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: _____ Date: _____
(Please Sign in Ink)

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
_____ Other neurological disorder
_____ Diabetes
_____ Asthma
_____ Kidney disorders
_____ Heart disease
_____ Orthopedic problems
_____ Fractures
_____ Sickle cell
_____ Mononucleosis
_____ Arthritis
_____ Cystic Fibrosis

_____ Eczema/dermatitis
_____ Other skin problem
_____ Hemophilia
_____ Meningitis
_____ Hepatitis
_____ Fainting
_____ Headaches, frequent
_____ Stomachaches, frequent
_____ Sore throat, frequent
_____ Constipation/Diarrhea
_____ Concussion/Head Injury

_____ Sleep problems
_____ Tonsillectomy
_____ Ear tubes inserted
_____ Other surgery
_____ Hearing problem
_____ Hearing aid/other device
_____ Vision problem
_____ Glasses/contacts
_____ Color blindness
_____ Speech problem
_____ Cancer

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: _____ Date: _____
(Please Sign in Ink)

PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

For Grades 6-8 Only

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. **Consider additional questions on more sensitive issues**
   - **Do you feel stressed out or under a lot of pressure?**
   - **Do you ever feel sad, hopeless, depressed, or anxious?**
   - **Do you feel safe at your home or residence?**
   - **Have you ever tried cigarettes, chewing tobacco, snuff, or dip?**
   - **During the past 30 days, did you use chewing tobacco, snuff, or dip?**
   - **Do you drink alcohol or use any other drugs?**
   - **Have you ever taken anabolic steroids or used any other performance supplement?**
   - **Have you ever taken any supplements to help you gain or lose weight or improve your performance?**
   - **Do you wear a seat belt, use a helmet, and use condoms?**
2. **Consider reviewing questions on cardiovascular symptoms (questions 5–14).**

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type)_____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

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New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

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

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

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

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

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

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

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

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: _____ Date: _____
(Please Sign in Ink)

*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.