Robbinsville Board of Education
Kathie Foster, Ed.D. Superintendent
155 Robbinsville Edinburg Road
Robbinsville, NJ 08691
Email: Foster@robbinsville.k12.nj.us
Phone: 609-632-0910 / Fax: 609-371-7964

Dear Parents / Guardians:

Welcome to Robbinsville Public Schools! We are delighted that you and your family are planning to become residents of Robbinsville. We are extremely proud of the accomplishments of our students, teachers, and staff members and believe that you, too, will soon share this sentiment.

We have recently streamlined our registration process and we hope that this will create a positive first impression. To begin, please complete the online registration forms located on the Central Registration page of the Robbinsville Public Schools website. Registration must be completed by all new registrants. Forms in the Additional Registration Forms packet must be completed and printed only if applicable.

If your child is in grade 6-12, please provide a copy of his or her latest report card or transcript. This will help us to create a schedule that best meets your child's needs.

Once you have completed your child's online registration and packet, please call the Central Registration Office at 609-632-0910 (2281) to set up an appointment with the district's registrar. Appointments are scheduled to take place on Mondays – Fridays between the hours of 10:00 AM – 1:00 PM. Summer hours may differ slightly.

At the time of your appointment, you will be asked to present the registration forms you have printed out as well as the following documentation:

- Student's Birth Certificate or Passport
- Proof of Residency (See list of acceptable documents located on the Central Registration webpage)
- Copy of Immunization Records and most recent physical
- Withdrawal Card from Previous School District (If your child is transferring within the State of New Jersey, please be sure that his or her NJ ID# is included.)

We, in Robbinsville, take pride in offering an exceptional educational experience, one in which inquiry, discovery, and the love of learning are cultivated while students develop strong academic and interpersonal skills. Our faculty and staff are committed to creating personalized learning experiences and challenging each student to reach his/her full potential. It is our hope that you and your child(ren) find in Robbinsville Schools a community that is friendly, welcoming and educationally rewarding.

Sincerely,

Kathie Foster

Kathie Foster

Grades 5 - 12 Registration Forms

Please complete all forms in this packet before scheduling your appointment with Central Registration at 609-632-0910 (2281).

1. Grades 5-12 Pre-participation Physical Evaluation
2. Transfer of Student Records (Including NJ State ID # if child attended NJ Public School)
3. Registration Checklist

For your reference, also included in this packet is a document entitled *Acceptable Forms of Proof of Residency*.

After you have completed the registration packet and have compiled your supporting documentation, please call Central Registration at 609-632-0910 (2281) to make an appointment. During the school year appointments will be scheduled between the hours of 10:00AM and 1:00PM. Summer hours may differ.

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GRADES 5-12 PHYSICAL EVALUATION

Note: This form is to be filled out by the patient / parent prior to seeing the physician. The physician should keep a copy of this form in the chart.

Date of Exam:_____

Name:_____ Date of Birth:_____

Sex:_____ Age: _____ School: _____ Sport: _____

Medicines and Allergies: Please list all of the prescription and over-the counter medicines and supplements (herbal and nutritional) that you are currently taking.

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify the specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes in the answers below. Circle the questions you don't know the answers to.

General Questions	Yes	No
1. Has any doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below. ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
Heart Health Questions About You	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular heartbeats) during exercise?		
8. Has a doctor ever told you that you have heart problems? If so, check all that apply: ☐ High Blood Pressure ☐ Heart Murmur ☐ High Cholesterol ☐ Heart Infection ☐ Kawasaki Disease ☐ Other:_____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG.EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexpected seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
Heart Health Questions About Your Family	**Yes**	**No**
13. Has any family member of relative died of heart problems of had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
Bone and Joint Questions	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, cast or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an e-ray for neck instability or atlantoaxial instability (Down syndrome / dwarfism)?		
22. Do you regularly use a brace, orthotics or assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

Medical Questions	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medication?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, eye, testicle, spleen or other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of food?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
Females Only		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Athlete's signature_____ Parent / Guardian's Signature _____

PREPARTICIPATION PHYSICAL EVALUATION FOR THE ATHLETE WITH SPECIAL NEEDS
SUPLEMENTAL HISTORY FORM

Date of Exam _____

Name_____Date of Birth_____

Sex_____ Age_____ Grade_____ School_____Sport(s)_____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident / trauma, other)		
5. List the sports you are interested in playing		
	Yes	**No**
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you have any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		
Explain "yes" answers here		
Please indicate if you have ever had any of the following.	**Yes**	**No**
Atlantoaxial Instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in legs or feet		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		
Explain "yes" answers here		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

_____ _____ _____

Athlete's Signature Parent/Guardian's Signature Date

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Physician Reminders:

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 seatbelt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION				
Height	Weight	Gender	BP / (/)	Pulse
Vision R 20/	Vision L 20/		Corrected ☐Yes ☐No	

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 * • Murmurs (auscultation standing, supine +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) **		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ***		
Musculoskeletal		
Neck		
Back		
Shoulder / Arm		
Elbow / Forearm		
Wrist / Hand / Fingers		
Hip / Thigh		
Knee		
Leg / Ankle		
Foot / Toes		
Functional • Duck-walk, single leg hop		

* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history of exam.
** Consider GU exam if in private setting. Having third party present is recommended.
*** Consider cognitive evaluation or baseline neuropsychiatric testing if 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, a 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) _____ Date _____

Address _____ Phone _____

Signature of Physician, APN, PA _____

PREPARTICIPATION PHYSICAL EVALUATION – CLEARANCE FORM

Name _____ Gender ☐ Male ☐ Female 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

_____

_____

_____

_____

_____

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) _____ Date _____

Address _____Phone _____

Signature of Physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

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Central Registration Office
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TRANSFER OF STUDENT RECORDS

In order to facilitate the transfer of your child's records to Robbinsville Schools, please complete the information below and return it with your registration packet to the Central Registration Office. Please include one form for each child that you are registering.

Date:_____ *NJ State ID#: _____

*Only if transferring within the State of New Jersey – Can be obtained from prior school.

Student Name:_____ Grade: _____ DOB: _____

Last day of attendance: _____ Is student in an ESL/Bilingual program? ☐ Yes ☐ No

Official Records to be Released

Grades / Transcripts / District – State Assessments / Medical, Health & Immunization Records / Special Education (CST) Records / Disciplinary Records / Attendance Records

I hereby give permission for release of the records listed above and for Robbinsville Schools to contact my child's former district for further information pursuant to N.J.A.C 6:3-6.5.

_____ _____

Parent / Guardian Signature Date

Name and Address of Previous School:

_____

_____

_____

County: _____

School Telephone: _____

School Fax: _____

Office Use Only

Date Forwarded: _____

Follow Up: _____

Records Received: _____

Sharon Elementary School
234 Sharon Road
Robbinsville, NJ 08691
609-632-0960
Grades K-4

Pond Road Middle School
150 Pond Road
Robbinsville, NJ 08691
609-632-0940
Grades 5 – 8

Robbinsville High School
155 Robbinsville Edinburg Road
Robbinsville, NJ 08691
609-632-0950
Grades 9 – 12

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ACCEPTABLE FORMS OF PROOF OF RESIDENCY

Proof of Residency MUST be submitted at the time of enrollment.
If change of address, all required forms are to accompany the change of address form.

If Parent/Guardian **OWNS** the home at least ONE document from List A and at least TWO documents from List C are required.

If Parent/Guardian **RENTS** the home at least ONE document from List B and at least TWO documents from List C are required.

If a **HOST FAMILY or OTHER CIRCUMSTANCE** please call the Registration Office for further information.

PLEASE NOTE: DEEDS ARE NOT ACCEPTED

LIST A

- Closing Paperwork (Closing Disclosure)
- Copy of Latest Mortgage Payment
- Copy or Latest Tax Bill

LIST B

- Copy of Current Lease that lists ALL parties residing in the home
    - If ALL names to not appear on the current lease an Affidavit of Landlord is required. This affidavit can be accessed through the District website under the Registration tab. Please note this affidavit MUST be notarized.

LIST C

- Utility Bill (i.e.: electric, gas, water, phone, internet)
- Current Pay Stub
- Voter Registration Card
- Photo Driver License (change of address sticker on D.L. not acceptable)
- Vehicle Registration
    - If change of address sticker is adhered other documentation may be requested

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GRADES 5-12 REGISTRATION CHECKLIST

Use this checklist as a guide to ensure that all of the documents within your registration packet are complete.

Registration Packet	✓
Grades 5-12 Pre-participation Physical Evaluation	
Transfer of Student Records	

Other Documents	✓
Birth Certificate or Passport	
Proof of Residency (See *Acceptable Forms of Proof of Residency*)	
Owner / Landlord Affidavit (If Applicable)	
Copy of Immunization Records & Most Recent Physical	
I.E.P. (Most Current Copy) (If Applicable)	
504 Plan (Most Current Copy) (If Applicable)	
Copy of Last Report Card or Transcript (Students in Grades 6-12)	
Withdrawal Card from Prior District	

After you have completed the registration packet and have compiled your supporting documentation, please call Central Registration at 609-632-0910 (2281) to make an appointment. During the school year appointments will be scheduled between the hours of 10:00AM and 1:00PM. Summer hours may differ.

The Central Registration office is located at
Robbinsville High School
155 Robbinsville Edinburg Road
Robbinsville, NJ 08691