

## 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:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:

- Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian 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 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 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. Parents should be aware that if a birth certificate is not furnished within 30 days of initial enrollment that parents will be reminded to comply within 10 days at which point, the school district is required under N.J.S.A. 18A:36-26 to notify law enforcement officials.
- 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. Parents should, however, be aware that an entry-level physical completed by your child's doctor must be submitted no later than 30 days after enrollment as per N.J.A.C. 6A:16-2.2. If a physical is not furnished within 30 days of initial enrollment, parents will be notified that their child can not continue to attend class until the school is in receipt of the necessary medical information.
- 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, legal 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:

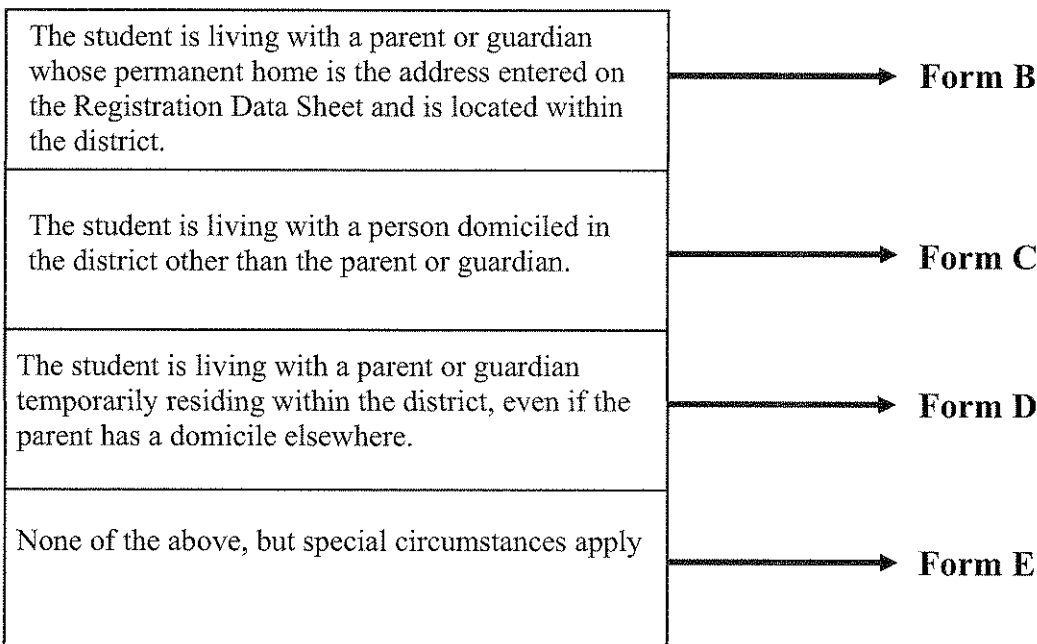
- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

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.

**If you have any questions or comments regarding the enrollment process, please contact Daniel E. Bland, Assistant Superintendent, at (908) 284-7538:**

## Instructions

**For All Students: Complete Form A (Registration Data Sheet)  
Then complete either Form B, Form C, Form D, or Form E**



**FLEMINGTON-RARITAN REGIONAL SCHOOLS  
Registration Data Sheet – Form A**

<b>Student's Last Name</b>			
<b>Student's First Name</b>			
<b>Middle Name</b>			
<b>Preferred Name</b>			
<b>Generation (Jr, II, III)</b>			
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Date of Birth</b>			
<b>City of Birth (if US)</b>			
<b>State of Birth (if US)</b>			
<b>Country of Birth (if not US)</b>			
<b>Home Mailing Address (number and street)</b>			
<b>Mailing City, State, Zip</b>			
<b>Home Physical Address (if different)</b>			
<b>Physical City, State, Zip (if different)</b>			
<b>Flemington Boro or Raritan Twp</b>	<input type="checkbox"/> Flemington Boro <input type="checkbox"/> Raritan Township		
<b>Development Name</b>			
<b>Home Phone Number</b>	Include Area Code (     ) –		
<b>Physician's Name</b>		<b>Phone</b>	
<b>Ethnicity</b>	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Race</b>	<input type="checkbox"/> Asian <span style="margin-left: 150px;"><input type="checkbox"/> American Indian or Alaskan Native</span> <input type="checkbox"/> Black or African American <span style="margin-left: 100px;"><input type="checkbox"/> Native Hawaiian or other Pacific Islander</span> <input type="checkbox"/> White <span style="margin-left: 150px;"><input type="checkbox"/> None (for Hispanic or Latino only)</span>		
<b>Home Language</b>			
<b>Student Lives With</b>	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Other Guardian		
<b>Special Custody Requirements</b>	<input type="checkbox"/> Yes (please notify Principal in writing)		

