

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS PUPIL ADMISSION FORM
(PLEASE PRINT CLEARLY)

STUDENT INFORMATION				
Student's Last Name:	First Name:	Middle Initial:	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of Birth: _ _ / _ _ / _ _ _ _
Street Address:	Caldwell or West Caldwell (circle one)	State: NJ	Zip: 07006	Home Phone:
Place of Birth (City, Town, State, and County):	Country of Birth:	Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Form of Authorization of Birth: (circle one)	
Immigrant? Homeless?	Date entered US School: _ _ / _ _ / _ _ _ _	Race: (circle one) White Asian Black/African American Pacific Islander/Native Hawaiian American Indian/Alaskan Native	Birth Certificate OR Passport	
Publicity Permission: (Additional information and instructions is contained on the Media Consent Form.) <input type="checkbox"/> YES <input type="checkbox"/> NO - I understand that by checking this box my child's name and/or photo will not appear in any of the school, local or state newspapers, or in any other news outlet, for any reason, including honor roll, school events and accomplishments, or other school-related news.				

PARENT INFORMATION				
Father's Last Name:	Father's First Name:	Custody? (circle one) Yes No	E-Mail Address:	
Home Phone:	Cell Phone:	Own <input type="checkbox"/> Rent <input type="checkbox"/> (*see page 2)	Expiration Date of Lease (if renting): _ _ / _ _ / _ _ _ _	
Street Address:	Caldwell or West Caldwell (circle one)	State: NJ	Zip: 07006	
Occupation:	Business Name:	Business Phone:		
Mother's Last Name:	Mother's First Name:	Custody? (circle one) Yes No	E-Mail Address:	
Home Phone:	Cell Phone:	Own <input type="checkbox"/> Rent <input type="checkbox"/> (*see page 2)	Expiration Date of Lease (if renting): _ _ / _ _ / _ _ _ _	
Street Address:	Caldwell or West Caldwell (circle one)	State: NJ	Zip: 07006	
Occupation:	Business Name:	Business Phone:		
Parents are: (circle one) Married Separated Divorced Deceased (please specify parent(s)):				
Pupil lives with: (circle one) Both Parents Mother Only Father Only Mother and Step-parent Father and Step-parent Other Guardian	Language spoken at home (if not English): Dialect:	Secondary Language: Dialect:		
Middle School Students Only: Is Student Interested in taking music lessons? (circle one) Yes No				

Preferred email address for school communications (Custodial parent): (please print clearly)
Preferred telephone number for school communications (Custodial parent):
Preferred email address for school communications (non-Custodial parent, if applicable): (please print clearly)
Preferred telephone number for school communications (non-Custodial parent, if applicable):

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PROOF OF RESIDENCY

*Two items (from one parent/guardian) stating proof of residency are required in order to register for admission to the Caldwell-West Caldwell School system. The following items are acceptable: Deed to a house, mortgage agreement, lease (with name of landlord and telephone number for reference), tax bill or driver's license. Please list in the spaces below the two forms you will use to verify residency.

1.	2.
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OTHER GUARDIAN INFORMATION (Complete only if different from parent information.)

Guardian's Last Name:		Guardian's First Name:		Custody? (circle one) Yes No	E-Mail Address:
Home Phone:	Cell Phone:	Own <input type="checkbox"/> Rent <input type="checkbox"/> (*see above)		Expiration Date of Lease (if renting): __ / __ / ____	
Street Address:		Caldwell or West Caldwell (circle one)	State: NJ	Zip: 07006	
Occupation:	Business Name:			Business Phone:	

EDUCATION HISTORY

List, in chronological order, names and birth dates of other children in family:

1.	2.	3.	4.
Birth Date: __ / __ / ____	Birth Date: __ / __ / ____	Birth Date: __ / __ / ____	Birth Date: __ / __ / ____
Did pupil attend Nursery School/Day Care/Pre-School? (For Kindergarten and PSD students only) Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Name and Address of Nursery School/Day Care/Pre-School:	
Name of previous school attended (all students):		School Address:	
Can pupil participate in all physical education activities? Yes <input type="checkbox"/> No <input type="checkbox"/>		If not, explain:	

STATE OF NEW JERSEY REQUESTED HEALTH INFORMATION

Does the Student have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who is the Health Insurance Provider? (Optional)
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Parent/Guardian Signature:	Date:
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FOR SCHOOL USE:

