



Orange Township Public Schools

Dr. Gerald Fitzhugh, II
Sipèntendan Lekòl yo



Lisa Spottswood Brown
Manadjè Done ak Sèvis Elèv Elèv

A Tout Moun k'ap Enskri yon Timoun:

Sèlman **PARAN OSWA GADYEN** ki kapab enskri yon elèv nan Lekòl Piblik Vil Oranj. Eleman ki pral site la yo dwe prezante kòm prèv nan pwosede pake enskripsyon yon elèv. Nan moman enskripsyon an, tanpri prezante **TOUT** eleman sa yo:

ENFÒMASYON ELÈV LA

- Batistè (ou dwe fè kopi'l epi konsève'l nan dosye DR)
- Kat Didantite Eta New Jersey /New Jersey State ID (transfè andedan eta a)
- Dosye Vaksen
- Yon Kat Transfè
- Kanè ki Resan/Aktyèl ak Rezilta Tès yo
- Relve Nòt Konplè (pou elèv nan Segondè/Lise)
- Pwogram Edikasyonèl Endivizyèl (IEP) (si sa aplikab)

PRÈV IDANTIFIKASYON PARAN/GADYEN

- Aktyèl Gouvènman an bay Foto ID, Eta ID, oswa Paspò

PRÈV REZIDANS

Nan moman enskripsyon an, ou dwe prezante **YOUN** nan dokiman **primè** yo **PLIS DE** nan dokiman **segondè** yo. Tout dokiman yo dwe **orijinal** avèk dat nan lespas trant (30) jou:

Dokiman Primè ki Aksentab

- Kontra Acha oswa Vant
- Bòdwo taks
- Deklarasyon Ipotèk
- Kontra-Lwaye Aktyèl/Resan
- Papyè Kay
- Bòdwo Dlo

Dokiman Segondè ki Aksentab

- Bòdwo sèvis piblik (li dwe sou non legal ou)
- Deklarasyon Kat Kredi (li dwe aktyèl/resan)
- Lisans Chofè ki resan/aktyèl **oswa** Asirans Machin Resan **oswa** Kat Anrejistreman
- Kopi Chèk ki resan
- Deklarasyon Benefis Etaa **oswa** Dokiman Asistans piblik
- Bòdwo asirans Medikal
- Deklarasyon Labank
- Bòdwo Kab/Satelit

TOUT PARAN KI BEZWEN YON AFIDAVI PWOPRIYETÈ KAY DWE RAPÒTE BAY BIWO REJIS DIS TRIA.

*****Tanpri li kondisyon espesyal ki aplike anba a *****

PRÈV KONDISYON ESPESYAL REZIDANS:

- Si w **pa** gen yon kontra-lwaye epi ou menm ak pitit ou abite avèk yon zanmi oswa yon paran nan yon kay **prive**, mèt kay la dwe bay prèv pwopriyete. Anplis de sa, Fòm Afidavi Mèt Pwopriyete a dwe ranpli pa mèt kay la limenm. **De (2)** prèv rezidans adisyonèl nan lis dokiman segondè ki akseptab yo dwe prezante pa paran/gadyen k'ap enskri timoun nan oubyen timoun yo.
- Si w **pa** genyen yon kontra-lwaye epi ou menm ak pitit ou abite avèk yon zanmi oswa yon paran nan yon apatman bilding lan, Mèt Bilding oswa Biwo Administrasyon an dwe ranpli yon Fòm Afidavi Pwopriyete, **se pa lokatè ki lwe apatman an.** **De (2)** prèv rezidans adisyonèl nan lis dokiman segondè ki akseptab yo dwe prezante pa paran/gadyen k'ap enskri timoun nan oubyen timoun yo.

