

Hardyston Township Student Profile – Registration Form

PLEASE PRINT

Child's Full Name _____ Date of Birth _____

Address _____ Primary Email _____

Mailing Address: (if different) _____

Birthplace: City _____ State _____ Country _____

Primary Language spoken in the home _____ Native Language _____

Race (Check all that apply):

Amer Indian or Alaskan	Asian	Black or African Amer.	Hispanic	Native Hawaiian or Other Pac. Isl.	White	Multi-racial

Parent(s)/Guardian(s):

Circle One:

Name _____ (Mother, Stepmother, Guardian)

Home # _____ Cell # _____

Place of Employment _____ Work # _____

Name _____ (Father, Stepfather, Guardian)

Home # _____ Cell # _____

Place of Employment _____ Work # _____

School closings/notifications preference: (Check all that apply)

Home _____ Cell _____ Text _____ All numbers _____

Emergency Contact #1 (Other than Parent)

Name _____ Relationship _____

Telephone # _____ Cell # _____

Emergency Contact #2 (Other than Parent)

Name _____ Relationship _____

Telephone # _____ Cell # _____

If this is a single parent home, would you like information sent to the other parent?

Yes _____ No _____ If, yes please give mailing address

Sibling Information:

1. _____ Age: _____ 2. _____ Age: _____
3. _____ Age: _____ 4. _____ Age: _____

Other Information:

List any medical information, allergies, limitations in regards to custody/visitation, etc.

Background Information:

Yes

No

Have there been any major changes in the family situations in the past year?

(Such as family moving, loss of someone, serious illnesses.) _____

If yes, please elaborate: _____

Do you have any concerns about home or family situations that may be affecting your child's growth or development? If yes, please elaborate: _____

Hospitalizations:

Yes

No

Has your child been hospitalized? _____

If yes, please explain: _____

Has your child ever been treated in an Emergency Room? _____

If yes, please explain: _____

Signature of Person Completing this Form: _____

Today's Date: _____

HARDYSTON TOWNSHIP BOARD OF EDUCATION

YEARBOOK PHOTOGRAPH PERMISSION FORM

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and candid photographs to be published in the district's annual yearbook. The Yearbook Committee makes use of the photographs taken by the school photographer when school pictures are taken. All forms **not returned** will be an automatic "yes" for inclusion in the yearbook. This permission request will carry forth until your child graduates from Hardyston, unless you notify us *in writing* of your change of permission status.

The yearbook includes a portrait photo taken by Lifetouch Photography, the school photographer, and candid photos taken by members of the Yearbook Committee and yearbook advisors. Yearbook information includes student names, photographs, and activities in which students may participate and other similarly non-intrusive information. Yearbook information will never include information relating to your child's education or class performance.

Please complete by signing one of the following below. All forms are to be returned no later than October 1st of the current school year.

Permission to Include Information in Yearbook

I/We **GRANT** permission for the below-named student's portrait photo, candid photo, grade level, and school activity information to be released by the District pursuant to law, published in the school/district yearbook authorized by the Board of Education and under the direction of its employees and agents.

Student's Name: (please print) _____

Student's Grade: _____ Homeroom Teacher: _____

Student's School: Elementary Middle

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relation to Student: _____ Date: _____

Refuse Permission to Include Information in the Yearbook

I/We **DO NOT GRANT** permission for the below-named student's portrait photo, candid photo, grade level, and school activity information to be released by the District pursuant to law, published in the school/district yearbook authorized by the Board of Education and under the direction of its employees and agents.

Student's Name: (please print) _____

Student's Grade: _____ Homeroom Teacher: _____

Student's School: Elementary Middle

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relation to Student: _____ Date: _____

Health Insurance

Please complete the following information:

Does your child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

NO, my child **does not** have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Child' Name (Printed)

Signature of Parent(s) / Guardian(s)

Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b).

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

YES, My child has health insurance.

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the person(s) named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this card, or parents/guardians cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Child's Name (Printed)

Signature of Parent(s) / Guardian(s)

Date: _____



BUS INFORMATION FORM

(PLEASE PRINT)

STUDENT NAME: _____

STREET ADDRESS: _____

NEAREST BUS STOP: _____
(IF KNOWN)

Please complete the following if you will be using a Day Care Center or a child care provider.

Name of Day Care Center: _____

Name of Child Care Provider: _____

Address: _____

Phone: _____

Please list contacts, 18 and over, who are authorized to pick up your child at the bus stop:

(Please notify school of any changes to add or remove a contact throughout the school year).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Hardyston Township Elementary School
Speech/Language Services

The Hardyston Township School provides speech-screening services in September to children in Kindergarten. If errors are identified that are not developmentally appropriate, the child's parent will be notified and a regular speech/language evaluation may be recommended. In order that we may better serve your child, please take a moment to complete this speech survey. If you have further questions please contact our Speech Correctionist, Mrs. Stoll, at 973-823-7000 ext. 3150.

Child's Name: _____ Date of Birth: _____

Age: _____

1) Do you have any questions or concerns about your child's ability to express his/her thoughts or his/her ability to process information that they receive verbally?

2) Do you have any questions or concerns about your child's speech pattern?

3) Is there a language other than English spoken in the child's home? Yes _____ No _____

What language? _____

4) Are you aware of any medical condition, which may affect your child's speech/language development, past or present? (i.e. frequent ear infections, chronic congestion, accidental injuries, early developmental delays)

5) Do you feel your child has speech/language difficulties? Yes _____ No _____

If yes, please explain: _____
