

BRIELLE ELEMENTARY SCHOOL 605 UNION LANE BRIELLE, NEW JERSEY 08730

<u>www.brielleschool.org</u> PHONE 732 / 528-6400 FAX 732 / 528-0810

CHRISTINE CARLSON

Superintendent/ Principal JENNIFER LOVE

Supervisor of Curriculum & Instruction COLIN SABIA

Director of Special Services/ Vice Principal DAWN CHERRY

School Business Administrator/ Board Secretary

February 3, 2022

To All Parents/Guardians:

Brielle Elementary School will be accepting registration forms for children who will be entering Kindergarten in September 2022 on **Wednesday**, **February 23**, **2022**. Eligible students must be five (5) years of age on or before October 1, 2022.

Parents and/or Guardians should come to the main office between the hours of 9:00am - 11:00am (Last name A-K) 1:45pm - 3:00pm (Last name L-Z). Registration is strongly encouraged on this date so we can ascertain our anticipated enrollment numbers and class sizes to ensure adequate teacher placement.

REQUIRED DOCUMENTATION Registration forms will be available the day of registration in the Main Office

• Original Birth Certificate (Raised seal)

• Two (2) proofs of residency (Choose 1 from Column A and 1 from Column B)

Column A	Column B		
Tax Bill	Utility Bill		
Lease	Bank Statement		
Driver's License			

Current Immunization Record reflecting the following:

DPT - Five (5) doses (5th dose must be after child's 4th Birthday)

POLIO(OPV/IPV) - Four (4) doses

MMR - Two (2) doses

HEPATITIS B - Series of three (3)

VARICELLA (Chicken Pox) Vaccine

MANTOUX Test is recommended for all entering students

Failure to provide the required documents will result in a delay in the registration process.

A pre-entry Physical Examination to be completed by your Pediatrician is also required and must be submitted to the school nurse no later than August 30, 2022. The physical form will be available at registration.

Keeping Children First,

Superintendent/Principal

BRIELLE ELEMENTARY SCHOOL

605 Union Lane Brielle, New Jersey 08730



2022-2023 SCHOOL YEAR KINDERGARTEN REGISTRATION

Eligible students must be 5 years of age on or before October 1, 2022

WEDNESDAY, FEBRUARY 23, 2022

Brielle Elementary School
Main Office

Last Name A-K: 9:00 - 11:30 a.m. Last Name L-Z: 1:45 - 3:00 p.m.

REQUIRED DOCUMENTATION

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Column A	Column B
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Lease	Bank Statement
Driver's License	

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MANTOUX Test is recommended for all entering students

For additional information please call 732-528-6400 or check the school website: WWW.BRIELLESCHOOL.ORG

BRIELLE ELEMENTARY SCHOOL STUDENT REGISTRATION / INFORMATION RECORD

Date				GR	ADE
SID#		TEACHER			
	STUDEN	IT INFORMATION TO SEE Print legibly	<u>ON</u>		
Student Last Name .	F	irst Name		M	iddle Name
Home Address			**************************************		W.
Sex (circle one) Male Female	Date of Birth	MM/DD/YEA		of	
Place of Birth	If bo	orn outside U.S	S., date enter	≥d U.S.	
City/State/Country			,	Mc	onth/Year
Language spoken at home (other than	n English)				
Ethnic Origin*(circle one) White (no Americ	an Indian/Alask		Asia	Hispanic an/Pacific Islan	der
Name & Address of last school atte	47.00-94-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Telephone Number of last school a	attended				
Has student received Special (Example: Special Education, IEP, Special Education)	Services from	previous Scl		, ,	
Does your child currently receive F	ree/Reduced lu	ınch? (Circle one)	Yes No	*
Student resides with (Circle one):	Parent(s)	Father	Mother	Guardian	
•	Other (specify))			
Parent Marital Status (Circle one):	Married	Separated	Widow/er	Divorced** **Attach Cu	Other** ustody Papers
SIBLING (s) NAM	1E	Sex (N	1/F) DAT	E OF BIRTH	GRADE
· · ·					•
- All Control of the					

PARENT/GUARDIAN INFORMATION

Name:	Home Telephone:		
Address:			
Street	City		te Zip Code
Cell #:	Work	Telephone:	
E-Mail Address		Relationship: Mo	other Father Guardian
Name:		Home Telephone:	
Address:			
Street	City	Sta	te Zip Code
Cell #:	Work	Telephone:	
E-Mail Address		Relationship: Mo	other Father Guardian
Military Status: Indicate Mother, Fother or Both	Active Duty '	National Gua	ord/Reserve
EMER IF EITHER PARENT CANNOT BE REACHED IN TH NAME		E WILL CONTACT THE DESIG	GNATED PEOPLE BELOW ONSHIP TO STUDENT
	,		
Family Doctor Name		Doctor Tele	phone Number
Proof of Residency (2)		9*	
I certify that the information provided in this legal resident of Brielle may result in crimina			
Signature of Parent/Guardian completing	record	·	Date
Signature of School Staff processing reco	ord	·	
Records Requested	Recor	rds Received	
Date			Date





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www.brielle.k12.nj.us

PHONE 732/528-6400

FAX 732/528-0810

CHRISTINE CARLSON
Superintendent/
Principal

COLIN SABIA Vice Principal/ Director of Special Services EILEEN GORGA School Business Administrator/ Board Secretary

New Student Physical Examination Form

Student Name	Date	of Birth	Grade Entering
Address	Home Phone	Cell	Phone
Exam Date	Allergies		·
Pulse BP Height	Weight	Vision R	L
HEENT			
Heart & Lungs	4 1101		
Abdomen		•	
Genitalia			
Extremities			
Skin			
Significant PMH			
Remarks/Significant Findings:			
		-PANASAMINTO	
Physician's/Provider's Stamp** .	,		
	**Provide	r's Signature & Date o	ſ PE
•		a copy of chil	ld's most recent

HEALTH REQUIREMENTS FOR KINDERGARTEN

Children entering Kindergarten in September are required by NJ State Law to have the

following:

1. Immunizations

DPT: Any five doses, or four doses with the last one given on or after the 4th Birthday.

Polio: (OPV/IPV)-Any four doses, or the third dose given on or after the 4th Birthday.

MMR: Two doses.

Hepatitis B: Series of three.

Varicella: (Chicken Pox) 1 dose

Mantoux: (TB skin test) is recommended for all entering students

The immunization record MUST be presented at registration. Any vaccines NOT received at registration, must be received by July 1st to determine if there are any deficiencies. If any vaccines are administered between July 1st and the start of school please forward documentation before September 1st. At your request, physicians' offices may fax

immunization records to the school nurse at 732-528-0810.

2. Pre-entry Examination

This is also required by the State of New Jersey. Forms will be available at registration. Please have your child's physician complete the form. Completed forms must be received by the school nurse by July 1st.