WEST LONG BRANCH PUBLIC SCHOOL DISTRICT
135 LOCUST AVENUE
WEST LONG BRANCH, NEW JERSEY 07764

PUPIL REGISTRATION FORM CONTINUED (PAGE 2)

CHILD'S NAME: _____

IS THERE ANY FAMILY HISTORY OF SCOLIOSIS: Y ☐ N ☐ IF YES, GIVE RELATIONSHIP: _____

ARE THERE ANY COMMUNICABLE DISEASES YOUR CHILD HAS HAD: Y ☐ N ☐ _____

ARE THRE ANY DIFFICULTIES OR ABNORMALITIES IN THE FOLLOWING AREAS? (IF YES, PLEASE EXPLAIN)

SPEECH: Y ☐ N ☐ _____

HEART CONDITION: Y ☐ N ☐ _____

WEARS EYEGLASSES/CONTACT LENSES: Y ☐N ☐ IF YES, THEN: DISTANCE: Y ☐N ☐ READING: Y ☐N ☐ ALWAYS: Y ☐N ☐

EARS / HEARING PROBLEMS: Y ☐ N ☐_____

BROKEN BONES: Y ☐ N ☐_____

CHRONIC INFECTIONS: Y ☐ N☐ _____

OPERATIONS OR SPECIAL EXAMS: Y ☐ N ☐_____

ALLERGIES TO FOOD: Y ☐ N ☐ _____

ALLERGIES TO MEDICINE: Y ☐ N ☐ _____

ALLERGIES TO ENVIRONMENTAL CONDITIONS: Y ☐ N ☐ _____

MEDICINES TAKEN FOR (ANY) ALLERGIES: Y ☐ N ☐ _____

MANDATORY IMMUNIZATIONS (SCHOOL NURSE TO COMPLETE AND VERIFY WITH CHILD'S HEALTH RECORDS)					
DPT	#1	#1	#3	BOOSTER	
POLIO	#1	#2	#3	BOOSTER	
MMR	#1	#2			
VARICELLA	#1	#2			
MANTOUX/PPD	#1	POSITIVE ☐	NEGATIVE ☐		
PREVNAR (PRE-K)	#1	#2	#3	#4	
TDAP (GR.6,7,8)	#1	#2	#3	#4	
MENINGITIS(GR.6,7,8)	#1	#2	#3	#4	
OPTIONAL IMMUNIZATIONS (SCHOOL NURSE TO COMPLETE AND VERIFY WITH CHILD'S HEALTH RECORDS)					
HIB/HbPV	#1	#2	#3	#4	
HEP A	#1	#2	#3	#4	
HEP B	#1	#2	#3	#4	

PARENT/GUARDIAN SIGNATURE: _____ **DATE:**_____

MOTHER'S LEGAL NAME (IF DIFFERENT FROM CHILD'S):_____

REGISTRAR: _____ **DATE:**_____

OTHER INFORMATION: _____

_____