

Demarest Public Schools Emergency Information Card

Please Print All Information

Student's Name _____ Grade _____
Last First Birth Date _____
Month/Day/Year
Address _____ Home Phone # _____

Parent/Guardian: To serve your child in case of accident/ sudden illness, it is necessary that you give the following information for emergency calls:

Parent 1 Contact Name _____ Relationship to Student _____
Work # _____ Cell # _____ Email Address _____

Parent 2 Contact Name _____ Relationship to Student _____
Work # _____ Cell # _____ Email Address _____

Address of Non-custodial Parent if pertinent. Address _____

List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Relationship _____
Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____
Home # _____ Work # _____ Cell # _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physicians named below and follow their instructions. In the event that it is impossible to contact the physician, school officials are hereby authorized to take whatever action is deemed necessary for the health of the aforesaid child. I will not hold the school district responsible for the emergency care and/or transportation for said child.

Local Physician's Name _____ Office # _____
Local Dentist's Name _____ Office # _____

DEMAREST PUBLIC SCHOOL DISTRICT

County Road School
1 30 County Road
Demarest, NJ 07627
(201)768-6060 x51600

Luther Lee Emerson School
15 Columbus Road
Demarest, NJ 07627
(201)768-6060x52600

Demarest Middle School
568 Piermont Road
Demarest, NJ 07627
(201)768-6060x53600

RECORDS REQUEST FORM

To: _____
(School Name)

Re: _____
Student's Name

Grade: _____

The above named student has enrolled in the Demarest Public School District as of _____ . Please forward the student's entire school record at your earliest convenience. Thank you.

- State identification number
- State test scores
- Results of Dyslexia Screening
- Health record
- ESL record
- Attendance record
- Psychological reports including any IEP or 504 Plan
- Report cards (including interpretation of your grading system)
- Discipline record(s)
- Any other pertinent information that would help us appropriately place this student

Parent's Authorization to Send Records

I hereby authorize you to send all school records for my child named above to the Demarest Public School District.

Signature of Parent or Guardian

Date

Relationship

**DEMAREST PUBLIC SCHOOLS , DEMAREST, NEW JERSEY
PHYSICAL AND IMMUNIZATION RECORD**

Grade _____

Name (Last) _____ (First) _____ Address _____

Birthdate _____ Parent's Name _____ Phone # _____

PHYSICAL REPORT: Ht: _____ Wt: _____ BP: _____ Hearing: R _____ L _____

Vision: R20/_____ L20/_____ Laboratory: Urinalysis _____ HGB/HCT _____ Other _____
with/without glasses (Circle)

Respiratory _____

Cardiovascular _____

Abdomen _____ Genitalia _____ Skin _____

Musculoskeletal _____ Neurological _____

RECOMMENDATIONS	NO	YES	Comments
1. Any defect of vision, hearing or speech that the school could compensate for by proper seating, etc.?			
2. Any condition limiting classroom activity? Any condition limiting physical education?			
3. Any significant allergies or asthma?			
4. Any condition which may result in classroom emergency?			
5. Any emotional, mental or physical condition requiring periodic medical observation?			
6. Any medication taken on a daily basis?			

VACCINE TYPE	DISEASE DATE	1 ST DOSE Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo./Day/Yr	4 th Dose Mo/Day/Yr	5 th Dose Mo/Day/Yr	Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS- DTP (If DT or TD, indicate in corner box)							
POLIO - Oral Polio Vaccine(OPV) (If Salk Vaccine, indicate IPV in corner box.)							
MEASLES, MUMPS, RUBELLA (MMR)							
MEASLES							
RUBELLA							
MUMPS							
VARICELLA							
HAEMOPHILUS B (HIB)							
HEPATITIS B							

Mantoux	Date Tested	Date Read	Result(mm)	CXR (date)	Normal	Abnormal	Meds. Prescribed (Date)

Date of examination: _____ Physician's Signature _____

Physician's Address _____

Phone Number _____

**Demarest Public School District
Demarest, New Jersey 07627**

Dear Parent/Guardian,

Welcome to the Demarest Public School system. Registering your son/daughter for **Kindergarten -8th Grade** requires that the following information be included and submitted to the Health Services Department.

1. Record of **physical examination within one year** of entry date to school. (NOTE: Please use the **appropriate form—Kindergarten-Grade 4 physical or Grade 5-8 physical.**)
2. **Immunization record** consisting of **primary series and booster doses** as listed below. (N.J.S.S.C. Chapter 14 requires immunizations must be complete and up-to-date or student may be excluded from school.)
 - **DTP – must have minimum of 4 doses – one dose must be on or after the 4th birthday.** A child who has received a total of 5 doses will be in compliance with this regulation. (NOTE: If a child is **age 7-9**, 3 doses of Td or combination of DTP, DTaP or DT **totaling 3 doses** is acceptable.)
 - **Tdap – this is for pupils entering grade 6 and born on or after 1/1/1997.** Not required if DTP or Td within five years of entering grade 6.
 - **Polio – must have minimum of 3 doses – one dose must be on or after the 4th birthday.** A child with 4 doses of polio vaccine will meet this requirement. (NOTE: For children **age 7 or older**, any 3 doses of OPV or IPV will be in compliance with this regulation.)
 - **Measles-Mumps-Rubella—must have 2 doses of measles vaccine and 1 dose of mumps and rubella vaccine given on or after the first birthday.** (NOTE: Documented laboratory evidence of measles, mumps and/or rubella immunity will be in compliance with this regulation.)
 - **Hepatitis B Vaccine—must have completed a 2-dose hepatitis B regimen or a 3- dose hepatitis B regimen.** All children entering Kindergarten thru eighth grade must have 3 doses. If a child is over age 11 and has not received any doses, he/she may receive the 2 dose formula.
 - **Varicella Vaccine—must have one dose for all children born after January 1, 1998, given on or after first birthday.** (NOTE: Laboratory evidence of immunity, physician or parental statement of previous varicella disease is acceptable.)
 - **Meningitis Vaccine—must have one dose on entering grade 6 for all children born on or after January 1, 1997.** Applies to children turning 11 and in 6th grade.
3. **Mantoux Tuberculin Test—Required on students entering the school system from out of country as directed by New Jersey Department of Health annually. Valid only if administered within the previous six months.**

Students transferring within the state must bring their records with them to enter. Students entering from out of state or from another country have a 30-day period in which to obtain records. If records are not received within the stated time, the student will be excluded from school.

YOUR COOPERATION IS ESSENTIAL!

Very truly yours,
Health Services

Cut and return

I have read and understand the rules of registration concerning immunization requirements.

Student's Name _____ Grade _____

Parent/Guardian
Signature _____ Date _____

DEMAREST PUBLIC SCHOOL DISTRICT

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130 County Road
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(201)768-6060x53600

Home Language Survey Form

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 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.

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 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

7. List home languages spoken: _____