***** **NÒT** *****

Pou admisyon nan Lekòl Matènèl, yon timoun dwe genyen senk an laj **premye** Oktòb **oswa** **anvan.**

Enskripsyon pou Afidavi Gadyen, DYFS ak Plasman Tribinal:

- Plasman DYFS la dwe soumèt lòd tribinal la oswa lèt DYFS ID.
- Sou kesyon Gadyen ak/oswa Responsablite Legal, ou dwe rapòte bay:

Wilentz Justice Complex
212 Washington Street Room 113
Newark, NJ 07102
(973) 776-9300
Lè yo Opere: 8.00AM – 4:30PM

Yo Pap Aksepte Pake Enskripsyon ki Enkonplè epi sa kapab retade Anwòlman Elèy la



Orange Township Public Schools

Dr. Gerald Fitzhugh, II
Sipèntendan Lekòl yo



Lisa Spottswood Brown
Manadjè Donè ak Sèvis Elèv Elèv

REZIDANS ELÈV

DISTRI A REZÈVE'L DWA POU LI FÈ TCHÈK REZIDANS YO

Elèv ki pa abite legalman nan Vil Oranj yo pa clijib pou yo benefisye enstriksyon gratis nan Lekòl Piblik Distri a

Tanpri n'ap fè w konnen byen ke enskripsyon nan Lekòl Piblik Oranj akseptab sèlman pou timoun sa yo ki gen paran/gadyen yo abite nan Orange. Dapre N.J.A.C. 6A: 22-4.1, kalifikasyon pou admisyon nan Distri Lekòl Piblik Oranj lan kapab sibi bon jan revizyon ak evalyasyon, epi gen yon posiblite pou fè evalyasyon nan lajan pou peye frè lekòl nan ka ke si yo ta admèt yon elèv okòmansman epi pita yo jwenn ke li pa kalifye pou enskripsyon/anwòlman.

Anplis de sa, nenpòt rezidan ki bay pèmèsyon pou non yo ak / oswa adrès yo itilize nan enskripsyon yon elèv ki pa rezidan nan Lekòl Piblik Oranj nan bi pou yo kapab ale lekòl, yo pral pouswiv yo nan limit lalwa epi kondane yo pou peye frè ekolaj elèv la pou tout peryòd ke li pat kalifye nan lekòl Distri a.

Chèk Rezidans yo fèt sou elèv yo sou yon baz regilye epi yo kapab fè yo tou byen bonè bòzòn 6:00 am.

Mwen ateste ak tout konkans mwen ke enfòmasyon ke'm soumèt sou rezidans lan li vre epi li kòrèk. Mwen byen konprann ke fo deklarasyon, reklamasyon oswa dokiman yo pral pouswiv yo nan plen limit lalwa.

Tanpri siyen anba:

Siyati Paran/Gadyen

Dat

Siyati Paran/Gadyen

Dat

FÒM ENFÒMASYON ELÈV

TANPRI RANPLI TOUT SEKSYON YO

(Jan li parèt nan batistè a)

Non	Prenon	Non Mwayen
Adrès Kay la	Vil, Eta & Kòd Postal	Dat ou te antre nan Kay la
Adrès Anvan	Vil, Eta & Kòd Postal	Aktyèl Nimewo Telefòn Kay la
Dat Nesans	Vil, Eta & Kòd Postal	Peyi Nesans
Idantifikasyon Eta a # (SID)	Sèks: Femèl ☐ Mal ☐	
Etnisite: ☐ Blan ☐ Azyatik ☐ Nwa ☐ Panyòl ☐ Natit Alaska/Natif Natal ☐ Amer. Endyen ☐ Abitan Zil Pasifik		
Klas lap Antre a: ☐ KF ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ☐ 5 th ☐ 6 th ☐ 7 th ☐ 8 th ☐ 9 th ☐ 10 th ☐ 11 th ☐ 12 th		
Ki Lang ki Pale Lakay? _____		
Elèv la abite avèk: ☐ Manman ☐ Papa ☐ Gadyen Legal ☐ Lòt		
Lekòl:		
☐ Rosa Parks Community School	☐ Heywood Avenue School	☐ Orange Preparatory Academy
☐ Cleveland Street School	☐ Lincoln Avenue School	☐ Park Avenue School
☐ Forest Street School	☐ Oakwood Avenue School	☐ Orange High School
Enfòmasyon sou Lekòl anvan an: _____		
Non Lekòl la	Kote	Klas
		De: _____ A: _____
Dat Prezans		

ESKE ELÈV LA TE KLASIFYE OSWA ANWOLE NAN EDIKASYON ESPESYAL ?

☐ WI ☐ NON

ESKE ELÈV LA TE RESEVWA AKOMODASYON ATRAVÈ PLAN 504 LA?

