

*Ho-Ho-Kus Public*  
*70 Lloyd Road*  
*Ho-Ho-Kus, New Jersey 07423*  
*201-652-4555*

*Diane G. Mardy, Ed. D.*  
*Superintendent*

*Alexis M. Eckert, Ed. D.*  
*Principal*

*Martha Walsh*  
*Assistant Principal*

Dear Parents of Incoming Kindergarten Students:

Welcome to Ho-Ho-Kus School! We are looking forward to starting this new journey with you. In order to be eligible for Kindergarten, you must be a resident of Ho-Ho-Kus and your child must be 5 years old on or before October 1, 2021.

**Our registration period will run between January 18th- January 29th online.** To register your child during this registration window, log in to <http://www.hohokus.org/hohokus/> and click on the *Kindergarten Registration* link, which can be found on the Ho-Ho-Kus School main page. Listed below are the various forms required for registration; they will provide important information regarding your child. Please take the time to read over the forms carefully, complete them, and submit them via email to: [2021-22-k@hohokus.org](mailto:2021-22-k@hohokus.org).

**Registration forms:**

- Registration Form
- Proof of Residency Form
- Home Language Questionnaire
- Medical and Developmental History
- Current Physical Exam Form
- Current Immunization Record
- Allergy Form
- Publication Consent Form
- Internet Responsibility Agreement (Policy # 2361)

**\*You must also upload and email the following documents to register:**

- Deed or Lease
- Utility bill
- Driver's license
- Child's birth certificate

We look forward to beginning our journey with you for the 2021-2022 school year.

*Ho-Ho-Kus Public*  
*70 Lloyd Road*  
*Ho-Ho-Kus, New Jersey 07423*  
*201-652-4555*

*Diane G. Mardy, Ed. D.*  
*Superintendent*

*Alexis M. Eckert, Ed. D.*  
*Principal*

*Martha Walsh*  
*Assistant Principal*

Dear Parent:

The following information is needed before your child \_\_\_\_\_ can begin school.

We look forward to welcoming your child to the Ho-Ho-Kus Public School.

Sincerely,

Dr. Alexis M. Eckert  
Principal

- \_\_\_ Registration Form
- \_\_\_ Home Language Questionnaire
- \_\_\_ Medical and developmental history
- \_\_\_ Physical Exam Form
- \_\_\_ Immunization Record
- \_\_\_ Allergy Form
- \_\_\_ Birth Certificate
- \_\_\_ Proof of residency (Deed or lease)
- \_\_\_ Utility Bill
- \_\_\_ Driver's License
- \_\_\_ Publication Consent Form
- \_\_\_ Internet Policy

**Ho-Ho-Kus Public School  
70 Lloyd Road  
Ho-Ho-Kus, NJ 07423**

Today's Date: \_\_\_\_\_  
School Entry Date: \_\_\_\_\_

**REGISTRATION FORM**

Student Name: \_\_\_\_\_ Gender \_\_\_\_\_  
First Middle Last  
 Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

If Country of Birth is not US, Date of US Entry: \_\_\_\_\_ Date of Entry into US School: \_\_\_\_\_

Race: White \_\_\_\_\_ Black \_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_ Asian \_\_\_\_\_  
 Hawaiian Native/Pacific Islander \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Previous School Attended: \_\_\_\_\_  
 Previous School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Father/Stepfather/Guardian (circle one)</b>	
Name	Cell Phone + Provider
Business Name/Address	Business Phone

<b>Mother/Stepmother/Guardian (circle one)</b>	
Name	Cell Phone + Provider
Business Name/Address	Business Phone

<b>Other Children in Family</b>	
Name	Date of Birth

Please continue →

Emergency Contacts (other than parent)		
Name	Relationship	Phone
Child's Doctor		Phone

Does your child have health insurance coverage?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of the insurance company?      \_\_\_\_\_

If no, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

Are you interested in being contacted by NJ FamilyCare regarding this service?      Yes \_\_\_\_\_ No \_\_\_\_\_

*Ho-Ho-Kus Public*  
*70 Lloyd Road*  
*Ho-Ho-Kus, New Jersey 07423*  
*201-652-4555*

*Diane G. Mardy, Ed. D.*  
*Superintendent*

*Alexis M. Eckert, Ed. D.*  
*Principal*

*Martha Walsh*  
*Assistant Principal*

Parent/Guardian:

In order to register your child in the Ho-Ho-Kus Public School District, three forms of proof of residency must be presented.