District Entry Date: __ / __ / ____	District Grade Entry:	Kindergarten Session: (For Kindergarten registrants only)		
School Entry Date: __ / __ / ____	School Grade Entry:	Assigned to Grade:	Room Number:	Teacher:
Graduation Year:	School:		Principal:	
Date Registered: __ / __ / ____	Date Entered: __ / __ / ____	PowerSchool#:	NJ Smart #:	

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
HEALTH AND MEDICAL HISTORY FORM**

TO BE COMPLETED BY PARENT:

NAME: _____	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH: _____
HEALTH INSURANCE: <input type="checkbox"/> NO <input type="checkbox"/> YES	INSURANCE CARRIER: _____	
HEALTH HISTORY (COMPLETED BY PARENT): If YES, please explain:		
Chronic or recurring illness/condition	No	Yes _____
Asthma	No	Yes _____
Diabetes	No	Yes _____
Epilepsy/Seizures/Blackouts	No	Yes _____
Cardiac/Heart Disease	No	Yes _____
Hypertension	No	Yes _____
Bleeding Disorder	No	Yes _____
Frequent Headaches	No	Yes _____
Skin Disorder	No	Yes _____
Gastrointestinal Disorders	No	Yes _____
Neuromuscular Disorder	No	Yes _____
Orthopedic Condition	No	Yes _____
Respiratory Illness	No	Yes _____
Mental/Emotional Issues	No	Yes _____
Dental/Orthodontic Appliances	No	Yes _____
Hearing Problems	No	Yes _____
Vision Problems (glasses or contacts)	No	Yes _____
Hospitalizations/Surgeries	No	Yes _____
Recent injury, illness, infectious disease	No	Yes _____
Other _____		_____
_____		_____
OTHER SIGNIFICANT MEDICAL INFORMATION THE SCHOOL SHOULD KNOW ABOUT:		

Signature of Parent: _____ Date: _____

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
PHYSICAL EXAMINATION AND IMMUNIZATION FORM**

PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN.

NAME:	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH:
HEALTH HISTORY:		
ALLERGIES: List all known allergies: Describe reaction and management of reaction.		
Medication Allergies:	Yes No _____	_____
Food Allergies:	Yes No _____	_____
Insects/Animals:	Yes No _____	_____
Environmental/ Pollens:	Yes No _____	_____
MEDICATIONS: List <u>all</u> medications (prescription, over-the-counter, non-prescription) taken routinely.		
Medication	Dosage/Frequency	Reason for medication
_____	_____	_____
_____	_____	_____
HEIGHT:	WEIGHT:	B/P:
		HEART RATE:
	NORMAL	COMMENTS: (EXPLAIN ALL ABNORMAL FINDINGS)
APPEARANCE		
SKIN		
EYES/EARS/NOSE/THROAT		
LYMPH NODES		
HEART		
LUNGS		
ABDOMEN		
GENITOURINARY		
CNS		
NEUROMUSCULAR		
MUSCULO-SKELETAL		
EXTREMITIES		
SPINE		
SEIZURE DISORDER: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		SCOLIOSIS: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE TREATMENT:
VISION: O.D. 20/ O.S. 20/ O.U. 20/	HEARING: RIGHT LEFT	
KNOWN VISION OR HEARING PROBLEM:		
DEVELOPMENT: SPEECH:		
STUDENT MAY PARTICIPATE IN ALL PHYSICAL EDUCATION ACTIVITIES: <input type="checkbox"/> Yes <input type="checkbox"/> No		
STUDENT MAY NOT PARTICIPATE IN THE FOLLOWING PHYSICAL ACTIVITY(IES):		
PHYSICIAN'S NAME AND ADDRESS (PLEASE PRINT):		PHYSICIAN'S SIGNATURE:
TELEPHONE NUMBER:		DATE OF EXAMINATION:

Physical exam form must be completed in full.

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
PHYSICAL EXAMINATION AND IMMUNIZATION FORM**

NAME: _____		<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH: _____	
IMMUNIZATIONS:		A COPY OF THE IMMUNIZATION RECORD IS ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DPT/DT/DTAP: _____ _____ _____ _____ _____ TDAP: _____	OPV or IPV (circle): _____ _____ _____ _____	MMR: _____ _____	HIB: _____ _____ _____ _____	
HEPATITIS B: _____ _____ _____	VARIVAX: _____ _____ DISEASE DATE: _____	PNEUMOCOCCAL: _____ _____ _____ _____	MENINGITIS VACCINE: _____	
HEPATITIS A: _____ _____	INFLUENZA VACCINE: _____ _____ PLEASE LIST MOST RECENT.	OTHER: _____ _____ _____	OTHER: _____ _____ _____	
MANTOUX: DATE GIVEN: _____ DATE READ: _____		RESULTS: _____ TREATMENT: _____		LEAD LEVEL: RESULTS: _____ DATE TESTED: _____
PHYSICIAN'S NAME AND ADDRESS (PLEASE PRINT): _____ _____ _____ TELEPHONE NUMBER: _____			PHYSICIAN'S SIGNATURE: _____ _____	

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS

HOME LANGUAGE SURVEY

Please complete this form if a language other than English is spoken at home.

Student's Name:	Date:
School:	Grade:
Language(s) spoken at home (other than English)	Dialect:
1. _____	1. _____
2. _____	2. _____

Please place an in the box that corresponds to your answer.

	English	Native Language
1. Which language did your child first learn to speak?		
2. Which language do you use most often when speaking to your child at home?		
3. Which language does the child use most often when speaking to his or her parents at home?		
4. Which language does your child use most often when speaking to his or her brothers and sisters?		
5. Which language does your child use most often when speaking to other relatives?		
6. Which language does your child use most often when speaking to friends?		
Signature of Parent:	Date:	

(This survey should be sent to and filed with the Supervisor of English as a Second Language.)

Media Consent Form - Caldwell-West Caldwell Public Schools

The Caldwell-West Caldwell Public School District is proud of the many successes that students and staff achieve every day within the District's six area schools, and regularly announces and publicizes achievements, activities, and events. Achievements, activities and events include, but are not limited to, academic presentations, art exhibits, athletic events, awards, community service activities, concerts, contests, district presentations, honors, honor roll(s), music, outstanding academic work, outstanding educational initiatives, plays, special programs, sports, and student(s) of the month.

At various points throughout the school year, or during summer programs, your child may be photographed or videoed for publicity and/or announcement purposes. Achievements, activities, and events are announced through area publicity and media outlets, as well as presentation venues.

Publicity and media outlets include, but are not limited to, printed and/or on-line newspapers and/or magazines, radio and/or television news sites and/or social media platforms, as well as the Caldwell-West Caldwell Public Schools' website, its social media platforms, and/or public presentations or displays in buildings throughout the district and the greater community, such as, but not limited to, your child's school, other district buildings, government buildings and/or area malls and/or universities.

Media Consent grants:

- Permission for a photo/image that includes student without any other personal identifiers to be published on the district and/or school's web site and social media platforms, as well as sent in press releases to area media and publicity outlets and publications, and/or public presentation venues or displays.
- Permission for photo/image, name, and/or school, and/or grade to be published on the district and/or school's web site and social media platforms, as well as sent in press releases to area media and publicity outlets and publications and/or public presentation venues or displays.
- Permission for student name, photo/image, and/or school, and/or grade, as well as images of student's outstanding artwork and/or outstanding academic work to be published on the district and/or school's web site and social media platforms, as well as sent in press releases to area media and publicity outlets and publications and/or public presentation venues or displays.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian, unless as part of an athletic and/or academic team, performing arts group, and/or other public performance-based activity, or as part of a large group photograph submitted without names.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

This Media Consent Form is to both inform you and to request Media Consent permission.

YES, I DO grant permission to acknowledge my child's achievements, activities, and/or event participation, through media, websites, publicity, presentations and/or within school and/or district and community presentation venues.

No, I DO NOT grant permission to acknowledge my child's achievements, activities, and/or event participation, through media, websites, publicity, presentations and/or within school and/or district and community presentation venues. ***I understand that by checking this box my child's name and/or photo will not appear in any of the local or state newspapers, including The Progress, Caldwells Patch, TAP into West Essex, The Caldwell News, The Jersey Tomato Press, The Star Ledger, West Essex Now, or any other news outlet, for any reason, including honor roll, school events and accomplishments, or other school-related news.***

Student Name: (please print) _____ Grade: ____ Date: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

This Media Consent Form is valid from the time of signature until at which time an updated/revised form is received during the years that the student(s) attend a Caldwell-West Caldwell District School.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing.

Should you have any questions regarding the Media Consent Form, media policy, or to make changes to the form, contact Christine Corliss, District Publicity Coordinator, Harrison School Building, West Caldwell, NJ 07006, 973-228-6979, or e-mail: ccorliss@cwcboc.org.