☐ WI ☐ NON

ESKE ELÈV LA GEN ASIRANS MEDIKAL? ☐ WI ☐ NON

TANPRI EKRI NON FOUNISÈ ASIRANS LA _____

Mwen ateste ak tout konesans mwen ke enfòmasyon ke'm soumèt sou rezidans lan li vre epi li kòrèk. Fo deklarasyon, reklamasyon oswa dokiman yo pral pouswiv yo nan plen limit lalwa.

Siyati Moun ki Ranpli Aplikasyon sa a

Relasyon avèk elèv la

/ /
Dat

(POU OFIS LA SÈLMAN) Dat Rantre a ____/____/____

ID# Elèv la _____

Manm Pèsonèl ki Konplete Pake Enskripsyon an

/ /
Siyati

/ /
Dat

MANMAN/GADYEN LEGAL

TANPRI EKRI KLÈMAN AK LÈT DETACHE

Non	Prenon	Relasyon avèk elèv la
Adrès Kay la	Vil, Eta & Kòd Postal	Dat ou te antre nan Kay la
Nimewo Telefòn Kay la	Nimewo Telefòn Pòtab/Selilè	Email Address
Dat Ncsans	Vil <u>ak</u> Eta kote w te fèt	Peyi Ncsans ou
Etnisite: ☐ Blan ☐ Azyatik ☐ Nwa ☐ Panyòl ☐ Natif Alska/Natif Natal ☐ Amer. Endyen ☐ Abitan Zil Pasifik		
Enfòmasyon sou Rezidans:		
☐ Pwopriyetè Kay	☐ Kay yon Sèl Fanmi	☐ Kay ak Plizyè Pati
☐ Lokatè	☐ Kay De Fanmi	☐ Apatman nan yon kay prive
☐ Apatman Bilding		
Enfòmasyon sou Adrès Anvan an:		
Nimewo ak Non Ri Vil Eta Kòd Postale		
Patron	Okipasyon	Nimewo telefòn Travay
Adrès Travay		
Nimewo ak Non Ri Vil Eta Kòd Postal		

PAPAN/GADYEN LEGAL

Non	Prenon	Relationship to Student
Adrès Kay la	Vil, Eta & Kòd Postal	Dat ou te rantre nan Kay la
Nimewo Telefòn Kay la	Nimewo Telefòn Pòtab/Selilè	Email Address
Dat Nesans	Vil <u>ak</u> Eta kote w te fèt	Peyi Nesans ou
Etnisite: ☐ Blan ☐ Azyatik ☐ Nwa ☐ Panyòl ☐ Natif Alska/Natif Natal ☐ Amer. Endyen ☐ Abitan Zil Pasifik		
Enfòmasyon sou Rezidans:		
☐ Pwopriyetè Kay	☐ Kay yon Sèl Fanmi	☐ Kay ak Plizyè Pati
☐ Lokatè	☐ Kay De Fanmi	☐ Apatman nan yon kay prive
☐ Apatman Bilding		
Enfòmasyon sou Adrès Anvan an:		
Nimewo ak Non Ri Vil Eta Kòd Postale		
Patron	Okipasyon	Nimewo telefòn Travay
Adrès Travay		
Nimewo ak Non Ri Vil Eta Kòd Postal		



Orange Township Public Schools

Dr. Gerald Fitzhugh, II
Sipèntendan Lekòl yo



Lisa Spottswood Brown
Manadjè Donè ak Sèvis Elèv Elèv

DEMANN POU DOSYE ELÈV

Dat Demann la

Non Lekòl li te ye Anvan an

Non Elèv la

Dat Nesans

Klas

Dapre otorite nan P.L. 2002, C63 (NJSA 18a: 36-25.1) ak seksyon 1 nan PL 1982, c. 79 (N.J.S.A.

2A: 4A-60), Distri Lekòl la Piblik Oranj mande asistans ou nan bay nenpòt ak tout enfòmasyon ou kapab genyen sou dosye timoun nan ki mansyone piwo a. Demann sa a te fèt dapre pwosesis pou elèv la ka antre nan sistèm lekòl nou an.

