



## WELCOME TO KENILWORTH PUBLIC SCHOOLS!

We are happy that your family is joining our school community and look forward to seeing your child grow and learn.

Kenilworth Public Schools offers the advantages of a small school district but sets -- and achieves -- big goals to best prepare our students for success. Students become part of a community where they benefit from small class sizes, highly qualified staff and individualized attention.

Our district prioritizes STEM and other innovative instruction. We invite students to challenge themselves through rigorous academic courses, and to explore their interests through diverse electives and clubs. Just as importantly, Kenilworth Public Schools provides robust mental health support and interventions, recognizing that we must meet students' emotional needs before they can thrive academically and socially.

We are proud of our students not only for what they achieve, but for who they are: Kenilworth Public School students embody good character, and care for their community and one another.

You are enrolling your child at an exciting time for Kenilworth Public Schools. The community approved a bond referendum to fund building improvements in 2022, and work is underway on many projects, including a two-story addition to David Brearley Middle-High School.

We communicate with parents frequently, so please look for emails and text messages, and follow the district on [Facebook](#) and [Instagram](#).

I am confident that you and your children will make positive connections at Kenilworth Public Schools!

Sincerely,

A handwritten signature in yellow ink, appearing to read 'Kyle C. Arlington', is written over the printed name.

Kyle C. Arlington  
Superintendent of Schools

# KENILWORTH PUBLIC SCHOOLS

## STRONG START

- Harding uses Tools of the Mind, a gold-standard preschool curriculum
- K-6 reading program is based on skills-based “science of reading” approach
- Social and emotional learning reinforced through assemblies and classroom programs with themes such as compassion and belonging



## SPECIAL EDUCATION

- In-house programs, such as expanded sections of language-learning disability (LLD) and alternate education, help keep students in the district
- Administrative team includes Supervisor of Special Education to enhance instruction and directly address concerns
- Special Education Parent Advisory Group offers family support and meets with district leaders



## INNOVATIVE INSTRUCTION

- All students receive Chromebooks and classrooms have Promethean boards (interactive whiteboards)
- STEM-oriented students have extensive outlets, including Maker Spaces, Esports and Robotics clubs, and an Esports elective
- High school ELA courses revamped to include texts on timely interests such as social justice
- Data-driven instruction helps customize learning needs and identify gaps for each student

## PARENT RESOURCES

- Frequent communication includes Superintendent’s Updates and Friday Folders, with recaps of weekly school news and links to helpful information
- Parent education sessions include curriculum nights and other events offering guidance and the opportunity to connect with staff and other families
- District circulates surveys to engage with parents and ensure we are best meeting families’ needs



## MENTAL HEALTH SUPPORT

- District counselors work with in-house clinicians from Tri-County Behavioral Care and leverage partnership with Rutgers University Behavioral Health Care to help families.
- Tiered system of supports assists students with range of interventions, from informal check-ins to small groups focused on areas such as social skills and anxiety management
- A full-time Student Assistance Counselor helps meet surging mental health needs for teens impacted by pandemic fallout, social media and more

## BUILDING IMPROVEMENTS

- Brearley addition will give middle school its own entrance, student spaces and physical separation from high school, which will have a new science wing
- Air-conditioning will be added to all classrooms, improving comfort and focus
- Athletic area upgrades for district and community use
- Renovations of Harding and Brearley auditoriums
- Moving 6th-graders to Brearley in 2025 will free up space and schedule flexibility at Harding

# KENILWORTH PUBLIC SCHOOLS

**KENILWORTHSCHOOLS.COM**

**District Phone:**  
**908-276-1644**

**Business Office/ Board of Education:**  
**908-276-1644, ext. 1550**

**Student Personnel Services/Special  
Education:**  
**908-276-5936, ext. 1546**

**School Counseling/Guidance:**  
**908-931-9696, ext. 2326**

**David Brearley Middle-High School:**  
**908-931-9696**



**Harding Elementary:**  
**908-276-5936**

**CONTACT INFO TO KNOW**

**OFFICE OF THE  
SUPERINTENDENT**

Kyle C. Arlington  
Superintendent



426 Boulevard  
Kenilworth, NJ 07033

908-276-1644 ext. 1513  
[www.kenilworthschools.com](http://www.kenilworthschools.com)

Welcome to the Kenilworth School District!

**Registration for Grades K-12 is by appointment only.**

Please fill out all pages of the attached  
student registration packet.

Once you've completed the packet and  
obtained the required documents listed on the  
checklist, please schedule your appointment by:

emailing Mrs. Montoya at [Maria\\_Montoya@kenilworthschools.com](mailto:Maria_Montoya@kenilworthschools.com)

or

calling Mrs. Montoya at 908-276-1644 ext 1552.

Thank you!

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### **Student Registration Checklist**

- Mandatory Survey Form
- Registration Information Form (4 Pages)
- Home Language Survey Form (2 Pages)
- Military Status Form
- NJ Smart Data Sheet
- Record Release Form
- Chromebook Sign-Off & Receipt Form
- Student Health Information Form
- Comprehensive Physical Examination Report
- Certification of Immunization Form

#### Additional Documents Required:

- Student's Birth Certificate
- Current Property Tax Bill, Mortgage Statement or Lease
- Two (2) Current Utility Bills
- Transfer Card (Mandatory - obtained from previous school)
- Student's Report Card (Mandatory for students in grades 7-12)
- IEP/504 Plan (If applicable)
- Custody Agreement Documents (If both parents do not reside in Kenilworth)

# **IMPORTANT Mandatory Survey**

Student's Name \_\_\_\_\_

Please circle either yes or no for questions 1-4.

*Por favor marque con un círculo sí o no (yes/no) en las preguntas 1-4.*

*Por favor circule sim ou não (yes/no) para as questões 1-4.*

1. Does your child have an Individual Education Plan (IEP)?

YES NO

*¿Tiene su hijo un plan de educación individual (IEP)?*

*Seu filho tem um plano de educação individual (IEP)?*

2. Did your child arrive from another country within the past year?

YES NO

*¿Llegó su hijo de otro país durante el año pasado?*

*Seu filho chegou de outro país no ano passado?*

3. Did your child receive Bilingual or English Language services in their previous school district?

YES NO

*¿Recibió su hijo servicios bilingües o en inglés en su distrito escolar anterior?*

*Seu filho recebeu serviços bilíngues ou de língua inglesa no distrito escolar anterior?*

4. Does your child have a 504 plan?

YES NO

*¿Su hijo tiene un plan 504?*

*Seu filho tem um plano 504?*

If you need this form or home language survey in another language, please state the language:

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**Registration Information Form**

Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

Preferred Name (Nick Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  Male  Female Birth City, State \_\_\_\_\_

Current Home Phone \_\_\_\_\_ Current Cell Phone \_\_\_\_\_

Current Street \_\_\_\_\_

Current City \_\_\_\_\_ Current State, Zip Code \_\_\_\_\_

How long has the student lived at the current address? \_\_\_\_\_

How long do you intend for the student to remain at the current address? \_\_\_\_\_

Previous Home Phone \_\_\_\_\_

Previous Street \_\_\_\_\_

Previous City \_\_\_\_\_ Previous State, Zip Code \_\_\_\_\_

How long did the student live at the previous address? \_\_\_\_\_

If you intend for the student to move, what is your purpose for moving the student?  
\_\_\_\_\_

What is the student's mailing address if different from the current address?  
\_\_\_\_\_

Is the student's Primary Residence at the current address?  Yes  No

Starting date at this address \_\_\_\_\_

Is the student's current address temporary?  Yes  No

If yes, explain: \_\_\_\_\_

Does the student currently reside in a shelter, transitional housing, home for adolescent mothers, a hotel or motel, a temporary living arrangement with a relative or friend, or any public or private place not ordinarily used as a regular sleeping accommodation?  Yes  No

Ethnicity:

American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or Other Pacific Islander     White     Hispanic or Latino

### **Parent 1 / Guardian 1 Information**

Parent/Guardian Name \_\_\_\_\_

Marital Status     Single     Divorced     Separated     Married     Widow

Relationship to the student if other than parent (e.g., grandparent, legal guardian) \_\_\_\_\_

**(If you are the student's legal guardian, but are not the student's parent, please attach to these forms proof of your status as the student's legal guardian.)**

Current Street \_\_\_\_\_

Current City \_\_\_\_\_ Current State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

How long do you intend to remain at your current address? \_\_\_\_\_

Mailing Address, if different than the current address \_\_\_\_\_

Previous Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

### **Parent 2 / Guardian 2 Information**

Parent/Guardian Name \_\_\_\_\_

Marital Status     Single     Divorced     Separated     Married     Widow

Relationship to the student if other than parent (e.g., grandparent, legal guardian) \_\_\_\_\_

**(If you are the student's legal guardian, but are not the student's parent, please attach to these forms proof of your status as the student's legal guardian.)**

Current Street \_\_\_\_\_

Current City \_\_\_\_\_ Current State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



Email Address \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

How long do you intend to remain at your current address? \_\_\_\_\_

Mailing Address, if different than the current address \_\_\_\_\_

Previous Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

### **Emergency Contact Information**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

### **Health Insurance**

Do you currently have health insurance?     \_\_\_Yes     \_\_\_No

If yes, what is the name of the Health Care Provider? \_\_\_\_\_

### **Custody**

Do both parents have legal custody of the student (i.e., neither parent has had his/her parental rights terminated by a court)?     \_\_\_Yes     \_\_\_No

List every person, besides the parent(s), who has been granted legal custody of the student.

\_\_\_\_\_

Please identify every person who has physical custody of the student.

\_\_\_\_\_

**Please attach copies of the most recent court order or agreement setting forth the student's custodial arrangement.**

**Other Children in Household**

<u>Name</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>School</u>
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

**Previous School Information**

Name of school student last attended \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

School Phone \_\_\_\_\_

School Fax \_\_\_\_\_

Last grade attended \_\_\_\_\_

Last day attended \_\_\_\_\_

- Do you have concerns about your child’s learning needs, such as reading writing, math, emotional, or behavioral? Yes No  
**If yes, please explain:** \_\_\_\_\_
- Is your child or has your child ever been classified for special education? Yes No  
**If yes, provide a copy of your child’s IEP.**
- Is your child currently eligible for Section 504? Yes No  
**If yes, provide your child’s accommodation plan.**
- Is your child currently eligible for Intervention & Referral Services (I&RS) or Pupil Assistance Committee (PAC)? Yes No  
**If yes, provide your child’s accommodation plan.**

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**REQUIRED NOTICE:** Eligibility to attend school is subject to review and re-evaluation. There is a potential for assessment of tuition in the event that an initially admitted applicant is later found ineligible.

**ASSISTANCE:** Questions regarding residency requirements may be addressed to the Board Secretary of the Kenilworth Public Schools, 908-276-5936.

**Parent/Guardian Signature** \_\_\_\_\_

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

## Appendix A: Home Language Survey Forms

In addition to this static form, an [online version of the HLS](#) is available for school districts/charter schools to copy and utilize. In addition, HLS translations will be made available on the [NJDOE's Bilingual/ESL Education](#).

### 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). Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the directions.

#### Student Information

Student name: \_\_\_\_\_ Student birth date: \_\_\_\_\_  
 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.

**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

No

**Question 6**

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

Yes

No

**Question 7. What are the home languages spoken? Proceed to 8.**

**8. Proceed to Step 2: Records Review Process.**

**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)**

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Superintendent



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## Student Registration - Military Status

Effective August 6, 2015, the State of New Jersey requires all public schools to identify students' parent(s) or guardian(s) who are on Active Duty, in the National Guard, or in the Reserve components of the United States military services.

**Name of Student:**

---

Please indicate the following military connection status for your child:

**Not military connected** - no active duty, National Guard or Reserve parent/guardian.

**Active Duty** - student is a dependent of a member of the Active Duty Forces - full time Army, Navy, Air Force, Marine Corps, or Coast Guard.

**National Guard or Reserve** - student is a dependent of a member of the National Guard or Reserve Forces - Army, Navy, Air Force, Marine Corps, or Coast Guard.

**Unknown** - It is unknown whether or not the student is military connected.

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**NJ SMART Data Sheet**  
Required by the NJ Department of Education

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State ID Number (obtained from previous school district – 10 digit number) \_\_\_\_\_

Gender  Male  Female

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

US Entry Date (if born outside of US) \_\_\_\_\_

First Entry Date in US School \_\_\_\_\_

Primary Language \_\_\_\_\_ Home Language \_\_\_\_\_

Health Insurance  Yes  No Name of Health Insurance Carrier \_\_\_\_\_

Ethnicity  American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White  Hispanic or Latino

Special Education  Yes  No

504 Plan  Yes  No

I&RS  Yes  No

High School Entry Date \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Residency  Kenilworth  Winfield Park  Choice

For Choice Students: City of Residency \_\_\_\_\_

School District \_\_\_\_\_

School student should attend if they did not attend Brearley \_\_\_\_\_

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## Record Release Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Former)

School Address: \_\_\_\_\_  
(Street) (City, State) (Zip)

School Telephone: : \_\_\_\_\_ School Fax: : \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ State ID Number: : \_\_\_\_\_

**I hereby authorize you to forward *all* documents pertaining to the above student.**

All documents must have the State ID Number on them.

- Cumulative Records
- Health Records (immunizations, etc.)
- Guidance Records (Standardized test scores, Scholastics evaluations, Attendance records)
- Discipline Records (All information related to disciplinary actions and any notice that the students committed juvenile offenses)
- Free/Reduced Lunch Forms
- I&RS, PAC or Section 504 Plans
- Other: \_\_\_\_\_

Please forward all official records to:

- Harding Elementary School, 426 Boulevard, Kenilworth, NJ 07033, (908) 276-5936
- David Brearley Middle School, 401 Monroe Avenue, Kenilworth, NJ 07033, (908) 931-9696
- David Brearley High School, 401 Monroe Avenue, Kenilworth, NJ 07033, (908) 931-9696

**I hereby authorize you to forward *all* documents pertaining to the above special education student.**

- Child Study Team Evaluations (IEP's, Social History, Psychological, Learning Evaluations, Annual Reports, etc.)

Please forward all official records to:

- Harding Elementary School, Office of Special Services, 426 Boulevard, Kenilworth, NJ 07033

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of School Official



## Chromebook Sign-off & Receipt

Dear Parents/Guardians:

This receipt confirms that you were issued a Kenilworth Public Schools chromebook for use during the 2024-2025 school year. Two documents guide student use of district technology: the Acceptable Use Policy Consent and Waiver Agreement and the Chromebook Use Agreement. All of your chromebook questions can be answered in these documents which will be viewable to you via the Genesis parent portal. Technology support questions can be directed to our Technology Facilitator, Ms. Jamie Rifkowitz ([jamie\\_rifkowitz@ksdnj.org](mailto:jamie_rifkowitz@ksdnj.org)).

Regards,

Vincent A. Gonnella  
Business Administrator/Board Secretary

---

By signing below, you and your child confirm that you will agree to follow the terms of Chromebook use. You also acknowledge receipt of a Kenilworth Public Schools district-issued Chromebook for student use during the 2024-2025 school year.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date receiving Chromebook

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date receiving Chromebook



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**Student Health Information Form**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

<b>General Health Questions</b>	<b>Yes</b>	<b>No</b>	<b>Comments if "Yes" &amp; date of occurrence</b>
Has the student been under a doctor's care in the past 12 months?			
Has the student been hospitalized in the last 12 months?			
Has the student ever had any surgeries?			
Does the student have any missing organs? (eye, kidney, testicle, etc.)			
Has the student ever had chest pain during or after exercise?			
Does the student have trouble with breathing or coughing during or after activity?			
<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Comments if "Yes" &amp; date of occurrence</b>
Anemia			
<b>Allergies (food, insects, medications, latex)</b>			
Allergies/Hay fever (seasonal)			
Asthma			
<b>Use of Inhaler?</b>			
Attention-Deficit/Hyperactivity Disorder			
Behavioral problems			
Bladder problems			
Bowel problems			
Bronchitis			
Cancer			
Cerebral Palsy			
Chicken Pox			
Cystic Fibrosis			
Dental Problems			
Developmental problems			
Diabetes			
Ear Infections (frequent)			
Eczema			
Glasses or contact lenses			
Head or Spinal injury			
Headaches (frequent)			
Hearing Aide(s)			
Hearing problems or Deafness			
Heart problems			
Hemophilia			

Hepatitis			
High Blood Pressure			
<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Comments if "Yes" &amp; date of occurrence</b>
Hydrocephalus			
Immune disorder			
Kidney problems			
Lyme Disease			
Meningitis			
Migraines			
Mononucleosis			
Muscular Dystrophy			
Muscle problems			
Orthopedic problems			
Pneumonia			
Seizures			
Sickle Cell Disease			
Skin problems			
Skull Fracture			
Speech problems			
Stomach problems			
Strept throat (frequent)			
Tuberculosis			
Vision problems			
Other			

List all prescription and over-the-counter **medications** your child takes regularly:

Describe any other important health-related information about your child:

Student's Pediatrician or Primary Care Provider:	Medical Specialists or Specialty Clinics caring for this student:
Has the student ever seen a Dentist? Yes      No      (circle one)	Name of Dentist:

**For Parents/Legal Guardians of Students**

The information on this form is current and correct to the best of my knowledge. I understand that if the medical status of my child changes in any significant way, **I will notify his/her school nurse of the change immediately.** I also understand that my child's health/medical information may be shared with other school staff members in order to ensure my child's health and safety while at school.

By signing below, I am agreeing to the above statements.

<b>Signature of Parent or Legal Guardian:</b>	<b>Date:</b>
---	--------------

**For Nursing Use Only:**

Action Plan Received  IHP  Emergency Response Plan  504 Plan  Medication Forms

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## Comprehensive Physical Examination Report

To be completed by a licensed physician/licensed nurse practitioner.																																																			
Name: _____		Ht. _____ Wt. _____ BMI _____ Age _____																																																	
DOB: _____		BP _____ T _____ P _____ R _____																																																	
Current Meds: _____		Allergies: _____																																																	
Major illness _____ Hospitalizations/Surgeries _____		<b>Asthma:</b> No Yes: Intermittent • Moderate • Persistent • Severe • Persistent • Exercise induced <i>If yes, please see school Nurse for Asthma Action Plan.</i> <b>Anaphylaxis Allergies:</b> No Yes: Food • Insects • Latex • Unknown source <i>If yes, please see school Nurse for Emergency Allergy Plan.</i> History of Anaphylaxis No Yes Epi Pen required No Yes																																																	
<b>Nutritional Assessment</b>		<b>Dental Assessment</b>																																																	
Special Diet _____		Any Dental Disease No Yes																																																	
Vitamins/Supplements _____		Dental Caries No Yes																																																	
Comments: _____		Brush Teeth Regularly No Yes																																																	
		Dental Visit in the last year No Yes																																																	
<b>Reproductive</b>		<b>Reproductive</b>																																																	
		Menarche age _____ LMP _____																																																	
<b>Vision Screen</b> (if indicated) Not indicted		<b>Hearing Screen</b> (if indicated) Not indicted																																																	
Subjective: any eye disorder Yes No		Subjective: response to voices Yes No																																																	
Wear eyeglasses/contacts Yes No		Delayed speech development Yes No																																																	
Objective: visual acuity R 20/ L 20/_____		Recurrent O.M. Yes No																																																	
with glasses/contacts Yes No		Hearing 20db HL (pass or fail)																																																	
Muscle balance pass fail		4000Hz 1000Hz 2000Hz																																																	
Color perception pass fail		Right ear _____																																																	
		Left ear _____																																																	
<b>TB:</b> High-risk Group? No Yes		Positive/Referred _____ mm																																																	
<table border="1"> <thead> <tr> <th>Review of System</th> <th>WNL</th> <th>Abnormal</th> <th>Comments</th> </tr> </thead> <tbody> <tr><td>Constitutional</td><td></td><td></td><td></td></tr> <tr><td>Eyes</td><td></td><td></td><td></td></tr> <tr><td>ENT</td><td></td><td></td><td></td></tr> <tr><td>Cardiovascular</td><td></td><td></td><td></td></tr> <tr><td>Respiratory</td><td></td><td></td><td></td></tr> <tr><td>GU</td><td></td><td></td><td></td></tr> <tr><td>GI</td><td></td><td></td><td></td></tr> <tr><td>Musculoskeletal</td><td></td><td></td><td></td></tr> <tr><td>Neurological</td><td></td><td></td><td></td></tr> <tr><td>Psychiatric</td><td></td><td></td><td></td></tr> <tr><td>Endocrine</td><td></td><td></td><td></td></tr> </tbody> </table>				Review of System	WNL	Abnormal	Comments	Constitutional				Eyes				ENT				Cardiovascular				Respiratory				GU				GI				Musculoskeletal				Neurological				Psychiatric				Endocrine			
Review of System	WNL	Abnormal	Comments																																																
Constitutional																																																			
Eyes																																																			
ENT																																																			
Cardiovascular																																																			
Respiratory																																																			
GU																																																			
GI																																																			
Musculoskeletal																																																			
Neurological																																																			
Psychiatric																																																			
Endocrine																																																			

Hemat./Lymphatic			
Allergic/Immunological			

<b>Social History/Devel. Assessment</b> (Use additional sheets for more information).		<b>Anticipatory Guidance</b>	
<i>Cognitive Devel.</i>		Nutritional/Diet _____	
Speech/Lang. Devel.		Skin Care/Hygiene _____	
Social/Emot. Devel.		Oral/Dental _____	
Health Beh./Habits (Drugs/ETOH/Tobacco)		Behavioral Devel. _____	
		Safety _____	
		School Status _____	
		Health/Reproduction _____	
		High Risk Activities _____	
<b>Comments:</b>			
Medical Provider's Name (print) _____		<b>Physician Stamp required:</b>	
Phone #: (____) _____			
<b>Signature of Medical Provider:</b> _____			
<b>Date:</b> _____			

**K ENILWORTH PUBLIC SCHOOLS  
SCHOOL ENTRANCE HEALTH FORM  
Certification of Immunization**

**To be completed by a physician, registered nurse, or health department official.**

(A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day and year of the required vaccines shall be acceptable in lieu of recording of recording these dates on this form as long as the record is attached this form).  
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: \_\_\_\_\_ Date of Birth: /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Mo. Day Year

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTap)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 <sup>th</sup> grade entry)					
*Polio myelitis (IPV, OPV)					
*Haemophilus influenza Type b (Hib conjugate) *only children <60 months of age					
*Pneumococcal (PCV conjugate) *only children <2 years of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV)					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the **MINIMUM** requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children*.

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_