These must be all of the following:

A copy of a current lease or deed

Driver's license

A copy of a current utility bill (such as electric/gas, cable, telephone).

I, \_\_\_\_\_ residing at,

\_\_\_\_\_

state that the information given on the attached registration form for

\_\_\_\_\_ is correct, and that if this

information is found to be false, I may be held responsible for the payment of the child's tuition.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Ho-Ho-Kus Public*  
*70 Lloyd Road*  
*Ho-Ho-Kus, New Jersey 07423*  
*201-652-4555*

*Diane G. Mardy, Ed. D.*  
*Superintendent*

*Alexis M. Eckert, Ed. D.*  
*Principal*

*Martha Walsh*  
*Assistant Principal*

Dear Parents:

The state of New Jersey requires that every new parent to a school district complete a Home Language Questionnaire in order that we can serve the needs of each student. On the bottom of this form please indicate the language in which you prefer to receive communications (English, Spanish, Korean, Japanese, Chinese, etc.). Please fill out the Home Language Questionnaire and return the forms with your registration materials.

Thank you.

Sincerely,

Dr. Alexis M. Eckert  
Principal

\*\*\*\*\*

**PLEASE PRINT:**

**In which language do you wish to receive communications?**

**Indicate language \_\_\_\_\_**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

\*Definition of native language from the New Jersey Department of education: The language first used by student, or the language most often spoken at home regardless of the language spoken by the student.

\*\*\*\*\*

FOR SCHOOL USE ONLY

Language \_\_\_\_\_

Code \_\_\_\_\_

PLEASE PRINT

\* Parent/Guardian Language Questionnaire

Student \_\_\_\_\_ Grade/Class, \_\_\_\_\_

Date of School Entrance \_\_\_\_\_

Relationship of person completing the survey \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

**Directions:**

**Circle the correct response for each of the following questions concerning your child.**

1. What language did the child learn when he/she first began to talk?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
2. What language does the family speak at home most of the time?  
English \_\_\_\_\_ Other specify \_\_\_\_\_
3. What language does the mother speak to her child most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
4. What language does the father speak to the child most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
5. What language does the child speak to his/her mother most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
6. What language does the child speak to his/her father most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
7. What language does the child speak to his/her brothers and sisters most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
8. What language does the child speak to his/her friends most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
9. Please list any previous ESL/Bilingual Program attended, if any:  
Place \_\_\_\_\_ Dates attended \_\_\_\_\_

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

(person completing the survey) \_\_\_\_\_





# POLICY

## BOARD OF EDUCATION HO-HO-KUS

PROGRAM  
2361/ Page 1 of 4  
Acceptable Use of Computer Networks/  
Computers and Resources

### M

The Board of Education recognizes as new technologies shift, the manner in which information is accessed, communicated, and transferred changes. These changes will alter the nature of teaching and learning. Access to technology will allow pupils to explore databases, libraries, Internet sites, and bulletin boards while exchanging information with individuals throughout the world. The Board supports access by pupils to these information sources but reserves the right to limit in-school use to materials appropriate for educational purposes. The Board directs the Superintendent to effect training of teaching staff members in skills appropriate to analyzing and evaluating such resources as to appropriateness for educational purposes.

The Board also recognizes that technology allows pupils access to information sources that have not been pre-screened by educators using Board approved standards. The Board therefore adopts the following standards of conduct for the use of computer networks and declares unethical, unacceptable, or illegal behavior as just cause for taking disciplinary action, limiting or revoking network access privileges, and/or instituting legal action.

The Board provides access to Computer Networks/Computers for educational purposes only. The Board retains the right to restrict or terminate pupil access to Computer Networks/Computers at any time, for any reason. School district personnel will monitor networks and online activity to maintain the integrity of the networks, ensure their proper use, and ensure compliance with Federal and State laws that regulate Internet safety.