Tanpri mete bagay sa yo:

_____ Relve nòt ofisyèl

_____ Rezilta tè

_____ Kle nan sistèm bay nòt distri a

_____ Dosye Sante / Vaksinasyon oswa rapò medikal

_____ Dosye prezans / done

_____ Dosye disiplinè ki gen ladan enfraksyon ki te enpoze pa distri lekòl ou

_____ Notifikasyon ki di ke distri ate jwenn enfòmasyon dapre NJSA 2A: 4A-60

(sa vle di , chaj delenkans jivenil)

_____ Rezilta tè Edikasyon Espesyal ak / oswa rapò (IEP a, rapò sikolojik, elatriye)

_____ Papye Gadyen si sa aplikab

Manm Pèsonèl ki Mande pou Dosye yo

Siyati Paràn / Gadyen



Orange Township Public Schools
Gerald Fitzhugh, II, Ed. D
Superintendent of Schools



Gerald Fitzhugh, II, Ed.D.
Superintendent of Schools

Lisa Spottswood Brown
Manager of Data and Student Pupil Services

FORMULAIRE D'ENQUÊTE SUR LES LANGUES À DOMICILE

Introduction

Cette enquête constitue les trois premières étapes pour déterminer si un étudiant est éligible pour devenir un apprenant multilingue. Commencez par "Question 1" et continuez jusqu'à ce que le formulaire soit complet. Sélectionnez la réponse pour chaque question et suivez les instructions.

Information Étudiant

Nom de L'étudiant _____ Date de Naissance de L'étudiant ____/____/____

Adresse de Rue: _____ Ville: _____ État: _____ Code Postal: _____

Date D'entrée Aux États-Unis.: ____/____/____ Lieu de Naissance: _____

1. Quelle a été la première langue utilisée par l'étudiant? _____

2. À la maison, l'élève entend-il ou utilise-t-il une langue autre que l'anglais plus de la moitié du temps?

☐ **Oui** (*Passer à la question 7.*) ☐ **Non**

3. L'étudiant comprend-il une langue autre que l'anglais?

☐ **Oui** ☐ **Non** (*L'étudiant n'est pas un Apprenant Multilingue*)

4. Lorsqu'il interagit avec d'autres personnes à la maison (parents, tuteurs, frères et sœurs), l'étudiant utilise-t-il une langue autre que l'anglais plus de la moitié du temps? ☐ **Oui** (*Passer à la question 7.*) ☐ **Non**

5. Lorsqu'il interagit avec d'autres personnes en dehors de la maison, l'étudiant utilise-t-il une langue autre que l'anglais plus de la moitié du temps? ☐ **Oui** ☐ **Non**

6. L'élève a-t-il récemment quitté un autre district scolaire/école à charte où il a été identifié comme un Apprenant Multilingue? ☐ **Oui** ☐ **Non**



Orange Township Public Schools
Gerald Fitzhugh, II, Ed. D
Superintendent of Schools



Gerald Fitzhugh, II, Ed.D.
Superintendent of Schools

Lisa Spottswood Brown
Manager of Data and Student Pupil Services

7. Énumérez les langues d'origine parlées ci-dessous, puis passez au processus d'examen des dossiers.

_____	_____	_____
_____	_____	_____



Orange Township Public Schools

Dr. Gerald Fitzhugh, II
Sipèntendan Lekòl yo



Lisa Spottswood Brown
Manadjè Donè ak Sèvis Elèv Elèv

Istwa Sante Elèv

Non Elèv la _____

☐ Femèl

☐ Mal

Adrès Kay Elèv la _____

_____/_____/_____
Dat Nesans

Telefòn Lakay # _____

Elèv la abite avèk:

Paran/Gadyen (ansèkle youn)

Adrès (sote'l si limenm ak sa ki anlè a)

Nimewo Telefòn

Paran/Gadyen (ansèkle youn)

Adrès (sote'l si limenm ak sa ki anlè a)

Nimewo Telefòn

Doktè Elèv la _____

Nimewo Telefòn Doktè a _____

Vil ak Eta Doktè a _____

Gwosès Nòm al

☐ Wi ☐ Non

Nesansak Developman Nòm al

☐ Wi ☐ Non

Kote'l te Fèt:

Pwa lè li te Fèt:

Dire Gwosès la:

