

JACKSON SCHOOL DISTRICT

KINDERGARTEN REGISTRATION FOR T  
2024-2025 SCHOOL YEAR

Register During the Month of March

# JACKSON SCHOOL DISTRICT

## KINDERGARTEN REGISTRATION CHECKLIST FOR THE 20 24-2025 SCHOOL YEAR

REGISTRATION PLACE: Crawford-Rodriguez Elementary School - 1025 Larsen Road  
Elms Elementary School – 780 Patterson Road  
Holman Elementary School - 125 Manhattan Street  
Johnson Elementary School - 1021 Larsen Road  
Rosenauer Elementary School - 60 Citadel Drive  
Switlik Elementary School - 75 West Veterans Hwy.

TIME: By Appointment in March 2024

DATES: Registration appointments will be made by calling the school registrar AFTER you have done the following:  
x Visit [www.jacksonsd.org/kindergarten](http://www.jacksonsd.org/kindergarten)  
x Fill out the Online Pre-Registration Form  
x Download/Print Supplemental

## ACCEPTABLE PROOF OF RESIDENCY

One proof of residency must consist of one of the following: (a) Original Deed; (b) Copy of Mortgage; (c) Original Lease/Rental Agreement; or (d) Signed and notarized affidavit of renter's landlord attesting to proof of residency,

And

Additional acceptable proof of residency includes submission of three of the following at the time a student is enrolled:

- 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

**JACKSON SCHOOL DISTRICT  
PRE-SCHOOL DEVELOPMENTAL HISTORY**

(To Be Completed By Parent)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Did your child attend Nursery School? Yes \_\_\_ No \_\_\_ Number of years \_\_\_\_\_

Did your child participate in the Jackson P.R.E.P Program? Yes \_\_\_ No \_\_\_  
(Preschool Readiness Encouraged by Parents)

Note: This is confidential information and will be used only when circumstances require.

**A. BIRTH HISTORY**

Please Check

Comments

1. Were there any birth complications? Yes † No †

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**B. DEVELOPMENTAL HISTORY**

1. Does your child get along well with other children his/her age? Yes † No †

2. Has your child attended nursery school? Yes † No †

3. Can your child identify colors? Yes † No †

4. Can your child count fingers up to five? Yes † No †

5. Can your child fasten or unfasten buttons? Yes † No †

6. Can your child bounce a ball? Yes † No †

7. Please check if any of these apply to your child:

Nail Biting †      Cries Easily †      Bed Wetting †      Thumb Sucking †

Nightmares †      Temper Tantrums †      Jealousy †      Stubbornness †

8. Indicate at what age your child:

Walked \_\_\_\_\_      Talked \_\_\_\_\_      Toilet Trained \_\_\_\_\_

9. Other:

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Pre-School Developmental History (Continued)

C. HEALTH HISTORY

1. Illnesses and Diseases (List Dates):

German Measles \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Ear Problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Emotional \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ Strep Infection \_\_\_\_\_ Asthma \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Convulsive Disorder \_\_\_\_\_ Diabetes \_\_\_\_\_ Lyme Disease \_\_\_\_\_  
Other \_\_\_\_\_

2. Operations/Injuries (List Dates):

3. If your child has a problem, please check:

Vision †      Hearing †      Speech †      Physical Handicap †

4. Is your child taking any medication?    Yes †    No †

If so, please list \_\_\_\_\_

5. Does your child have any allergies to food or medication?    Yes †    No †

If so, please list \_\_\_\_\_

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REGISTRATION AFFIDAVIT FOR THE  
JACKSON TOWNSHIP SCHOOL DISTRICT

**PLEASE PRINT**

FOR: \_\_\_\_\_  
(name of student)

STATE OF NEW JERSEY  
COUNTY OF OCEAN

The next two forms for Third Party Residence apply only to those people who need to certify that they are living in the home of a landlord or family member acting as a landlord.

For example

x If you





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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner (Resident)

\_\_\_\_\_  
Date

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
A Notary Public of the State of New Jersey Commission expiration





JACKSON SCHOOL DISTRICT  
Office of Health Services  
Entrance Physical Examination  
(Physical must be completed within 30 days of enrollment)  
TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER

Student \_\_\_\_\_ Date of Examination \_\_\_\_\_  
Address \_\_\_\_\_ Date of Entry \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Blood Pressure \_\_\_\_\_ BMI \_\_\_\_\_

IMMUNIZATION RECORD (Exact dates required by law month/day/year)

	#1	#2	#3	#4	#5
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PHYSICAL EXAMINATION (Please note every item in the physical exam should be documented) (22D)

Ears (Otoscopy)	Heart	Orthopedic:
Eyes	Lungs	Structural
Lymph Glands	Abdomen	Posture
Thyroid	Hernia	

JACKSON SCHOOL DISTRICT  
Pre-School Dental Examination

Child's Name \_\_\_\_\_

1. \_\_\_\_\_ All necessary dental work has been completed.

2. \_\_\_\_\_ Treatment is in progress.

3. \_\_\_\_\_ Further information or recommendation \_\_\_\_\_

\_\_\_\_\_



