

Lindenwold Public School District

Middle School – High School  
Registration Packet

Lindenwold Public School District  
CENTRAL REGISTRATION STEPS

1. Please contact Vanessa Rivera for K-12 registration appointment @ (856) 784-4071 ext. 3126 or [vrivera@lindenwold.k12.nj.us](mailto:vrivera@lindenwold.k12.nj.us)
  - **For Preschool registrations**, please contact Nora Franco @ (856) 783-1499 ext. 6000 or [nfranco@lindenwold.k12.nj.us](mailto:nfranco@lindenwold.k12.nj.us)
2. **Prior** to your appointment please complete the Pre-Registration Application located on the Lindenwold Public School District website @:  
[www.lindenwold.k12.nj.us](http://www.lindenwold.k12.nj.us)

On the right side on the home page please click on the  
[Central Registration Link](#)

**PRESCHOOL registration appointments will be held at:**

**Lindenwold Preschool Bldg.**

100 South Avenue  
Lindenwold, NJ 08021  
(856) 783-1499 ext. 6000

**Hours for Registration:**

**Monday-Friday (Appointment ONLY)**  
9:30 - 11:30am & 1:00 - 3:00pm

**K-12<sup>th</sup> grade registration appointments will be held at:**

**Lindenwold Administration Bldg.**

801 Egg Harbor Road  
Lindenwold, NJ 08021  
(856) 784-4071 ext. 3126

**Hours for Registration:**

**Monday-Friday (Appointment ONLY)**  
9:30 - 11:30am & 1:00 - 3:00pm

**Required documents for Registration:**

- Registration Packet (**\*must be completed prior to your registration appointment**)
- Child(ren) Original Birth Certificate
- ID of Parent/Legal guardian OR Court Order Foster Placement Document
- Transfer Card & Grades (Transcripts—for High School students)
- Copy of IEP (Special Education)—if applicable
- Immunization Record
- Physical Exam
- Dental Form (**Kindergarten ONLY**)
- **3 current proofs of residency (1 Primary and 2 secondary) with parent/guardian's name**
  - **PRIMARY:** Valid Rental/Lease Agreement or Mortgage/Tax Bill/Settlement Papers
  - **SECONDARY:** 2 Utility Bills within the last 30 days (electric, gas, water, cable, internet or ID w/ current address, etc.)

## PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

*Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.*

*Note that the following do **not** affect a student's eligibility to enroll in school:*

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

**The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- 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
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

**Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.**

**LINDENWOLD PUBLIC SCHOOL DISTRICT  
STUDENT REGISTRATION FORM  
Please Print All Information**

Date of Application: \_\_\_\_\_ Enrollment year: \_\_\_\_\_ Anticipated Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Ethnicity:  Black  Asian  White  Pacific  Hispanic  
 Native Am. Indian/Alaska  Hawaiian/Pac Island

Gender:  Male  Female

Was your child ever enrolled in Lindenwold School District before?  Yes  No

Birth City & State: \_\_\_\_\_

US Born Students Only

\*Birth Country: \_\_\_\_\_ Date entered into the U.S. \_\_\_\_\_  
\*Foreign Born Students Only Foreign Born Students Only

What Grade & Date did your child start school in a U.S. School System? Gr. \_\_\_\_\_ Date \_\_\_\_\_

Student's Current Addr.: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Student's Previous Addr.: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Student Lives with:  Mother & Father  Mother only  Father only  Guardian  
 Mother & Stepfather  Father & Stepmother  Relative w/custody

→Mother's Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Student resides here?  Mail goes here?  Medical contact?  Allowed to pick up student?

→Father's Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Student resides here?  Mail goes here?  Medical contact?  Allowed to pick up student?

→Legal Guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

\*\* (If other than Mother or Father) \*\*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Student resides here?  Mail goes here?  Medical contact?  Allowed to pick up student?