- ☐ Alèji
- ☐ Alèji ak manje
- ☐ Opresyon
- ☐ Dyabèt
- ☐ Kè Boule
- ☐ Kriz
- ☐ Anemi Falsifòm
- ☐ Tras Anemi Falsifòm

- ☐ Entoksikasyon ak plon
- ☐ Anemi
- ☐ Twoub nan Pawòl
- ☐ Tibèkiloz
- ☐ Lawoujòl
- ☐ Malmouton
- ☐ Tous Gwonde Varyòl
- ☐ Reta nan Developman

- ☐ Enfeksyon Pipi
- ☐ Pwoblèm Ren
- ☐ Pwoblèm nan vesi
- ☐ Pwoblèm Lapawòl
- ☐ Tande di
- ☐ Lafyèy Rimatis
- ☐ Varisèl
- ☐ Pwoblèm Kè

Tanpri bay plis enfòmasyon sou nenpòt sa w te tcheke yo:

Tanpri reponn kesyon annapre yo:

Eske pitit ou a te etetène lopital?

☐ Wi

☐ Non

Si se wi, kilè e pou kisa? _____

Eske pitit ou gen pwoblèm nan je?

☐ Wi

☐ Non

Eske pitit ou a bezwen/pote linèt?

☐ Wi

☐ Non

Eske pitit ou a al wè yon dantis omwen chak sis mwa?

☐ Wi

☐ Non

Eske pitit ou gen pwoblèm nab dan?

☐ Wi

☐ Non

Eske pitit ou a janm gen kriz?

☐ Wi

☐ Non

Eske pitit pran medikaman regilyèman?

☐ Wi

☐ Non

Si se wi, ki medikaman? _____

☐ Wi

☐ Non

Eske pitit ou a fè enfeksyon nan zòrèy souvan?

☐ Wi

☐ Non

Eske pitit ou a an bon sante fizik pou 'l patisipe nan tout aktivite lekòl yo?

☐ Wi

☐ Non

Pa gen kèk medikaman oswa nenpòt lòt bagay ki kapab afekte esperyans
edikasyonèl pitit ou a?

☐ Yes

☐ Non

Pa gen istwa chòk oswa gwo domaj nan tèt

☐ Wi

☐ Non

Pa gen istwa zo kase?

☐ Wi

☐ Non

Eske pitit ou a janm fè operasyon?

☐ Wi

☐ Non

Si se wi, ki operasyon li te ye? _____

Eske pitit ou a janm gen èrni?

☐ Wi

☐ Non

Si se wi, ki tip èrni ke li te ye? _____

Eske pitit ou a gen andikap fizik?

☐ Wi

☐ Non

Tanpri ba nou enfòmasyon sou nenpòt pwoblèm medikal, emosyonèl, oswa dan ke w ta renmen diskite you :

Istwa Fanmi

Eske omwen youn nan paran yo pa gen pwoblèm sante?

☐ Wi

☐ Non

Si se vre, eksplike: _____

Elèv yo dwe gen yon egzamen fizik ki ranpli (nan 12 mwa ki sot pase yo) epi ki remèt bay enfimiyè lekòl

la lè l'ap antre nan Lekòl Piblik Oranj. Si w pa konfòme nan lespas 30 jou, sa ka lakòz ke Direktè bilding
lan eskli pitit ou a.

Siyati Paran / Gadyen

Dat

PATI SA A DWE RANPLI PA ENFIMYÈ LEKÒL SÈLMAN:

Klas: _____ Lekòl Anvan: _____ Eta a oswa Peyi: _____ Lang: _____

PE Fè: _____ Vaksen UTD: _____ Eta Pwovizwa: _____ A45 Fè: _____

PE Akòz: _____ Bezwen Vaksen: _____ Otorizasyon Medikal: _____ VSP Bay: _____ Date: _____

Siyati Enfimiyè Lekòl la: _____ Dat: _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) _____ (First) _____		Gender ☐ Male ☐ Female	Date of Birth ____ / ____ / ____
Does Child Have Health Insurance? ☐ Yes ☐ No	If Yes, Name of Child's Health Insurance Carrier _____		
Parent/Guardian Name _____	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name _____	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date _____		This form may be released to WIC. ☐ Yes ☐ No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: _____	Results of physical examination normal? ☐ Yes ☐ No	
Abnormalities Noted: _____	Weight (must be taken within 30 days for WIC) _____	
	Height (must be taken within 30 days for WIC) _____	
	Head Circumference (if <2 Years) _____	
	Blood Pressure (if ≥3 Years) _____	
IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due: _____	