**Parent/Guardian Data**

<b>Parent/Legal Guardian</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	<b>Parent/Legal Guardian</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr
<b>First Name</b>		<b>First Name</b>	
<b>Last Name</b>		<b>Last Name</b>	
<b>Address (if different from student)</b>		<b>Address (if different from student)</b>	
<b>Phone (if different from student)</b>		<b>Phone (if different from student)</b>	
<b>Employer</b>		<b>Employer</b>	
<b>Work Phone</b>		<b>Work Phone</b>	
<b>Cell Phone</b>		<b>Cell Phone</b>	
<b>Email Address</b>		<b>Email Address</b>	
<b>English</b>	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	<b>English</b>	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
<b>Marital Status</b>	<input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single	<b>Marital Status</b>	<input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single

**Stepparent/Other Guardian Data**

<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	

**Alternate/Emergency Contact Data (in the event that the school is unable to reach the parent/legal guardian)**

	<b>Contact 1</b>	<b>Contact 2</b>	<b>Contact 3</b>
<b>Name</b>			
<b>Relationship</b>			
<b>Home Phone</b>			
<b>Cell Phone</b>			

**Siblings**

<b>Name</b>		<b>Name</b>	
<b>Grade</b>		<b>Grade</b>	
<b>School</b>		<b>School</b>	
<b>Birth date</b>		<b>Birth date</b>	
<b>Name</b>		<b>Name</b>	
<b>Grade</b>		<b>Grade</b>	
<b>School</b>		<b>School</b>	
<b>Birth date</b>		<b>Birth date</b>	

**Flemington-Raritan Regional Schools**

**Form B (Domicile)**

Complete this section if **the student is living with a parent or guardian** whose **permanent home** is the address given on Form A (Registration Data Sheet) of this application and is **located in the district**. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Form C (Affidavit).

How long have you lived in this home? \_\_\_\_\_

Do you have any present intention of moving from this home? If so, when and to where? \_\_\_\_\_

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there? \_\_\_\_\_

Please list four forms of proof (see attached list) you will provide to demonstrate that the address given on Form A of this application is your permanent home.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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

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.)

\_\_\_\_\_

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?

\_\_\_\_\_

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

\_\_\_\_\_

**Please note:** No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

**Flemington-Raritan Regional Schools**

**Form C (Affidavit)**

Complete this section if **the student is living with a person domiciled in the district, other than the parent or guardian.**

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person's lease, if a tenant, or a sworn landlord's statement, if a tenant without written lease.)

---

---

---

Students are not eligible to attend school as "affidavit" students unless the student's parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian's family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.)

---

---

---

---

**Please note:** Although a sworn statement/affidavit is required as evidence that a parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, in certain instances where the required sworn statement cannot be obtained enrollment will not be denied as long as the guardian is able to present evidence that he/she has met the underlying requirements of the law as per N.J.A. C. 6A:22-3.2

A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.

A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.

It is not necessary that legal guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.

**Flemington-Raritan Regional Schools**

**Form D (Temporary)**

Complete this section if **the student is living with a parent or guardian temporarily residing within the district**, even if the parent has a domicile elsewhere.

How long have you lived in this residence? \_\_\_\_\_

Do you have a domicile or residences(s) elsewhere, and, if so, where are they and when do you live there?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list four forms of proof (see attached list) you will provide to demonstrate that you are residing at the address given on Form A of this application, and that such residence is not solely for the purpose of the student attending school in the district.

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Please note:** Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

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

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.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_  
\_\_\_\_\_

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

**Please note:** No district is required, as a result of being the district of temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.

**Flemington-Raritan Regional Schools**

**Form E (Special Circumstances)**

Please indicate if any of the following apply:

- The student is the child of a parent or guardian who has moved to another district as the result of being homeless.
- The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)
- The student has been placed in the district by the Division of Youth and Family Services acting as the student's legal guardian.
- The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency.
- The student is kept in the home of a person domiciled in the district, other than the parent or legal guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty?
- The student resides on federal property. Where? \_\_\_\_\_
- The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by a representative of the Flemington-Raritan Regional Schools Central Office for further information.

