

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.

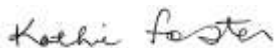
Once you have completed your child's online registration and packet, please call the Central Registration Office at 609-632-0910 (2281) to set up an appointment with the district's registrar. Appointments are scheduled to take place on Mondays – Fridays between the hours of 10:00 AM – 1:00 PM. Summer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

Grades K-4 Registration Forms

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

1. Grades K-4 Child Health Care Record
2. Grades K-4 Health Assessment & Social Development History
3. Transfer of Student Records (Including NJ State ID # if child attended NJ Public School)
4. 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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K-4 CHILD HEALTH CARE RECORD

SECTION I: TO BE COMPLETED BY PARENT / GUARDIAN

Last Name	First Name	MI	Male	Female	Date of Birth		
Yes	No	Does child have health insurance?					
		If yes, name of the child's health insurance carrier					
Parent / Guardian Name		Home Telephone	Cell Telephone	Work Telephone			
Parent / Guardian Name		Home Telephone	Cell Telephone	Work Telephone			
I give my consent for my child's Health Care Provider and child Care Provider / School Nurse to discuss the information on this form.							
Signature _____			Date _____				
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>			Yes	No
Yes	No						
This form may be released to WIC							

SECTION II: TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination		Results of examination normal?	Yes No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if under 2 years)		
	Blood Pressure (if 3 years or older)		

Immunizations

Immunization Record Attached _____

Date Next Immunization Due: _____

Medical Conditions

Chronic Medical Conditions / Related Surgeries • List medical conditions / ongoing surgical concerns:	None Special Care Plan Attached	Comments
Medications / Treatments • List Medications / Treatments	None Special Care Plan Attached	Comments
Limitations to Physical Activity • List Limitations / Special Considerations	None Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	None Special Care Plan Attached	Comments
Allergies / Sensitivities • List Allergies	None Special Care Plan Attached	Comments
Special Diet / Vitamin & Mineral Supplements • List Dietary Specification	None Special Care Plan Attached	Comments
Behavioral Issues / Mental Health Diagnosis • List behavioral / mental health issues / concerns	None Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign / symptoms to watch for.	None Special Care Plan Attached	Comments

Preventative Health Screenings

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: Capillary Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his / her health history. It is my opinion that he / she is medically cleared to participate fully in all child care / school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)

Signature

Date

Health Care Provider Stamp

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HEALTH ASSESSMENT & SOCIAL DEVELOPMENT HISTORY

Student Name		Date of Birth		Gender	
Home Address				Country of Birth	
Home Phone			Cell Phone		

Section I Health History: Indicate "Y" for Yes and "N" for No

Frequent Colds		Seasonal Allergies		Diagnosis of Migraines		Diagnosis of Asthma	
Frequent Sore Throats		Hearing Loss / Concern		Convulsions		Diagnosis of Diabetes	
Poor Eating Habits		Vision Concerns		Epileptic Seizures			
Dietary Restrictions		Glasses		Febrile Seizures			
Lactose Intolerance		Frequent Headaches		Coordination Problems			

Was your child premature at birth? No Yes If yes, how many weeks?

Section II Developmental History: Was your child's development age appropriate? Indicate "Y" for Yes and "N" for No

Rolled Over		Walked Unaided		Babbled	
Sat Unassisted		Fed Him/Herself		Words with Meaning	
Stood Holding		Toilet Trained		Sentences (2-3 Words)	
Stood Alone		Self-Dressed		Intelligibility	

Does your child experience any of the following?

Nail Biting		Thumb Sucking		Nightmares	
Sleepwalking		Jealousy		Breath Holding	
Sleeping Problems		Bed Wetting		Destructive Behavior	
Frequent Bad Temper		Frequent Irritable Spells			

Section III Education History: Indicate "Y" for Yes and "N" for No

Attended Preschool		Preschool Testing		Child Study Team Eval.		Special Needs	
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Section IV Social History: Describe your child. Please indicate "Y" for Yes and "N" for No.

Easy Going		Careless		Stubborn		Overly Sensitive	
Accident Prone		Cuddly		Shy		Bold	
Troublesome		Helpful		Considerate		Creative	
Easily Led		Clumsy		Talented		Demanding	

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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 K-4 REGISTRATION CHECKLIST

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

Registration Packet	<input checked="" type="checkbox"/>
K-4 Child Health Record	<input type="checkbox"/>
Health Assessment & Social Development History	<input type="checkbox"/>
Transfer of Student Records	<input type="checkbox"/>

Other Documents	<input checked="" type="checkbox"/>
Birth Certificate or Passport	<input type="checkbox"/>
Proof of Residency (See <i>Acceptable Forms of Proof of Residency</i>)	<input type="checkbox"/>
Owner / Landlord Affidavit (If Applicable)	<input type="checkbox"/>
Copy of Immunization Records & Most Recent Physical	<input type="checkbox"/>
I.E.P. (Most Current Copy) (If Applicable)	<input type="checkbox"/>
504 Plan (Most Current Copy) (If Applicable)	<input type="checkbox"/>
Withdrawal Card from Prior District	<input type="checkbox"/>

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