



# HADDONFIELD MIDDLE SCHOOL

5 Lincoln Avenue \* Haddonfield, New Jersey 08033 \* (856) 429-5851 \* Fax (856) 429-2006

*Tracy Ann Matozzo*  
*Principal*

*Karen Russo*  
*Assistant Principal*

## Welcome to Haddonfield Middle School **Registration Information**

Here at Haddonfield Middle School (HMS) we teach, guide, and nurture young adolescents. In partnership with parents and the community, we strive to create a school where students want to learn and see the benefit of their learning. We help students become independent learners, responsible decision-makers, and thoughtful citizens. We provide a comprehensive curriculum that integrates learning – academic, artistic, technological, and athletic – with life. Recognizing the developmental characteristics unique to our students, we build on the foundation of elementary education and, with mutual respect, prepare students for high school and a changing world.

There are several steps to our registration process. Families complete the Registration Packet. All required documents are submitted to the Middle School administration and grade level counselor for review. After this process, all registration information will be entered into our system by Mrs. [Barbara Rafferty](#), Administrative Assistant, 856-429-5851 x2222. To complete the process, families will then make a scheduling appointment with [Dr. Karen Russo](#), Assistant Principal, 856-429-5851 x2225. When preparing for the scheduling conference, please bring a copy of the most recent report card and any state test data which will assist with the appropriate academic placement. Also, HMS offers three world languages German, Spanish and French. Please indicate your first and second choice.

**A student activity fee is due upon registration if your child plans on participating in any club, sport or activity offered at HMS.** This is a yearly fee of \$75.00 per student (\$125.00 per family) regardless of how many clubs, sports or activities students choose to participate in during that particular school year.

A student directory form should be completed and submitted online if you wish to be included in the PTA Student Directory (print) booklet. This form is also located under the “New Student Registration” tab on the district website.

An Acceptable Use Policy form must be completed and signed by all new students to HMS. A parent signature is also required at the bottom of the form. You may read the district’s [Acceptable Use Policy here](#).

Please be aware that immunization records are reviewed by our School Nurse, [Ms. Michele Barranger](#). Students transferring from out-of-state or international locations are responsible for [ensuring proper immunizations](#).

We look forward to meeting you and your child. Welcome to the Haddonfield Public School District!



## HADDONFIELD PUBLIC SCHOOLS

ONE LINCOLN AVENUE ~ HADDONFIELD, NJ 08033-1866

TELEPHONE: 856-429-4130 EXT. 201 FAX: 856-354-2179

[www.haddonfield.k12.nj.us](http://www.haddonfield.k12.nj.us)

### *Preliminary Information for Student Registration*

#### **Please Read Before Proceeding**

The information provided in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of home or residences elsewhere

- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:28-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

#### **Note that the following do not affect a student's eligibility to enroll in school:**

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition bases in the United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A:36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district



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**The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

Property tax bills, deeds, contracts of sale, leases, mortgages, signed letter from landlords and other evidence or property ownership, tenancy or residency

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 court or agency placement or directives

Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or where applicable, to support the student

Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship or temporary residence

Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian person keeping an "affidavit student," adult student, person(s) who whom a family is living or others as appropriate

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school.

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible.

If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal. State law allows school districts to admit nonresident students, through policies adopted at Board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis by contacting the Office of the Superintendent.



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## HADDONFIELD PUBLIC SCHOOLS NEW STUDENT REGISTRATION CHECKLIST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

In order that the requirements of various State and Federal laws be met, the following information is mandatory for the registration of a student in Haddonfield Middle School

**A. PROOF OF RESIDENCY – two proofs are required, inclusive of, but not limited to**

- Tax bill
- Mortgage or settlement papers
- Lease agreement (naming parent/child)
- Utility Bill (gas/electric/sewer/water/telephone)
- Voter Registration Card

**B. DOCUMENTATION OF RELATIONSHIP TO STUDENT (as appropriate)**

- Birth Certificate
- Court documentation demonstrating custody
- Foster Parent (State Agency Documentation)

**C. DOCUMENTATION OF GRADE PLACEMENT**

- a. Most recent report card
- b. Copy of unofficial transcript
- c. Copy of standardized test score reports
- d. Copy of transfer card, if applicable

**D. PHYSICAL EXAMINATION FORM AND IMMUNIZATION RECORD**

- a. Completed and signed by child's physician
- b. Current copy of immunizations
  - i. See attached

**E. OTHER DOCUMENTATION, IF RELEVANT**

- a. Current IEP
- b. Current 504 Plan
- c. Other

# HADDONFIELD PUBLIC SCHOOLS

## REGISTRATION FORM

**Office use only:**

Date: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_ Registrar's Initials: \_\_\_\_\_

Documents: BC \_\_\_\_\_ Immunizations \_\_\_\_\_ Physical \_\_\_\_\_ Records/Report Card \_\_\_\_\_

Residency Verification \_\_\_\_\_ ESL/ELL \_\_\_\_\_ Special Education/504 \_\_\_\_\_

**STUDENT INFORMATION:**

Name of Student: \_\_\_\_\_  
(Last Name) (First) (Middle Initial)

Student's Physical Address: \_\_\_\_\_  
(House/Apt.No) (Street Name) (Town) (State) (Zip Code)

Student's Mailing Address: \_\_\_\_\_  
(If different from above) (House/Apt. No/P.O. Box) (Street Name) (Town) (State) (Zip Code)

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Sex: \_\_\_\_\_ (M/F) Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City/Town) (State) (County)

**HOME LANGUAGE:**

**Foreign Students Only** – Date of Student's **Entry** into the United States: \_\_\_\_\_ Date of Student's **Entry** into United States' School System \_\_\_\_\_  
 RACE: (\_\_\_\_ White), (\_\_\_\_ Black), (\_\_\_\_ Hispanic), (\_\_\_\_ Asian), (\_\_\_\_ American Indian/Alaskan), (\_\_\_\_ Hawaiian Native/Other Pacific Islander)

**Language Spoken at Home (Specify if other than English)**

**English is spoken & understood by the consenting adult enrolling the student. Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**EMERGENCY & FAMILY CONTACT:**

Father/Guardian  
 Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
 Work #: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

Mother/Guardian  
 Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
 Work #: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

Name of Person enrolling Student: \_\_\_\_\_  
 Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_  
 Work #: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact: \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_**

Has your child ever attended Haddonfield Schools before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate which school: \_\_\_\_\_  
 In the event by child transfers to or from the district, I authorize my previous district or the Haddonfield School District to release permitted records to the administrative officials of the school within 10 days after the transfer has been verified by the present district. I acknowledge that mandated student records will be forwarded to the administrative officials of the school in a similar manner.

**X**  
 \_\_\_\_\_  
 Signature of Consenting Adult

**MEDIA RELEASE**

I hereby ( ) grant ( ) I do not grant permission for my child to be photographed and/or appear in media coverage approved by the Haddonfield Public Schools.

**X**  
 \_\_\_\_\_  
 Signature of Parent

**NOTE:** As required by law, all students entering the district schools for the first time **MUST HAVE A LICENSED PHYSICAN ATTEST TO THE STUDENT'S PHYSICAL CONDITION AND COMPLETE THE IMMUNIZATION INFORMATION ON THE MEDICAL FORM.** Students will not be permitted to attend school without up-to-date immunization records, physical and Mantoux Tuberculin Test, if applicable (out of state/country)



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### HMS Student Registration Form – RESIDENCY STATUS

Student's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

*In accordance with New Jersey State Law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district in addition to addressing the McKinney-Vento Act.*

#### Your answers will help determine if the student is eligible for additional services

Please indicate which of the following situations best describes the student's residence for the current school year: This information is kept confidential

1. \_\_\_\_\_ I am in my own residence: Please Circle one: Rent or Own (A)
2. \_\_\_\_\_ Lives with Family/ Friend's home by choice (relationship) \_\_\_\_\_  
(explain circumstances under "other") (B) (C)
3. \_\_\_\_\_ Hotel/ Motel/ Car/ RV/ Campground (circle one)
4. \_\_\_\_\_ Home for Adolescent School-Age Mothers
5. \_\_\_\_\_ Transitional Housing
6. \_\_\_\_\_ Resides in sub-standard housing, such as an abandoned building
7. \_\_\_\_\_ Migrant family dwelling
8. \_\_\_\_\_ Shelter: Domestic Violence Shelter / Runaway/Youth Shelter (circle one)
9. \_\_\_\_\_ Waiting for house to be built
10. \_\_\_\_\_ Previous home is uninhabitable due to fire, water, wind or smoke damage
11. \_\_\_\_\_ Student is a dependent of a Parent/Guardian who was ordered to active service duty, resulting in relocation of the student to Haddonfield Borough. (Military/Reserves/Guard)
12. \_\_\_\_\_ Foster Placement or Therapeutic Treatment Home by DCPD, Court ordered or a similar agency (documentation/court orders must be provided at registration)
13. \_\_\_\_\_ Relinquishment of student to Haddonfield Borough/Resident due to Financial Hardship

14. \_\_\_\_\_ TUITION

15. \_\_\_\_\_ Other: Please explain

\_\_\_\_\_  
\_\_\_\_\_  
Prior School Attended \_\_\_\_\_

Prior Residence \_\_\_\_\_

Current Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ELIGIBILITY TO ATTEND SCHOOL IS SUBJECT TO REVIEW AND RE-EVALUATION. THERE IS POTENTIAL FOR ASSESSMENT OF TUITION IN THE EVENT THAT AN INITIALLY ADMITTED APPLICANT IS LATER FOUND INELIGIBLE.**

**Haddonfield Public School District has the right to verify residency. By signing this document, the signer affirms all questions have been truthfully answered, and no information has been withheld that might affect the application or the residency requirement. Failure to respond truthfully can result in transfer of student to domicile school and/or other penalties as required by law. Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A.18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months. Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.**

**I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent or Guardian**

*State of New Jersey*  
DEPARTMENT OF EDUCATION

**HEALTH HISTORY UPDATE QUESTIONNAIRE**

Name of School \_\_\_\_\_

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_ Sport \_\_\_\_\_

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe in detail \_\_\_\_\_

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in detail \_\_\_\_\_

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe in detail \_\_\_\_\_

4. Fainted or "blacked out?" Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, was this during or immediately after exercise? \_\_\_\_\_

5. Experienced chest pains, shortness of breath or "racing heart?" Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

6. Has there been a recent history of fatigue and unusual tiredness? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Been hospitalized or had to go to the emergency room? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in detail \_\_\_\_\_

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes \_\_\_\_\_

9. Started or stopped taking any over-the-counter or prescribed medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of medication(s) \_\_\_\_\_

Date: \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE'S OFFICE



HADDONFIELD PUBLIC SCHOOLS ATHLETIC EMERGENCY INFORMATION

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ H# \_\_\_\_\_  
W# \_\_\_\_\_  
other# \_\_\_\_\_

Address: \_\_\_\_\_

Allergies to food and/or drugs: \_\_\_\_\_

Known medical problems: \_\_\_\_\_

List Medications: \_\_\_\_\_

If you are uninsured, can someone contact you about family care? YES NO

Health insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Emergency contacts, other than parent/guardian. MUST HAVE TRANSPORTATION.

1. \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

2. \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Sport: \_\_\_\_\_ Grade \_\_\_\_\_

<u>Office Use Only</u>	
Medical Quest Y ___ N ___	GPA ___ Credits ___
Physical Date _____	Eligible? Y ___ N ___

**ATTENTION PARENT/GUARDIAN:** The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

## PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

*(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)*

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

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Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had Infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, lightheadedness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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HE0503

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

9-2581/0110

# ■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

Date of Exam: \_\_\_\_\_

EXAMINATION		Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female					
BP	/	(	/	)	Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> 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*									
• Murmurs (auscultation standing, supine, +/- Valsalva)									
• Location of point of maximal impulse (PMI)									
Pulses									
• Simultaneous femoral and radial pulses									
Lungs									
Abdomen									
Genitourinary (males only) <sup>b</sup>									
Skin									
• HSV lesions suggestive of MRSA, linea corporis									
Neurologic <sup>c</sup>									
MUSCULOSKELETAL									
Neck									
Back									
Shoulder/arm									
Elbow/forearm									
Wrist/hand/fingers									
Hip/thigh									
Knee									
Leg/ankle									
Foot/toes									
Functional									
• Duck-walk, single leg hop									

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>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 \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### HCP OFFICE STAMP

### SCHOOL PHYSICIAN:

Reviewed on \_\_\_\_\_  
 (Date)

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature: \_\_\_\_\_

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, the 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) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_

### Completed Cardiac Assessment Professional Development Module

Date \_\_\_\_\_ Signature \_\_\_\_\_

**HADDONFIELD MIDDLE SCHOOL**  
Haddonfield, New Jersey

**Authorization for Release of Information Form**

Telephone: 856-429-5851

FAX: 856-429-2006

**To:** \_\_\_\_\_ **Student:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
\_\_\_\_\_ **Grade Enrolling In at HMS** \_\_\_\_\_  
\_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_  
\_\_\_\_\_ **Last Day of Student Attendance:** \_\_\_\_\_

To Whom It May Concern:

I hereby authorize the release of records, including medical, psychological, educational, and/or social information from the reports and records of the above child to the address listed below\*. Such information is to be used for the completion of records to aid in the proper school placement and planning for the child.

I would like to have the information sent to the following:

Haddonfield Middle School  
5 Lincoln Avenue  
Haddonfield, NJ 08033  
Attn: Registration/Records

Sincerely,

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

\*If student will be home schooled please list home address and phone number.

**HADDONFIELD MIDDLE SCHOOL**  
**STUDENT ACTIVITY FEE FORM**

All students are encouraged to participate in our sports, clubs, and activities offerings. A complete listing of activities can be viewed from the district's website. