

Lindenwold Public School District

Middle School – High School
Registration Packet

Lindenwold Public School District
CENTRAL REGISTRATION STEPS

1. Please contact Vanessa Rivera for K-12 registration appointment @ (856) 784-4071 ext. 3126 or vrivera@lindenwold.k12.nj.us
 - **For Preschool registrations**, please contact Nora Franco @ (856) 783-1499 ext. 6000 or nfranco@lindenwold.k12.nj.us
2. **Prior** to your appointment please complete the Pre-Registration Application located on the Lindenwold Public School District website @:
www.lindenwold.k12.nj.us

On the right side on the home page please click on the
[Central Registration Link](#)

PRESCHOOL registration appointments will be held at:

Lindenwold Preschool Bldg.

100 South Avenue
Lindenwold, NJ 08021
(856) 783-1499 ext. 6000

Hours for Registration:

Monday-Friday (Appointment ONLY)
9:30 - 11:30am & 1:00 - 3:00pm

K-12th grade registration appointments will be held at:

Lindenwold Administration Bldg.

801 Egg Harbor Road
Lindenwold, NJ 08021
(856) 784-4071 ext. 3126

Hours for Registration:

Monday-Friday (Appointment ONLY)
9:30 - 11:30am & 1:00 - 3:00pm

Required documents for Registration:

- Registration Packet (***must be completed prior to your registration appointment**)
- Child(ren) Original Birth Certificate
- ID of Parent/Legal guardian OR Court Order Foster Placement Document
- Transfer Card & Grades (Transcripts—for High School students)
- Copy of IEP (Special Education)—if applicable
- Immunization Record
- Physical Exam
- Dental Form (**Kindergarten ONLY**)
- **3 current proofs of residency (1 Primary and 2 secondary) with parent/guardian's name**
 - **PRIMARY:** Valid Rental/Lease Agreement or Mortgage/Tax Bill/Settlement Papers
 - **SECONDARY:** 2 Utility Bills within the last 30 days (electric, gas, water, cable, internet or ID w/ current address, etc.)

PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

*Note that the following do **not** affect a student's eligibility to enroll in school:*

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

**LINDENWOLD PUBLIC SCHOOL DISTRICT
STUDENT REGISTRATION FORM
Please Print All Information**

Date of Application: _____ Enrollment year: _____ Anticipated Grade: _____

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: ____/____/____

Ethnicity: Black Asian White Pacific Hispanic
 Native Am. Indian/Alaska Hawaiian/Pac Island

Gender: Male Female

Was your child ever enrolled in Lindenwold School District before? Yes No

Birth City & State: _____

US Born Students Only

*Birth Country: _____ Date entered into the U.S. _____
*Foreign Born Students Only Foreign Born Students Only

What Grade & Date did your child start school in a U.S. School System? Gr. _____ Date _____

Student's Current Addr.: _____ City: _____ State/Zip: _____

Student's Previous Addr.: _____ City: _____ State/Zip: _____

Student Lives with: Mother & Father Mother only Father only Guardian
 Mother & Stepfather Father & Stepmother Relative w/custody

→Mother's Name: _____ Main Phone: _____

Address: _____ City: _____ State/Zip: _____

Work #: _____ Email: _____

Student resides here? Mail goes here? Medical contact? Allowed to pick up student?

→Father's Name: _____ Main Phone: _____

Address: _____ City: _____ State/Zip: _____

Work #: _____ Email: _____

Student resides here? Mail goes here? Medical contact? Allowed to pick up student?

→Legal Guardian: _____ Relationship to student: _____

** (If other than Mother or Father) **

Address: _____ City: _____ State/Zip: _____

Main Phone: _____ Work #: _____ Email: _____

Student resides here? Mail goes here? Medical contact? Allowed to pick up student?

Not active military connected Active military connected

**Does your child receive SPECIAL EDUCATION SERVICES / IEP? Yes No

Are there any Alerts / Special Situations that we need to be aware of? Yes No

If yes, please explain: _____

LINDENWOLD PUBLIC SCHOOL DISTRICT
Student Enrollment Residency Questionnaire/Verification

Student's Name: _____

In accordance with New Jersey State law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.

Please indicate which situation best describes the student's CURRENT residence:

_____ 1. Student lives with parent/guardian in their own home or apartment (rent or own).
(For #1; also please complete next page Residency Information: PERMANENT)

_____ 2. Student was placed in a _____ Foster Home or _____ Treatment/Group Home by DCP&P or a similar agency.

Caseworker: _____ Phone Number: _____
(For #2; also please complete next page Residency Information: PERMANENT)

_____ 3. Student lives with parent/guardian/self in a family member's or friend's home due to economic hardship or family crisis situation.
(For #3; also please complete Residency Information: McKinney Vento Homeless Assistance Act & Residency Affidavit*)

_____ 4. Student lives with parent/guardian/self in a family member's or friend's home by choice.
(For #4; also please complete the Residency Affidavit*)

_____ 5. Student is an unaccompanied child or youth who meets the definition of the McKinney Vento Act and is not in the physical custody of a parent or guardian.
(For #5; also please complete Residency Information: McKinney Vento Homeless Assistance Act & Residency Affidavit*)

Parent/Guardian Signature: _____ Date: _____

- Note: Immigration/visa status shall not affect eligibility to attend school. Any student who is domiciled in the school district or otherwise eligible to attend school there pursuant to N.J.A.C. 6A:22-3.2 shall be enrolled without regard to, or inquiry concerning, immigration status.

LINDENWOLD PUBLIC SCHOOL DISTRICT

Residency Information: PERMANENT

Student Name: _____ Date: _____

I, _____ swear under oath that the following is true:

- 1. On _____, I moved into the Borough of Lindenwold, in the State of New Jersey.
2. My address is: _____ and I will be residing here on a permanent basis with the above-mentioned student.
3. I am the mother father legal guardian of the Student listed above and he/she lives with me at the address listed in Statement 2.
4. I am not the mother; father; and /or legal guardian but this student is living with me because _____
5. In order to document the validity of this living arrangement. I am providing the Lindenwold Board of Education with a copy of my current property tax bill, mortgage papers, or rental/lease agreement or affidavit from landlord AND two proofs of residency from the list below:
Valid driver's license or voter's registration card with correct name and address
Current utility bill with correct name and address
State agency agreements and other evidence of court or agency placements
Other: _____

Other forms of documentation accepted – please see the Preliminary Information sheet or contact Ms. Abby Ramirez, Central Registrar, at (856) 784-4071 extension 3126 to inquire.

If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:

- 6. Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) _____
7. Does the student reside with one parent for the entire year? If so, with which parent and at what address? _____
If not, for what portion of time does the student reside with each parent and at what addresses? _____

PARENT/GUARDIAN _____
Print Your Name Signature

Witnessed on this _____ day of _____, 20_____

Print Name (Witness) Signature of Witness

LINDENWOLD PUBLIC SCHOOL DISTRICT
Residency Information: McKINNEY VENTO HOMELESS ASSISTANCE ACT

Student Name: _____ **Date:** _____

I, _____, swear under oath that the following is true:

1. On _____, I moved into the Borough of Lindenwold due to a loss of housing, economic hardship or similar reason, I am currently unable to provide a permanent residence of my own and I am temporarily staying in the home of _____
whose address is: _____

2. I am the _____ mother _____ father _____ legal guardian of the Student listed above and he/she lives with me at the address listed in Statement #1.

3. My previous address was: _____

and I moved from this address because _____

4. The Student listed above _____ was _____ was not enrolled in school prior to moving to Lindenwold.
Name of previous school: _____
Address of previous school: _____

PARENT: _____
Print Your Name Signature

****You will be asked to submit a separate Residency Affidavit to be completed by the parent/legal guardian and owner of the Lindenwold property.**

Witnessed on this _____ day of _____, 20_____

_____ Signature of Witness
Print Name (Witness)

LINDENWOLD PUBLIC SCHOOL DISTRICT (Distrito Escolar Público de Lindenwold)
RESIDENCY AFFIDAVIT (Declaración Jurada de Residencia)

I, _____, am currently residing at the following
Lindenwold Resident (Yo, residente de Lindenwold) (,estoy residiendo en la siguiente

address: _____
dirección:)

The following people currently reside with me (las siguientes personas actualmente residen conmigo):

Parent/Legal Guardian (padre/madre/tutor legal)

Parent/Legal Guardian (padre/madre/tutor legal)

Student Name (nombre de estudiante)

Student Name (nombre de estudiante)

Student Name (nombre de estudiante)

Student Name (nombre de estudiante)

**In order to meet the guidelines for registration in this district, I have attached copies of documents verifying my address which is listed above. (A fin de cumplir con los requisitos para la inscripción en este distrito, he adjuntado copias de documentos que verifican mi dirección, la cual aparece arriba.)

Lindenwold Resident's Signature
(Firma de residente de Lindenwold)

Date
(Fecha)

Parent(s)/Legal Guardian's Signature
(Firma de padre/madre/tutor legal)

Date
(Fecha)

The above individuals appeared before me on this the _____ day of _____, 20_____
(Los individuos arriba mencionados comparecieron ante mí el) (día de)

Notary Public (Notario Público)

Please return this form along with Lindenwold Resident's current Rental/Lease Agreement, tax bill or mortgage statement **AND 2 additional proofs of residency such as recent utility bill, bank statement, county ID, cell phone bill, etc. (Favor devolver este formato junto con el contrato de alquiler/arrendamiento actual, factura de impuestos o estado de cuenta hipotecario del residente de Lindenwold **Y** 2 pruebas adicionales de residencia reciente como recibo de servicios, estado de cuenta bancario, identificación del condado, cuenta de teléfono celular, etc.)

Lindenwold Public Schools

Home Language Survey Form

Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL).

Instructions

Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the instructions. When you arrive at a decision ("Proceed to Records Review Process" or "Do not proceed to Records Review Process"), the Home-Language Survey is complete.

Student Information

Student name: _____ Date of birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone number: _____

Survey Questions

Question 1

What was the first language used by the student?

-A language other than English: Proceed to question 2a.

-English: Proceed to question 2b.

Question 2a

At home, does the student hear or use a language other than English more than half of the time?

-Yes. Proceed to question 7

-No. Proceed to question 4

Question 2b

At home, does the student hear or use a language other than English more than half of the time?

-Yes. Proceed to question 4

-No. Proceed to question 3

Question 3

Does the student understand a language other than English?

-Yes. Proceed to question 4

-No. Proceed to # 9

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

-Yes. Proceed to question 7

-No. Proceed to question 5

CONTINUE TO PAGE 2



Home Language Survey Form (page2-cont.)

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

-Yes. Proceed to # 8

-No. Proceed to question 6

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

-Yes. Proceed to # 8

-No. Proceed to # 9

Questions 7

What are the home languages spoken? List below and proceed to # 8.

1. _____

2. _____

3. _____

8. Proceed to Step 2: Records Review Process (To be completed by NJ Certified Staff only – Reference ESSA ELL Entry and Exit Guidance, p. 4).

****Home Language Survey is complete.****

9. Do not proceed to Step 2: Records Review Process.

****Home Language Survey is complete. Student is not an English-Language Learner (ELL)****

MEDIA/INTERNET OPT OUT FORM

**** FILL THIS FORM OUT ONLY IF YOU DO NOT WISH
YOUR CHILD TO PARTICIPATE****

*“Lindenwold Public Schools is proud of the many accomplishments of our students. Whether they are involved in academics or social activities, our students make us proud. We often film and take pictures at these events. These photos and videos are used for the district Channel 192, our district website and other publications. If you **do not** wish to have your child’s likeness included in these publications, you **must** contact us in writing by completing the media release policy form located in the forms to return packet.*

*Our school also offers a wide variety of academic opportunities which include the use of the internet. Many of our classes plan activities utilizing the internet. Teachers vigilantly watch the students as they use the internet and a firewall is set up to block inappropriate sites. If you **do not** wish to have your child take advantage of this opportunity, you must fill out the internet use policy form located in the forms to return packet. “*

- I **DO NOT** WISH TO HAVE MY CHILD’S PHOTOGRAPH OR LIKENESS APPEAR ON THE LINDENWOLD SCHOOL WEBSITE (WWW.LINDENWOLD.K12.NJ.US) OR IN MEDIA.
- I HAVE READ THE INTERNET POLICY & I **DO NOT** WISH TO HAVE MY CHILD UTILIZE THE INTERNET IN THE LINDENWOLD SCHOOL DISTRICT.

STUDENT NAME: _____ GR/TEACHER _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____ (Permission is revoked for a period of ONE year)

**LINDENWOLD PUBLIC SCHOOL DISTRICT
PERMISSION TO RELEASE ALL STUDENT RECORDS**

Lindenwold School 4
900 E. Gibbsboro Road
Lindenwold, NJ 08021
PHONE: 856-783-0405
FAX: 856-782-2299

Lindenwold School 5
550 Chews Landing Road
Lindenwold, NJ 08021
PHONE: 856-784-4063
FAX: 856-782-2293

Lindenwold Middle School
40 White Horse Avenue
Lindenwold, NJ 08021
PHONE: 856-346-3330
FAX: 856-346-1601

Lindenwold High School
801 Egg Harbor Road
Lindenwold, NJ 08021
PHONE: 856-741-0320
FAX: 856-566-6532

Lindenwold Preschool
100 South Avenue
Lindenwold, NJ 08021
PHONE: 856-783-1499
FAX: 856-783-1665

Lindenwold Dept. of Sp. Services
801 Egg Harbor Road
Lindenwold, NJ 08021
PHONE: 856-784-4071
FAX: 856-782-2292

RELEASE OF RECORDS

Last School Attended: _____

Address: _____

City, State, Zip: _____

School's Phone Number: _____ School's Fax: _____

The following student has registered in the Lindenwold School District on _____

NAME: _____ GRADE _____ DOB: _____

* * * * *

I give permission for you to release all records for the student indicated above (note: permission not required under NJAC).

I understand under the Federal No Child Left Behind requirements, I must now also authorize the release of my child's discipline records to be included with the release of my child's permanent records, and my signature below indicates my authorization and permission to release the records to the above-mentioned school as soon as possible.

Parent/Guardian Signature

Date

According to New Jersey Administrative Code 6:3-2.1 to 2.8, "Mandated pupil records shall be forwarded to the receiving district..." Please send the cumulative folder, the health records, grade-to-date, and any other mandated records on the pupil listed above as soon as possible.

MEDICAL INFORMATION PACKET

Welcome to Lindenwold School District. In order to make sure your child stays safe and healthy while in school, we require the following information to be submitted at the time of registration. In addition, *if your child has a chronic health condition, such as asthma, diabetes, seizures, etc, please notify your school nurse immediately, as additional information will be required.*

Lindenwold Preschool

Sheila Taney, RN, MSN
School Nurse
(856) 783-1499, ext. 6003

Lindenwold School #4

Lisa Johnson, MSN, RN, CSN
School Nurse
(856) 783-0405, ext. 4008

Lindenwold School #5

Marietta Canavan, RN, BSN, CSN
School Nurse
(856) 784-4063, ext. 5005

Lindenwold Middle School

Sheila Taney, RN, BSN, CSN
School Nurse
(856) 346-3330, ext. 2322

Lindenwold High School

Sara Barry, RN, BSN, CSN
School Nurse
(856) 741-0320, ext. 1507

Middle School & High School

Student's Name:	Grade:
	Confidential Health History
	Medical Questionnaire
	Immunization Record (NJ A45 required for all in state transfer students)
	PPD Test needed (Tuberculosis)
	Physical Form
	Blue Card

Student is NEW or RETURNING Realtime ID# _____

Transferring from: _____

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and 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 _____ Grade _____ School _____ Sport(s) _____

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 specific allergy below.

Medicines Pollens Food Stinging Insects

PLEASE Explain "Yes" answers below. Physicals without yes questions answered will be not be approved by the school physician.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			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.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ **PREPARTICIPATION PHYSICAL EVALUATION**

**THE ATHLETE WITH SPECIAL NEEDS:
SUPPLEMENTAL 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 use 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 arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
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.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

Date of Exam: _____

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 seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
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 ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. ^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a 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, 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/type) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

■ ■ _PREPARTICIPATION PHYSICAL EVALUATION_ CLEARANCE FORM

Name _____ Sex M F Age _____ 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 _____

Date of Exam: _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

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) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

LINDENWOLD PUBLIC SCHOOLS

Medical Questionnaire

Student's Name _____ Date of Birth _____ Gr. _____

Allergic to food, medication or insect stings? _____ If yes, please explain: _____

Did or does your child have a history of any of the following? If yes, indicate the year the problem occurred.

Table with 4 columns: YES, NO, Question, YEAR. Rows include: Experienced loss of consciousness after an injury?, Significant hearing loss in one or both ears?, Weakness or loss of consciousness or heat exposure?, Have to stop when running a half mile?, Wear glasses or contacts during play?, Serious eye injury or retinal detachment?, Tubes in the ears or a perforated ear drum?, Foot/ankle problem, including sprains or recurrent pain or swelling?, Recurrent shoulder pain?, Wrist problems, including sprains or recurrent swelling or pain?, Wears dental appliances (braces, retainer/s, false teeth)?, Asthma or significant problem with allergies?, Health problems, chest pain, palpitations?, Lightheadedness or fainting with strenuous activities?, Muscle pulls or strains? If yes, where?, Epilepsy?, Thyroid or adrenal problem?, Skin problem or rash?, Low back pain or strain?, High blood pressure?, Neck or spine injury?, Any Fracture? Where?, Bleed easily/take long to stop?, Diabetes?, Hip problems?, Undescended or absent testicle?

Explain any significant health problem: _____

Is there a history of sudden death in the family? Yes _____ No _____

List all hospitalization and/or surgery: _____

If the student is now under the care of a physician, please explain: _____

If the student has been advised against participation in physical activities due to medical reasons, please explain: _____

List any medications your child takes regularly: _____

Female students: Does your daughter have problems with menstrual regularity? Yes _____ No _____ Does she have disabling cramps with her periods? Yes _____ No _____

I do _____ I do NOT _____ give the school nurse permission to share medical information on a need to know basis with appropriate school staff. I hereby state that to the best of my knowledge, my answers to the above questions are correct.