#### Standards for Use of Computer Networks

Any individual engaging in the following actions when using Computer Networks/Computers, as defined in Regulation 2361, shall be subject to discipline or legal action:

- A. Using the Computer Networks/Computers for illegal, inappropriate or obscene purposes, or in support of such activities. Illegal activities are defined as activities that violate Federal, State, local laws and regulations. Inappropriate activities are defined as those that violate the intended use of the networks. Obscene activities shall be defined as a violation of generally accepted social standards for use of publicly owned and operated communication vehicles.
- B. Using the Computer Networks/Computers to violate copyrights, institutional or third party copyrights, license agreements or other contracts.
- C. Using the Computer Networks/Computers in a manner that:

# POLICY

## BOARD OF EDUCATION H·HO·KUS

PROGRAM  
2361/ Page 2 of 4  
Acceptable Use of Computer Networks/  
Computers and Resources

1. Intentionally disrupts network traffic or crashes the network;
2. Degrades or disrupts equipment or system performance;
3. Uses the computing resources of the school district for commercial purposes, financial gain, or fraud;
4. Steals data or other intellectual property;
5. Gains or seeks unauthorized access to the files of others or vandalizes the data of another person;
6. Gains or seeks unauthorized access to resources or entities;
7. Forges electronic mail messages or uses an account owned by others;
8. Invades privacy of others;
9. Posts anonymous messages;
10. Possesses any data which is a violation of this Policy; and/or
11. Engages in other activities that do not advance the educational purpose for which Computer Networks/Computers are provided.

### Internet Safety Protection

As a condition for receipt of certain Federal funding, the school district shall be in compliance with the Children's Internet Protection Act, the Neighborhood Children's Internet Protection Act, and has installed technology protection measures for all computers in the school district, including but not limited to computers in media centers/libraries. The technology protection must block and/or filter material and visual depictions that are obscene as defined in Section 1460 of Title 18, United States Code; child pornography, as defined in Section 2256 of Title 18, United States Code; are harmful to minors including any pictures, images, graphic image file or other material or visual depiction that taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; or depicts, describes, or represents in a patently offensive way, with respect to what is suitable for minors, sexual acts or conduct; or taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.

# POLICY

## BOARD OF EDUCATION HO-HO-KUS

### PROGRAM 2361/ Page 3 of 4 Acceptable Use of Computer Networks/ Computers and Resources

This Policy also establishes Internet safety policy and procedures in the district as required in the Neighborhood Children's Internet Protection Act. Policy 2361 addresses access by minors to inappropriate matter on the Internet; the safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications; unauthorized access, including "hacking" and other unlawful activities by minors online; unauthorized disclosures, use, and dissemination of personal identification information regarding minors; and measures designed to restrict minors' access to materials harmful to minors.

In addition to blocking and/or filtering the material and visual depictions prohibited in the Children's Internet Protection Act and the Neighborhood Children's Internet Protection Act, the Board may determine other Internet material that is inappropriate for minors.

In accordance with the provisions of the Children's Internet Protection Act, the Superintendent of Schools or designee will develop and ensure education is provided to every pupil regarding appropriate online behavior, including pupils interacting with other individuals on social networking sites and/or chat rooms, and cyberbullying awareness and response.

The Board will provide reasonable public notice and will hold one annual public hearing during a regular monthly Board meeting or during a designated special Board meeting to address and receive community input on the Internet safety policy contained in this Policy and Regulation 2361. Any changes in Policy and Regulation 2361 since the previous year's annual public hearing will also be discussed at a public meeting following the annual public hearing.

The school district will certify on an annual basis, that the school, including media centers/libraries in the district, are in compliance with the Children's Internet Protection Act and the Neighborhood Children's Internet Protection Act and the school district enforces the requirements of these Acts and this Policy.

#### Consent Requirement

No pupil shall be allowed to use the school district's Computer Networks/Computers and the Internet unless such pupil has filed with the principal's office a consent form signed by the pupil and his/her parent or legal guardian.

#### Violations

Individuals violating this Policy shall be subject to the consequences as indicated in Regulation 2361 and other appropriate discipline, which includes but is not limited to:

1. Use of the Computer Networks/Computers only under direct supervision;

# POLICY

## BOARD OF EDUCATION H·HO·KUS

PROGRAM  
2361/ Page 4 of 4  
Acceptable Use of Computer Networks/  
Computers and Resources

2. Suspension of network privileges;
3. Revocation of network privileges;
4. Suspension of computer privileges;
5. Revocation of computer privileges;
6. Suspension from school;
7. Expulsion from school; and/or
8. Legal action and prosecution.

N.J.S.A 2A:38A-3

Federal Communications Commission: Children's Internet Protection Act

Federal Communications Commission: Neighborhood Children's Internet Protection Act

Adopted: 20 November 2000  
Revised: 15 November 2001  
Revised: 31 March 2010  
Revised: 18 September 2012

*Ho-Ho-Kus Public*  
*70 Lloyd Road*  
*Ho-Ho-Kus, New Jersey 07423*  
*201-652-4555*

*Diane G. Mardy, Ed. D.*  
*Superintendent*

*Alexis M. Eckert, Ed. D.*  
*Principal*

*Martha Walsh*  
*Assistant Principal*

### **Parent or Guardian Internet Responsibility Agreement**

As the parent or guardian of this student, I have read the Acceptable Use Policy for access to the district's network resources. I understand that this access is designated for educational purposes and that the district has taken precautions to eliminate controversial and inappropriate materials. I realize that if a student is found to be involved in controversial or inappropriate sites, it will be considered a violation of this agreement. This may result in revocation of the student's access privileges and/or other disciplinary action.

I understand that the inappropriate use of the network by my child could result in criminal and civil penalties. Further, I accept responsibility for any damages or injuries caused by my child's use of the Internet, either in or out of school, in a manner which violates the terms and conditions of this agreement.

Having clearly been informed of the rules, regulations, and consequences of the User Agreement, I hereby give permission for my child to be issued access to the Internet.

Student Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Ho-Ho-Kus Public*  
*70 Lloyd Road*  
*Ho-Ho-Kus, New Jersey 07423*  
*201-652-4555*

*Diane G. Mardy, Ed. D.*  
*Superintendent*

*Alexis M. Eckert, Ed. D.*  
*Principal*

*Martha Walsh*  
*Assistant Principal*

**Consent Form for Publication of Student Work and/or Photographs**

The school may publish photographs of your child and/or samples of work done by your child in a variety of ways. The publications could include, but are not limited to, school newsletters (online and in hard copy), school websites, and local newspapers.

If you check yes and sign below, it means that you agree to the following:

1. The school is permitted to publish photographs and/or videos in which your child appears and may also publish samples of your child's work.
2. Your child's name may be used.

The school will not use your child's photograph or samples of your child's work for any purpose other than for the education of students, or for the general promotion of public education and the school. Any photographs taken by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely. Your child's picture, original work or video may be removed by the District at any time.

-----  
I agree, subject to the conditions set out above, to the publication of photographs, videos, and/or samples of my child's work.

Student's Name \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

\_\_\_\_\_ Yes to all

\_\_\_\_\_ No to all

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*The Ho-Ho-Kus Public School District is committed to a high standard of academic excellence in compliance with the core curriculum content standards in a safe and nurturing environment that will allow students to maximize their potential and prepare them to be responsible, contributing members of a diverse society.*

*Ho-Ho-Kus Public School*  
*70 Lloyd Road Ho-Ho-Kus, New Jersey 07423*  
*201-652-4555*

*Diane G. Mardý, Ed. D.*  
*Superintendent*

*Alexis M. Eckert, Ed. D.*  
*Principal*

*Martha Walsh*  
*Assistant Principal*

A Message from the Health Office

Dear Parents,

I am delighted to welcome your child to kindergarten this coming September. In our school the Health Office has been designed to promote the health and wellness of its students and their families.

In preparation for entrance into kindergarten, the Health Office will need to review your child's physical exam and immunization record prior to his/her admittance to school. Please forward your child's most recent physical exam and immunization records with your registration.