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns: _____	☐ None ☐ Special Care Plan Attached	Comments _____
Medications/Treatments • List medications/treatments: _____	☐ None ☐ Special Care Plan Attached	Comments _____
Limitations to Physical Activity • List limitations/special considerations: _____	☐ None ☐ Special Care Plan Attached	Comments _____
Special Equipment Needs • List items necessary for daily activities: _____	☐ None ☐ Special Care Plan Attached	Comments _____
Allergies/Sensitivities • List allergies: _____	☐ None ☐ Special Care Plan Attached	Comments _____
Special Diet/Vitamin & Mineral Supplements • List dietary specifications: _____	☐ None ☐ Special Care Plan Attached	Comments _____
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns: _____	☐ None ☐ Special Care Plan Attached	Comments _____
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for: _____	☐ None ☐ Special Care Plan Attached	Comments _____

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other: _____			Developmental		
Other: _____			Scoliosis		

☐ I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print) _____

Health Care Provider Stamp _____

Signature/Date _____

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the **date of the physical exam that is being used to complete the form**. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
 - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
 - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
 - **Head Circumference** - Only enter if the child is less than 2 years.
 - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
 - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
 - a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
 - b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
 - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
 - Print the health care provider's name.
 - Stamp with health care site's name, address and phone number.
- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
- d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
- e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
- f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
- g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
- h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

Fòmilè pou konsantman paran pou Special Education Medicaid Initiative (SEMI)

Distri lekòl _____

Distri lekòl nou a ap patisipe nan pwogram Inisyatif Medicaid pou edikasyon espesyal (SEMI, Special Education Medicaid Initiative) ki pèmèt distri lekòl yo faktire Medicaid pou sèvis ki founi bay etidyan yo.

Dapre Family Educational Rights and Privacy Act, 34 CFR §99.30 ak Section 617 nan IDEA Part B, kondisyon pou konsantman nan 34 CFR §300.622 egzije pou bay yon otorizasyon infwa anvan pou ka resevwa benefis piblik.

Konsantman sa a tabli enfòmasyon pèsonèl ki kapab idantifye pitit ou a, kòm dosye etidyan an oubyen enfòmasyon sou sèvis ki ofri bay pitit ou a, an kontan evalyasyon ak sèvis ki presize nan pwogram edikasyon endividyèl (IEP, Individualized Education Program) pitit mwen an (ègoterapi, fizyoterapi, òtofooni, konsèy sikolojik, odyoloji, enfimyè, ak transpò espesyalize), gendwa pataje bay Medicaid ak Sèvis trezorye a pou resevwa ranbousman Medicaid nan distri lekòl la,

Kòm paran / gadò timoun ki make anlè a, mwen bay pèmasyon pou fè pataj enfòmasyon ki esplike anlè a epi m konprann epi m dakò pou Medicaid wè asirans piblik oubyen benefis piblik oubyen sa pitit mwen an pou peye pou edikasyon espesyal oubyen sèvis asosye yo dapre Part 300 (sèvis nan IDEA). Mwen konprann li toujou nesè pou distri lekòl la founi pitit mwen an sèvis dapre IEP pitit mwen an, kèlkeswa kalifikasyon Medicaid mwen an oubyen si m dakò pou faktirasyon SEMI a.

Mwen konprann faktirasyon pou sèvis sa yo distri a fè pa p konsène jan mwen kapab jwenn aksè nan sèvis sa yo pou pitit mwen an andeyò lekòl la, ni fanmi m pa p gen anyen pou peye tankou kotpa, dediktib, pèt kalifikasyon oubyen konsekans sou benefis avi yo.

Kijan timoun lan rele : _____

Dat timoun lan fèt : ____/____/____

Paran / gadò : _____

Dat la : ____/____/____

Mwen bay otorizasyon pou voye fakti pou SEMI :
Wi ☐
Non ☐

Ou ka revoke konsantman sa a nenpòt lè depi w kominike responsab ka a, oubyen sekretè lekòl pitit ou a, alekri.

OKTÒB 2017