Not active military connected  Active military connected

\*\*Does your child receive SPECIAL EDUCATION SERVICES / IEP?  Yes  No

Are there any Alerts / Special Situations that we need to be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

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

**LINDENWOLD PUBLIC SCHOOL DISTRICT**  
**Student Enrollment Residency Questionnaire/Verification**

**Student's Name:** \_\_\_\_\_

In accordance with New Jersey State law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.

**Please indicate which situation best describes the student's CURRENT residence:**

\_\_\_\_\_ 1. Student lives with parent/guardian in their own home or apartment (rent or own).  
**(For #1; also please complete next page Residency Information: PERMANENT)**

\_\_\_\_\_ 2. Student was placed in a \_\_\_\_\_ Foster Home or \_\_\_\_\_ Treatment/Group Home by DCP&P or a similar agency.

Caseworker: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
**(For #2; also please complete next page Residency Information: PERMANENT)**

\_\_\_\_\_ 3. Student lives with parent/guardian/self in a family member's or friend's home due to economic hardship or family crisis situation.  
**(For #3; also please complete Residency Information: McKinney Vento Homeless Assistance Act & Residency Affidavit\*)**

\_\_\_\_\_ 4. Student lives with parent/guardian/self in a family member's or friend's home by choice.  
**(For #4; also please complete the Residency Affidavit\*)**

\_\_\_\_\_ 5. Student is an unaccompanied child or youth who meets the definition of the McKinney Vento Act and is not in the physical custody of a parent or guardian.  
**(For #5; also please complete Residency Information: McKinney Vento Homeless Assistance Act & Residency Affidavit\*)**

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

- Note: Immigration/visa status shall not affect eligibility to attend school. Any student who is domiciled in the school district or otherwise eligible to attend school there pursuant to N.J.A.C. 6A:22-3.2 shall be enrolled without regard to, or inquiry concerning, immigration status.

LINDENWOLD PUBLIC SCHOOL DISTRICT

Residency Information: PERMANENT

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ swear under oath that the following is true:

- 1. On \_\_\_\_\_, I moved into the Borough of Lindenwold, in the State of New Jersey.
2. My address is: \_\_\_\_\_ and I will be residing here on a permanent basis with the above-mentioned student.
3. I am the mother father legal guardian of the Student listed above and he/she lives with me at the address listed in Statement 2.
4. I am not the mother; father; and /or legal guardian but this student is living with me because \_\_\_\_\_
5. In order to document the validity of this living arrangement. I am providing the Lindenwold Board of Education with a copy of my current property tax bill, mortgage papers, or rental/lease agreement or affidavit from landlord AND two proofs of residency from the list below:
Valid driver's license or voter's registration card with correct name and address
Current utility bill with correct name and address
State agency agreements and other evidence of court or agency placements
Other: \_\_\_\_\_

Other forms of documentation accepted – please see the Preliminary Information sheet or contact Ms. Abby Ramirez, Central Registrar, at (856) 784-4071 extension 3126 to inquire.

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

- 6. Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) \_\_\_\_\_
7. 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 \_\_\_\_\_
Print Your Name Signature

\*\*\*\*\*

Witnessed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Print Name (Witness) Signature of Witness

**LINDENWOLD PUBLIC SCHOOL DISTRICT**  
**Residency Information: McKINNEY VENTO HOMELESS ASSISTANCE ACT**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, swear under oath that the following is true:

1. On \_\_\_\_\_, I moved into the Borough of Lindenwold due to a loss of housing, economic hardship or similar reason, I am currently unable to provide a permanent residence of my own and I am temporarily staying in the home of \_\_\_\_\_  
whose address is: \_\_\_\_\_
2. I am the \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ legal guardian of the Student listed above and he/she lives with me at the address listed in Statement #1.
3. My previous address was: \_\_\_\_\_  
\_\_\_\_\_  
and I moved from this address because \_\_\_\_\_
4. The Student listed above \_\_\_\_\_ was \_\_\_\_\_ was not enrolled in school prior to moving to Lindenwold.  
Name of previous school: \_\_\_\_\_  
Address of previous school: \_\_\_\_\_  
\_\_\_\_\_