If your child's 5-year-old physical will not be completed at the time of registration, please supply a copy of his/her 4-year-old physical exam along with immunization records now and submit the updated forms when the actual 5-year-old physical takes place. Hearing and vision screening should be completed at the time of the physical exam as well.

Your physician can submit any physical exam or immunization form they wish but it must be stamped, dated and signed by them.

If your child has any medical concerns, past medical history or requires the use of medication, whether over the counter, prescription or rescue medication, please call my office directly so that we can have a detailed conversation regarding their health status at 201-652-3236

Please note that medication will not be administered to your child in school without physician's orders and written parental permission. If your child does require daily or as needed medications, please visit the district website and download a form that your physician can fill out detailing the medication and indications for use. These forms will be valid for the 2021-2022 school year and may only be accepted if dated after August 15, 2021.

Finally, please visit the district website under Health Office which lists various forms that can be used and some guidelines for subjects that range from tips in helping determine if your child needs to stay home from school or notifying us that your child will be absent from school or arrive late, or restrictions from Physical Education due to illness or injury.

Thank you for your cooperation as we welcome your child to the Ho-Ho-Kus School kindergarten program. If there is any additional medical information that we need to know that will assist us in the care of your child, please contact me at [kcinquegrana@hohokus.org](mailto:kcinquegrana@hohokus.org) or call me at 201-652-3236.

Sincerely,

Kate Cinquegrana, RN  
Certified School Nurse

# The Ho-Ho-Kus School Health Office

## ILLNESS

At times it may be hard to know when to keep your child home from school due to illness. It may come down to a judgment call and your intuition usually gives you the answer. Here are a few rules of thumb to keep in mind as you make your decision that may be helpful:

- If a child has vomiting or diarrhea in the morning or the night before -- they should stay home. Your child should stay home for 24 hours after the last incident of vomiting or diarrhea. If your child vomits while at school, they should stay home the next school day.
- If a child has a fever - 100 degrees or higher, they should stay home for 24 hours after the fever has subsided without the use of fever reducing medication. Please be aware that if their temperature is 99.4 or higher in the morning the fever may be on the way up by later in the day.
- If a child complains of sore throat in combination with headache and /or vomiting, it may indicate strep throat. If they have strep throat, they must stay home until they have taken antibiotics for 24 hours and are asymptomatic.
- If a child has discharge or crusting from eyes, please consult the pediatrician before coming to school. They should be treated and discharge-free before returning to school.
- If a child has a heavy cold or any illness that prevents them from being able to focus in the classroom; such as an incessant cough, a day at home might make all the difference.

## ABSENCES

If your child will remain home from school due to illness or late due to an appointment be sure to call the Health Office at 201-652-3236 and state the students name, grade and teachers name and reason for absence prior to 8:00am. A call will be necessary for every day your child will be absent or late to school.

## INJURIES

If your child sustains an injury that requires sutures, a cast, immobilizer, crutches, etc. or has sustained a head injury, please contact me regarding the injury and provide a doctor's note detailing the injury. If the restriction will be for an extended period, a doctor's note is required to exclude them as well as return them to activities. In these cases, your child will need to be excluded from PE and recess. The restriction from recess provides additional rest to help them to feel better if they are ill or rest an injury so it can heal.

## MEDICATIONS

Finally, if your child requires medication, new doctor's orders are required every school year. Medication forms, Food Allergy Action Plans and Asthma Treatment plans are on the district website under Health Office, Health Forms. Please be sure these orders filled out by your doctor include the name of the student, the name of the medication, the dosage, the time to be given and the frequency to be medicated. They must be dated after August 15<sup>th</sup> of that school year, stamped and signed by your physician. Parental permission is also required before medication may be given in school. Please note over-the-counter medications such as Tylenol, Ibuprofen, cough drops or lozenges, eye drops and nasal sprays may not be administered without a doctor's order.

## FOOD ALLERGIES

Since lunch is eaten in the classroom it is important for the Health Office to be aware of what foods students are allergic to, the expected reaction if accidental ingestion were to occur and whether or not a reaction would occur if the food was ingested or touched. It is also important to make us aware of what practices are put in place at home as far as food allergy management and whether your child is capable of avoiding the food allergen.

**Please provide this information to the Health Office as soon as possible.**



**HO-HO-KUS PUBLIC SCHOOL**  
**MEDICAL AND DEVELOPMENT HISTORY**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Weight \_\_\_\_\_ Current Weight \_\_\_\_\_ Height \_\_\_\_\_

Full term baby? Yes \_\_\_\_\_ No \_\_\_\_\_ How many months? \_\_\_\_\_

At what age did child: May approximate	Months	Years
Sit up		
Walk		
Say first words Talk in sentences Give up napping		
Become independent in toileting		
Begin dressing independently		
Establish hand preference (left or right)		

Please indicate any medical information such as, hospitalizations, serious or recurrent illnesses, or accidents:

---

---

Does your child wear glasses? If so, at what age and why were they prescribed? Are they to be worn continuously?

---

Does your child get frequent ear infections or have any permanent hearing loss?

---

Does your child have asthma or other allergies?

---

List any medications currently or previously taken on a regular basis:

---

Please describe any physical conditions your child has which may affect his/her participation in school activities.

---

---

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_

**HO-HO-KUS PUBLIC SCHOOL HEALTH  
OFFICE  
ALLERGY HISTORY**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Identify your child's *specific allergen*:

---

---

---

Please provide us with *exact* history:  
How long has this severe allergy been evident?

---

---

What symptoms occurred at time of reaction?

---

---

---

Where was your child treated? \_\_\_\_\_

Did your child have **Epinephrine** administered? \_\_\_\_\_ **Benadryl**? \_\_\_\_\_

What was the date of the most recent allergic reaction? \_\_\_\_\_

How responsible is your child in avoiding the allergen?

---

---

Has your child ever been tested for allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of allergist \_\_\_\_\_

Date of testing \_\_\_\_\_

Does your child have asthma or reactive airway disease? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the triggers (cold, exercise, illness)?

---

---

**STUDENT HEALTH EXAMINATION FORM**  
**HO-HO-KUS PUBLIC SCHOOL HEALTH OFFICE**

Date of Physical Examination: \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

**PHYSICAL EXAMINATION**

Height- \_\_\_\_\_ Weight \_\_\_\_\_

Apical Heart Rate \_\_\_\_\_ Blood Pressure- \_\_\_\_\_

General Condition			
Head and Neck		Abdomen	
Eyes		Hernia	
Ears		Skin	
Nose		Genito-Urinary	
Throat		Extremities	
Lymph Nodes		Nervous System	
Cardiac Condition		Spinal Screening	
Lungs		Orthopedic	

Vision Testing: (R) 20/ \_\_\_\_\_ (L) \_\_\_\_\_ Glasses *YIN* \_\_\_\_\_ Contacts *YIN* \_\_\_\_\_  
Hearing Testing (R) \_\_\_\_\_ (L) \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

REACTION TO BEE/INSECT STING \_\_\_\_\_

**HISTORY**

Communicable Diseases:

Chicken Pox (Date) \_\_\_\_\_ / \_\_\_\_\_, Measles (Date) \_\_\_\_\_ / \_\_\_\_\_

German Measles (Date) \_\_\_\_\_ / \_\_\_\_\_, Mumps (Date) \_\_\_\_\_ / \_\_\_\_\_

Medical (All Acute and Chronic Illnesses): \_\_\_\_\_ Orthopedic

Defects (Past and Present) \_\_\_\_\_ Special

Medication: Yes \_\_\_\_\_ No \_\_\_\_\_ Medication \_\_\_\_\_ Purpose \_\_\_\_\_ Restricted

Activity: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason \_\_\_\_\_

**Mantoux Tuberculin Test:**

(A) Student transferring from out of country must see school nurse to determine if testing needed.

(B) Previous results of Mantoux testing:

Date: \_\_\_\_\_ Results: \_\_\_\_\_ Chest X-Ray: \_\_\_\_\_ Medications: \_\_\_\_\_

**\*\*\*PLEASE PROVIDE A COPY OF STUDENT'S IMMUNIZATIONS\*\*\***

Physician's Name \_\_\_\_\_ Physician Stamp- \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_