REGISTRATION
Parent / Guardian Information Checklist

When enrolling a new student you will need the following:

(Proof of Residence – Board Policy #5111/R5111)

- ☐ You **must** have one of the following:
  - Property Tax Bill
  - Rental Agreement (Lease)
  - Contract of Sale
  - Deed
  - Letter from Landlord with copy of tax bill
- ☐ You **must** also have one of the following:
  - Utility Bill(s)
  - Voter Registration
  - Insurance Card

- ☐ You **must** have the Student's Birth Certificate (the Seal must be present)

- ☐ **Out of District Students Registering in the High School MUST** be registered with the sending district (Upper Pittsgrove, Alloway, or Oldsmans). You, the parent, need to have completed registration with your sending school before registering with the high school.

Complete the forms available for download on Woodstown.org:

- ☐ Free and Reduced Lunch Form
- ☐ Demographic / Emergency Data Form
- ☐ Grades 1-4 Bus Transportation Letter / Subscription

Please bring from your students previous school:

- ☐ Medical Records / Shot Records
- ☐ Custody Papers (When Applicable)
- ☐ Transcript, Report Card, Test Scores, and/or a Copy of their Schedule
- ☐ Copy of any support services that your student receives including 504 plan, IEP, LEP, etc.
- ☐ **NJ Residents NEED a Transfer Card**
  A transfer card is required for students coming in from a public school in New Jersey **only**. Please ask your previous school to include your student's SID number on card. This card is **required** for registering student in New Jersey schools.

Please contact Mrs. Stacy Shorter-Carney at 856-769-0144 ext. 55265 for assistance and/or registration appointments.

Woodstown-Pilesgrove Regional School District STUDENT HEALTH HISTORY

Name:	DOB: Age: Grade:	Gender: ☐ M ☐ F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	☐	☐	
Seen a medical specialist	☐	☐	
Had allergies:	☐	☐	☐food ☐environmental ☐insect ☐medication ☐other
Been hospitalization	☐	☐	
Had an operation	☐	☐	
Had an injury requiring an Emergency Room visit	☐	☐	
Missed 5 days of school in a row due to illness/injury	☐	☐	
Had a bone/muscle injury	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a convulsion/seizure	☐	☐	
Had a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had a hearing problem or condition	☐	☐	☐ hearing aid ☐ cochlear implant
Worn dental bridge, braces or mouthpiece	☐	☐	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

Was your child born premature? ☐ No ☐ Yes Gestational age _____ Birth wt. _____ Complications? _____

Who is your child's current health care provider? _____

CHECK ALL THAT APPLY TO YOUR CHILD:

- ☐ ADHD
- ☐ Asthma/trouble breathing
- ☐ Autism/Asperger
- ☐ Dental Injuries
- ☐ Diabetes
- ☐ Ear Infections
- ☐ GI Conditions (ulcer, reflux, IBS)
- ☐ Headaches/migraines
- ☐ Heart Conditions
- ☐ High Blood Pressure
- ☐ Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)
- ☐ Scoliosis
- ☐ Single Organ (☐kidney, ☐testicle)
- ☐ Skin Condition
- ☐ Speech Condition
- ☐ Urinary Condition

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	☐	☐	
Taken at home	☐	☐	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	☐	☐	☐crutches ☐walker ☐wheelchair ☐other:
TREATMENTS	**YES**	**NO**	
During or outside of school	☐	☐	☐insulin/blood glucose monitoring ☐inhaler/nebulizer/peak flow monitoring ☐special diet _____ ☐ other _____

Please list any additional concerns: (use back of sheet if necessary)_____

_____

_____

Parent/Guardian Signature:_____Date:_____