# Flemington – Raritan Regional Schools

## Special Services Department – Student Health History

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

**1. Developmental History – Were there any problems during:**

Check:	Yes*	No	*Explanation if "yes"
a. pregnancy			
b. labor and delivery			
c. infant's early months			
d. child's early years			

**2. Has your child had any:**

Check:	Yes*	No	*Explanation if "yes"
a. serious medical condition			
b. serious illness			
c. serious injuries			
d. hospitalizations			
e. surgery/operation			

**3. Has your child had:**

Check:	Yes*	No	* Date if "yes"
a. Chickenpox			
b. Hepatitis			
c. Meningitis			
d. Mononucleosis			
e. Pneumonia			
f. Rheumatic Fever			
g. Tuberculosis			
h. Strep			
i. Lyme Disease			
j. Any other communicable disease			Disease - _____ Date- _____

(Continued on back)

**4. Does your child have any history of:**

Check: Yes No

a. Allergies (medications, food, insect bites, bee sting, pollen, other)		
b. Asthma		
c. Bleeding disorder		
d. Bowel problems		
e. Cardiac (heart) condition		
f. Congenital (birth) defect		
g. Convulsions, epilepsy or seizures		
h. Ear condition or infections, fluid in ear 3 times or more		
i. Eczema, psoriasis or any other skin condition		
j. Genital defect/condition		
k. Hearing problems		
l. Kidney or urinary problems		
m. Muscular problems or diseases		
n. Neurological problems or diseases		
o. Orthopedic problems or diseases		
p. Speech problems		
q. Vision problems, or wear glasses/contacts (reason for glasses/contact and when they are worn)		
r. Any condition currently under the care of a doctor		
s. Any condition for which a doctor has advised student not participate fully in gym		
t. Need to take daily medication		
u. Need to take emergency medication		

**Any "Yes" response requires an explanation:**

Question No. \_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_

Question No. \_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_

Question No. \_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_

Please list any other information that would further complete the health history for this child.

\_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE: Health information will be shared with all employees having a need to know, unless the health office is notified otherwise. Parents/Guardians are responsible for notifying the health office of any changes in the child's health.

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

September 2002

**Flemington - Raritan Regional Schools**  
**Student Physical Examination Form    Preschool –Grade 4**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Type of Physical ( ✓ ) Kindergarten \_\_\_ New Student \_\_\_ Grade \_\_\_ Sports \_\_\_

**A. Immunizations - Complete all dates.**

DTaP/DPT/Tdap (specify)					
OPV/IPV (specify)					
MMR			Measles Mumps Rubella	_____ _____ _____	_____ _____ _____
Varicella					
HIB					
Hepatitis B					
Pneumococcal					
Meningococcal					
Influenza					
Mantoux	Date given		Date read		Result

**B. Date of Physical Examination** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **BP** \_\_\_\_\_

Check one (✓)	Normal	Deviation	Explanation
Ears (otoscopic)			audio R _____ L _____
Eyes			acuity R _____ L _____
Lymph Glands			
Thyroid			
Nose			
Throat			
Teeth-Mouth			
Heart			murmur _____
Lungs			
Abdomen			
Hernia			
Genito-Urinary			
Orthopedic:	Structural		
	Posture		
	Scoliosis		
	Feet		
Skin (Non-communicable)			
Nutrition			
Nervous System			
Speech			
Other			
General Appearance			

(Continued on Back)

**C. Health History - Any "Yes" response requires an explanation.**

	Yes	No
1. Does student require any modifications or restrictions of school program, including physical education or sports?		
2. Does student require any special protective equipment for physical education or sports?		
3. Is there a current health problem of which the School Health and Physical Education Staff should be aware?		
4. Is there any past history of serious illness, injury, or operation?		
5. Is there any family history of genetic condition or disease?		
6. Does the student have any allergic conditions?		
7. Does the student require any medication or treatment for a health condition? If medication or medical treatment is required, a Doctor's order must be provided. The child's parent/guardian is to contact the School Health Office for the necessary forms.		

**Explanation (if any "Yes" response checked above)**

---



---



---



---

**Recommendations, if any:**

---



---



---



---

Date \_\_\_\_\_ Signature of Physician \_\_\_\_\_

Physician's Name and Address - PLEASE PRINT

---



---



---

Date \_\_\_\_\_

Approved by School Medical Inspector



Hunterdon Central/Flemington Raritan Joint Transportation Department  
84 Route 31  
Flemington, New Jersey 08822  
908-284-7154

**CHILD CARE REQUEST—BUS STOP CHANGE FORM**

Please Print All Requested Information: \_\_\_\_\_ Date: \_\_\_\_\_

School Year: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

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

Assigned School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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

Child Care Provider Name: \_\_\_\_\_

Child Care Provider Address: \_\_\_\_\_

Child Care Provider Phone Number: \_\_\_\_\_

AM or Midday Pick Up Address: \_\_\_\_\_

PM or Midday Drop Off Address: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

**Start of School:**

Parents/guardians shall submit the child care request to the school principal no later than the end of the third week of August. If approved and received by transportation by this date, the change shall be implemented for the start of school. Requests for changes received after Friday of the third full week of August, if approved, shall be implemented the second Monday after the start of school. (Flemington-Raritan Transportation handbook, Board Approved Procedure)

**Requesting a Bus Stop Change:**

Parents/guardians of students in grades pre-K-8, including those who would normally walk to school, will be entitled to request a change of the designated address for the bus pick-up and drop-off of their students for child care needs. The designated address must be within the sending district of their assigned school. The designated pick-up address may vary from the drop-off address for child care purposes only. Pick-up and drop-off addresses cannot vary on a day-to-day basis. A request for a bus stop change must be submitted in writing at least five working days prior to the requested start date.

If a parent/guardian needs to change their student's bus stop during the school year due to child care, contact the school principal for a child care request form. If approved, the principal shall direct the request to transportation for review. The request shall be considered and determination will be made contingent upon availability of a route, seating capacity on the school bus (exclusive of projected growth seats), and safety conditions in general. The actual bus stop established to serve the request shall be determined solely by the school district. Requests for bus stops to vary on a day-to-day basis will not be approved. (Flemington-Raritan Transportation Handbook, Board Approved Procedure)

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

\_\_\_\_\_  
Date

**Request meets all Board approved Transportation Procedures**

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

To be completed by Transportation office:

**Start Date:** \_\_\_\_\_

AM/Midday Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Shuttle: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

PM/Midday Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Shuttle: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

New Jersey Department of Health and Senior Services  
Vaccine Preventable Disease Program  
PO Box 369  
Trenton, NJ 08625-0369

**ANNOUNCING  
THE NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)**

To New Jersey Parents and Guardians:

In order to attend any licensed day care, preschool, public, parochial or private school in New Jersey, your child must meet state mandated immunization requirements. A record of these immunizations, supplied by your healthcare provider, is maintained by the school on a state approved form (A45). This record is essential for admission to any new school to which your child transfers, for entrance into high school and for college entrance. The New Jersey Immunization Information System (NJIIS) has been developed to provide a confidential population-based electronic database that collects and stores vaccination data for New Jersey residents. This registry is already in use at more than 400 sites throughout New Jersey, with more than 600,000 patient records currently in the system. The immunization Information System is the first step in creating electronic health records for New Jersey school students.

New Jersey public schools are assisting in this project by inputting data from the student's Immunization Record. Participation in this program is free and will provide you with a permanent record of your child's immunizations, as well as reminders of the need for any additional doses. It will exist for your child long after graduation when immunization records may be needed for foreign travel or other situations. It will be available to you for summer camp requirements and should you change healthcare providers.

Your child's immunization record is confidential. It is available only to you, the Health Department and its related service agencies (your child's school) and the health provider(s) you choose. If you change providers, only the new provider will be able to send you reminders.

To enroll in the system, simply sign the consent form on the back of this letter and return it to your child's school nurse within seven days.

If you have any questions, you may call your child's school nurse.

We hope that you will take advantage of this opportunity to promote the well being of your child.

**PLEASE COMPLETE THE REVERSE SIDE OF THIS SHEET AND  
RETURN IT TO YOUR CHILD'S SCHOOL NURSE!**

- OVER -

**NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIS)  
 CONSENT TO PARTICIPATE**

CHILD INFORMATION <i>(please print)</i>	PARENT/GUARDIAN INFORMATION
Name	Name
Date of Birth	Relationship
Address	Address

I have read the information about the New Jersey Immunization Information System (NJIS) and understand that the purpose of this program is to keep a central record of my child's immunization history and to remind me when immunizations are due. I understand that I can obtain a copy of my child's record from my medical provider, my local health department, or my child's school nurse.

There is no cost to participate in this program.

- Yes, I would like to participate in this program.
- No, I do not wish to participate in this program.