PARENT: \_\_\_\_\_  
Print Your Name Signature

**\*\*You will be asked to submit a separate Residency Affidavit to be completed by the parent/legal guardian and owner of the Lindenwold property.**

\*\*\*\*\*

Witnessed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Print Name (Witness) Signature of Witness

**LINDENWOLD PUBLIC SCHOOL DISTRICT (Distrito Escolar Público de Lindenwold)**  
**RESIDENCY AFFIDAVIT (Declaración Jurada de Residencia)**

I, \_\_\_\_\_, am currently residing at the following  
Lindenwold Resident (Yo, residente de Lindenwold)                      (,estoy residiendo en la siguiente

address: \_\_\_\_\_  
dirección:)

**The following people currently reside with me (las siguientes personas actualmente residen conmigo):**

\_\_\_\_\_  
Parent/Legal Guardian (padre/madre/tutor legal)

\_\_\_\_\_  
Parent/Legal Guardian (padre/madre/tutor legal)

\_\_\_\_\_  
Student Name (nombre de estudiante)

\*\*In order to meet the guidelines for registration in this district, I have attached copies of documents verifying my address which is listed above. (A fin de cumplir con los requisitos para la inscripción en este distrito, he adjuntado copias de documentos que verifican mi dirección, la cual aparece arriba.)

\_\_\_\_\_  
Lindenwold Resident's Signature  
(Firma de residente de Lindenwold)

\_\_\_\_\_  
Date  
(Fecha)

\_\_\_\_\_  
Parent(s)/Legal Guardian's Signature  
(Firma de padre/madre/tutor legal)

\_\_\_\_\_  
Date  
(Fecha)

The above individuals appeared before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(Los individuos arriba mencionados comparecieron ante mí el)                      (día de)

\_\_\_\_\_  
Notary Public (Notario Público)

\*\*Please return this form along with Lindenwold Resident's current Rental/Lease Agreement, tax bill or mortgage statement **AND** 2 additional proofs of residency such as recent utility bill, bank statement, county ID, cell phone bill, etc. (Favor devolver este formato junto con el contrato de alquiler/arrendamiento actual, factura de impuestos o estado de cuenta hipotecario del residente de Lindenwold **Y** 2 pruebas adicionales de residencia reciente como recibo de servicios, estado de cuenta bancario, identificación del condado, cuenta de teléfono celular, etc.)



# Lindenwold Public Schools

## Home Language Survey Form

### Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL).

### Instructions

Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the instructions. When you arrive at a decision ("Proceed to Records Review Process" or "Do not proceed to Records Review Process"), the Home-Language Survey is complete.

### Student Information

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Survey Questions

#### Question 1

What was the first language used by the student?

-A language other than English: Proceed to question 2a.

-English: Proceed to question 2b.

#### Question 2a

At home, does the student hear or use a language other than English more than half of the time?

-Yes. Proceed to question 7

-No. Proceed to question 4

#### Question 2b

At home, does the student hear or use a language other than English more than half of the time?

-Yes. Proceed to question 4

-No. Proceed to question 3

#### Question 3

Does the student understand a language other than English?

-Yes. Proceed to question 4

-No. Proceed to # 9

#### Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

-Yes. Proceed to question 7

-No. Proceed to question 5

**CONTINUE TO PAGE 2**



## Home Language Survey Form (page2-cont.)

### Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

-Yes. Proceed to # 8

-No. Proceed to question 6

### Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

-Yes. Proceed to # 8

-No. Proceed to # 9

### Questions 7

What are the home languages spoken? List below and proceed to # 8.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**# 8. Proceed to Step 2: Records Review Process** (To be completed by NJ Certified Staff only – Reference ESSA ELL Entry and Exit Guidance, p. 4).

