy limits, attach any unpaid bills and copies of payments made by your insurance company to a claim form which the school nurse will furnish upon request.
- This claim form must be submitted within 90 days from the date of injury.
- Treatment must commence within 90 days from the date of injury.
- A parent must fill out the necessary information on the claim form then send it immediately to the insurance company listed below:

Maksin Management Corp.
Kevon Office Center
Suite 160
2500 McClellan Avenue
Pennsauken, NJ 08109
(856) 486-7400 (800) 257-6250

PARENTS MAY KEEP THIS INFORMATION PAGE.