Signature of Parent / Guardian	Date
--------------------------------	------

New Jersey Department of Health and Senior Services  
 Vaccine Preventable Diseases Program  
 PO Box 369  
 Trenton, NJ 08625-0369

**PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE  
 WITHIN 7 DAYS**

New Jersey Department of Health and Senior Services  
(Departamento de Salud y Servicios para Personas Mayores del Estado de New Jersey)  
Vaccine Preventable Disease Program  
(Programa de Vacunas para Enfermedades Prevenibles)  
PO Box 369  
Trenton, NJ 08625-0369

**SE ANUNCIA**  
**EL SISTEMA DE INFORMACIÓN SOBRE VACUNAS DE NEW JERSEY**  
**(New Jersey Immunization Information System – NJIIS)**

A los padres y tutores de New Jersey:

Para poder asistir a cualquier centro de cuidados diurnos, centro preescolar, escuela pública, escuela parroquial o escuela privada licenciada en New Jersey, su hijo deberá haber cumplido con los requisitos estatales obligatorios de vacunación. La escuela mantiene un registro de estas vacunaciones, provistas por su proveedor de cuidados médicos, en un formulario aprobado por el estado (A45). Este registro es esencial para la admisión en cualquier escuela nueva a la que se transfiera su hijo, para la entrada en la escuela de enseñanza superior y para la entrada en la universidad. El Sistema de Información sobre Vacunas del New Jersey (NJIIS) ha sido creado para proveer una base de datos electrónica confidencial basada en la población, que recoge y almacena información sobre las vacunas de los residentes de New Jersey. Este registro ya es usado en más de 400 lugares en todo el estado de New Jersey, actualmente con más de 600,000 registros de pacientes en el sistema. El Sistema de Información sobre Vacunas de New Jersey es el primer paso hacia la creación de registros electrónicos de salud para los estudiantes de las escuelas de New Jersey.

Las escuelas públicas de New Jersey están ayudando en este proyecto entrando información proveniente de los registros de vacunaciones de los estudiantes. La participación en este programa es gratuita y le proveerá un registro permanente de las vacunaciones de su hijo, a la vez que recordatorios de la necesidad de dosis adicionales. Existirá para su hijo incluso mucho después de que su hijo se haya graduado, cuando puede que sean necesarios los registros de las vacunaciones para viajes al extranjero u otras situaciones. Estará a su disposición para los requisitos de los campamentos de verano y en caso de que cambie de proveedores de cuidados de salud.

El registro de vacunaciones de su hijo es confidencial. Sólo estará disponible para usted, el Departamento de Salud y sus agencias de servicios relacionados (la escuela de su hijo) y el/los proveedor(es) de salud que usted escoja. Si usted cambia de proveedores, sólo el nuevo proveedor podrá enviarle recordatorios.

Para inscribirse en el sistema, simplemente firme el formulario de consentimiento al dorso de esta carta y devuélvalo a la enfermera de la escuela de su hijo dentro de un plazo de siete días.

Si tiene alguna pregunta, puede llamar a la enfermera de la escuela de su hijo.

Esperamos que se aprovechará de esta oportunidad para fomentar el bienestar de su hijo.

**POR FAVOR COMPLETE EL DORSO DE ESTA HOJA Y DEVUÉLVALA A LA  
ENFERMERA DE LA ESCUELA DE SU HIJO**

**CONTINÚA ATRÁS**

**CONSENTIMIENTO PARA PARTICIPAR EN  
EL SISTEMA DE INFORMACIÓN SOBRE VACUNAS DE NEW JERSEY  
(NEW JERSEY IMMUNIZATION INFORMATION SYSTEM - NJIIS)**

INFORMACIÓN SOBRE EL NIÑO <i>(Por favor, escriba con letra de imprenta.)</i>	INFORMACIÓN SOBRE LOS PADRES/TUTORES
Nombre	Nombre
Fecha de Nacimiento	Relación
Dirección	Dirección

He leído la información sobre el Sistema de Información sobre Vacunas de New Jersey (New Jersey Immunization Information System - NJIIS) y entiendo que el propósito de este programa es el de mantener un registro central del historial de vacunaciones de mi hijo y el de recordarme cuando son necesarias las vacunas. Entiendo que puedo obtener una copia del registro de mi hijo de mi proveedor médico, mi departamento de salud local o de la enfermera de la escuela de mi hijo.

Participar en este programa no conlleva ningún costo.

Sí, me gustaría participar en este programa.

No, no deseo participar en este programa.

Firma del Padre / Tutor	Fecha
-------------------------	-------

New Jersey Department of Health and Senior Services  
(Departamento de Salud y Servicios para Personas Mayores del Estado de New Jersey)  
Vaccine Preventable Diseases Program  
(Programa de Vacunas para Enfermedades Prevenibles)  
PO Box 369  
Trenton, NJ 08625-0369

**POR FAVOR, DEVUELVA ESTE FORMULARIO A LA ENFERMERA DE LA ESCUELA DE SU HIJO  
EN UN PLAZO DE 7 DÍAS.**