



Evesham Township School District Registration Signature Form 2023-2024

Name of Student: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Registration Status:

- ☐ Pre-registered on Genesis and have all required documentation and forms for my registration appointment.
- ☐ Unable to register online, I will need to complete this step at my registration appointment. I am requesting a copy of all forms to be completed.

Other Children in Family: (If additional space is needed, please use the other side.)

Name (Oldest to Youngest)	Date of Birth (Month/Day/Year)	Place of Birth	Name of School/ Grade Attended

Name of Previous School/Preschool Attended:

Previous School/Preschool Attended	Complete Address (Town, County, State, Country)	Phone Number	Dates Attended

I hereby authorize the Evesham Township School District to investigate and confirm any and all statements made through my pre-registration and registration process. I am aware that if any statements concerning residency are false, I may be assessed the tuition for the aforementioned child and prosecuted to the full extent of the law.

Parent's Name: _____

(Please Print)

Parent's Signature: _____

(Please Sign in Ink)

Date: _____

Making the world a better place,
one student at a time





EVESHAM TOWNSHIP SCHOOL DISTRICT

HEALTH HISTORY and QUESTIONNAIRE (to be completed by parent)

Name of Child _____ Date of Birth _____

Student's Health Status: past or present problems. Check all that apply.

- | | | |
|-----------------------------------|------------------------------|--------------------------------|
| _____ Epilepsy/Seizures | _____ Eczema/dermatitis | _____ Sleep problems |
| _____ Other neurological disorder | _____ Other skin problem | _____ Tonsillectomy |
| _____ Diabetes | _____ Hemophilia | _____ Ear tubes inserted |
| _____ Asthma | _____ Meningitis | _____ Other surgery |
| _____ Kidney disorders | _____ Hepatitis | _____ Hearing problem |
| _____ Heart disease | _____ Fainting | _____ Hearing aid/other device |
| _____ Orthopedic problems | _____ Headaches, frequent | _____ Vision problem |
| _____ Fractures | _____ Stomachaches, frequent | _____ Glasses/contacts |
| _____ Sickle cell | _____ Sore throat, frequent | _____ Color blindness |
| _____ Mononucleosis | _____ Constipation/Diarrhea | _____ Speech problem |
| _____ Arthritis | _____ Concussion/Head Injury | _____ Cancer |
| _____ Cystic Fibrosis | | |

Premature birth? ☐ Yes ☐ No Newborn Complications ☐ Yes ☐ No

Medications that your child takes regularly: _____

Does your child have any restrictions on his/her activities? ☐ Yes ☐ No

Allergies

Food: Is your child allergic to any foods? ☐ Yes ☐ No

Explain any allergies: _____

Sting: Is your child allergic to any insect stings? ☐ Yes ☐ No

Explain any allergies: _____

Drug/Medication: Is your child allergic to any medications? ☐ Yes ☐ No

If yes, explain: _____

If your child has any other health condition or concerns, please describe below:

Parent Name: _____

(Please Print)

Parent Signature: _____

(Please Sign in Ink)

Date: _____



EVESHAM TOWNSHIP SCHOOL DISTRICT

PHYSICAL EXAMINATION for PRESCHOOL THROUGH 5TH GRADE (to be completed by physician)

Name of Child _____ Date of Birth _____

IMMUNIZATIONS: Please attach a copy of immunization record to this form.

MEDICAL HISTORY

Allergies _____
Asthma _____
Cardiac Disorders _____
Convulsive Disorders _____

Diabetes _____
Kidney Disorders _____
Neuromuscular Disorders _____
Congenital Defects _____

Surgeries or injuries: _____

Any other significant medical or emotional issues: _____

EXAMINATION

Height _____ Weight _____ ☐ Male ☐ Female

BP _____ / _____ (_____ / _____) Vision R 20/ _____ L 20/ _____ Corrected ☐ Yes ☐ No Hearing _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Ears/Eyes/Nose/Throat		
Teeth		
Glands		
Heart		
Lungs		
Abdomen		
Hernia		
Genitourinary		
Skin		
Posture		
Nervous System		
Nutrition		
Speech		

General appearance _____

Does this child regularly take medication? _____

Cleared for all school activities (including physical education) ☐ Yes ☐ No

If no, reason/restrictions _____

Comments or Recommendations _____

Doctor's Signature

Date of Exam

Office Stamp



EVESHAM TOWNSHIP SCHOOL DISTRICT

DENTAL CARE

Date_____

Child's Name_____

Grade_____

If your child has been to the family or pediatric dentist, please have them sign and return.

Name of Child: _____

Dentist's Name: _____
(Please Print)

Date of Last Visit: _____

☐ The child was examined and no treatment is necessary at this time. Continue with routine dental visits.

☐ The child was examined and treatment was completed for the following:

Routine dental visits were recommended.

☐ The child was examined and is now receiving treatment for the following:

Dentist's Signature: _____ Date: _____
(Please Sign in Ink)



EVESHAM TOWNSHIP SCHOOL DISTRICT
PERMISSION FOR THE TRANSFER OF STUDENT RECORDS

Date: _____

Former District/School

Address

Phone

To Whom It May Concern:

In order to assist with the transition, I hereby give my consent to have the academic, test, and health records of _____
_____ in grade _____ during the _____ school year to be forwarded to my child's new
school indicated below. I also authorize the release of any test results by the Child Study Team or other specialists, if
applicable.*

Helen L. Beeler Elementary School
60 Caldwell Avenue
Phone: 856-988-0619
Fax: 856-988-0495

Richard L. Rice School
50 Crown Royal Parkway
Phone: 856-988-0685
Fax: 856-988-7799

Frances S. DeMasi Elementary School
199 Evesboro-Medford Road
Phone: 856-988-0777
Fax: 856-988-1691

J. Harold Van Zant School
270 Conestoga Drive
Phone: 856-988-0687
Fax: 856-988-8989

Robert B. Jaggard Elementary School
2 Wescott Road
Phone: 856-988-0679
Fax: 856-988-7788

Frances S. DeMasi Middle School
199 Evesboro-Medford Road
Phone: 856-988-0777
Fax: 856-596-1571

Marlton Elementary School
190 Tomlinson Mill Road
Phone: 856-988-9811
Fax: 856-988-9812

Marlton Middle School
150 Tomlinson Mill Road
Phone: 856-988-0684
Fax: 856-988-9327

All located in MARLTON, NJ 08053

Parent's Name: _____
(Please Print)

Parent's Signature: _____
(Please Sign in Ink)

Date: _____

*For classified students, if your district uses Frontline IEP, please transfer the IEP electronically through Frontline as well.

Please note: In the event this form is not signed, parental permission is no longer required when records are requested by authorized school personnel (Family Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol.41, No. 118, page 24673). The prior District may also release the following mandated records: transcript of grades, health records, attendance records, child study team records and disciplinary records pursuant to N.J.A.C. 6:3-6.5.