**\*\*Home Language Survey is complete.\*\***

**# 9. Do not proceed to Step 2: Records Review Process.**

**\*\*Home Language Survey is complete. Student is not an English-Language Learner (ELL)\*\***

# MEDIA/INTERNET OPT OUT FORM

**\*\* FILL THIS FORM OUT ONLY IF YOU DO NOT WISH  
YOUR CHILD TO PARTICIPATE\*\***

*“Lindenwold Public Schools is proud of the many accomplishments of our students. Whether they are involved in academics or social activities, our students make us proud. We often film and take pictures at these events. These photos and videos are used for the district Channel 192, our district website and other publications. If you do not wish to have your child’s likeness included in these publications, you must contact us in writing by completing the media release policy form located in the forms to return packet.*

*Our school also offers a wide variety of academic opportunities which include the use of the internet. Many of our classes plan activities utilizing the internet. Teachers vigilantly watch the students as they use the internet and a firewall is set up to block inappropriate sites. If you do not wish to have your child take advantage of this opportunity, you must fill out the internet use policy form located in the forms to return packet. “*

I **DO NOT** WISH TO HAVE MY CHILD’S PHOTOGRAPH OR LIKENESS APPEAR ON THE LINDENWOLD SCHOOL WEBSITE ([WWW.LINDENWOLD.K12.NJ.US](http://WWW.LINDENWOLD.K12.NJ.US)) OR IN MEDIA.

STUDENT NAME: \_\_\_\_\_ GR/TEACHER \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ (Permission is revoked for a period of ONE year)

**LINDENWOLD PUBLIC SCHOOL DISTRICT  
PERMISSION TO RELEASE ALL STUDENT RECORDS**

**Lindenwold School 4**  
900 E. Gibbsboro Road  
Lindenwold, NJ 08021  
PHONE: 856-783-0405  
FAX: 856-782-2299

**Lindenwold School 5**  
550 Chews Landing Road  
Lindenwold, NJ 08021  
PHONE: 856-784-4063  
FAX: 856-782-2293

**Lindenwold Middle School**  
40 White Horse Avenue  
Lindenwold, NJ 08021  
PHONE: 856-346-3330  
FAX: 856-346-1601

**Lindenwold High School**  
801 Egg Harbor Road  
Lindenwold, NJ 08021  
PHONE: 856-741-0320  
FAX: 856-566-6532

**Lindenwold Preschool**  
100 South Avenue  
Lindenwold, NJ 08021  
PHONE: 856-783-1499  
FAX: 856-783-1665

**Lindenwold Dept. of Sp. Services**  
801 Egg Harbor Road  
Lindenwold, NJ 08021  
PHONE: 856-784-4071  
FAX: 856-782-2292

**RELEASE OF RECORDS**

Last School Attended: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_ School's Fax: \_\_\_\_\_

The following student has registered in the Lindenwold School District on \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ DOB: \_\_\_\_\_

\* \* \* \* \*

**I give permission for you to release all records for the student indicated above (note: permission not required under NJAC).**

I understand under the Federal No Child Left Behind requirements, I must now also authorize the release of my child's discipline records to be included with the release of my child's permanent records, and my signature below indicates my authorization and permission to release the records to the above-mentioned school as soon as possible.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

According to New Jersey Administrative Code 6:3-2.1 to 2.8, "Mandated pupil records shall be forwarded to the receiving district..." Please send the cumulative folder, the health records, grade-to-date, and any other mandated records on the pupil listed above as soon as possible.

## MEDICAL INFORMATION PACKET

Welcome to Lindenwold School District. In order to safely admit your child to school, we require the following information to be submitted at the time of registration. In addition, if your child has a chronic health condition, such as asthma, diabetes, seizures, etc, please notify your school nurse immediately, as additional information will be required.

Kelly Dornewass, RN, BSN  
School Nurse  
**Lindenwold Preschool**  
(856)783-1499, ext. 6003

Marietta Canavan, RN, BSN, CSN  
School Nurse  
**Lindenwold School #4**  
(856)783-0405, ext. 4008

Marietta Canavan, RN, BSN, CSN  
School Nurse  
**Lindenwold School #5**  
(856)784-4063, ext. 5005

Stephanie Reilly, RN, BSN, CSN  
School Nurse  
**Lindenwold Middle School**  
(856)346-3330, ext. 2322

Sarah Mervine, RN, BSN, CSN  
School Nurse  
**Lindenwold High School**  
(856)741-0320, ext. 1507

### **Documents Required at Registration:**

- ( ) Confidential Health History
- ( ) Immunization record
- ( ) Physical Evaluation Form
- ( ) PPD (Out of Country Only)

**ALL STUDENTS MUST COMPLETE A MEDICAL EMERGENCY CARD ANNUALLY**



LINDENWOLD PUBLIC SCHOOLS  
Confidential Student Health History

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**Parent/Guardian #1** (to be contacted in the event of an illness or emergency):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred phone: \_\_\_\_\_

**Parent/Guardian #2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred phone: \_\_\_\_\_

1. **Allergies:**  No known allergies.

Student is allergic to:  Food  Medicine  Insect stings  Seasonal Allergies  Other  
(Please describe below what the student is allergic to, and the reaction seen.)

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

2. **Asthma:**  Yes\*  No

\*if yes, does student have medication? \_\_\_\_\_

3. **Diabetes:**  Yes\*  No

4. **Does student take any medications daily or regularly?**  Yes\*  No

\*if yes, please list medication(s): \_\_\_\_\_

5. **Does student wear glasses?**  Yes\*  No

\*if yes, for what reason (distance, reading, etc) : \_\_\_\_\_

\*if yes, when they are worn (always, for reading, as needed, etc): \_\_\_\_\_

6. **Date of last medical physical/wellness exam** \_\_\_\_\_

- Are your child's immunizations up to date  Yes\*  No
- If no, please explain

\_\_\_\_\_



LINDENWOLD PUBLIC SCHOOLS  
**Confidential Student Health History**

7. **Has student had any:**

	Yes	No	Please explain any "yes" answers
Chronic/serious health conditions			
Recent injuries			
Convulsions, epilepsy or seizures			
Surgeries/Hospitalizations			

8. **Does student have any history of the following?**

	Yes*	No		Yes*	No
ADHD			Kidney or urinary problems		
Bleeding disorder			Menstrual concerns		
Bowel problems (constipation, frequent diarrhea, etc.)			Mental/emotional health concerns		
Cardiac (heart) condition			Muscular problems or diseases		
Chest pain during exercise			Neurological problems or diseases		
Ear conditions or recurrent ear infection			Orthopedic problems or diseases, joint issues		
Skin conditions such as eczema, psoriasis, molluscum, etc.			Speech problems		
Fainting or unexplained dizziness			Hearing problems		
Genital condition			Any condition currently under the care of a doctor		
Headaches/migraines			Any condition for which a doctor has advised student not to participate fully in gym.		

\* Please explain any "yes" answers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



LINDENWOLD PUBLIC SCHOOLS  
Confidential Student Health History

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9. **Developmental History – Were there any problems during:**

	Yes*	No	*Please explain if “yes.”
Pregnancy			
Labor & delivery			
Infancy (1st year of child's life)			
Childhood			

Do you authorize your child's medical information to be shared with appropriate school staff?  Yes\*  No

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**NOTE:** The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

## ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### PHYSICIAN REMINDERS

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

#### 1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?

#### 2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / ( / )	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. <sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended. <sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_

# ■ ■ \_PREPARTICIPATION PHYSICAL EVALUATION\_ CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### HCP OFFICE STAMP

### SCHOOL PHYSICIAN:

Reviewed on \_\_\_\_\_  
(Date)

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature: \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_

### Completed Cardiac Assessment Professional Development Module

Date \_\_\_\_\_ Signature \_\_\_\_\_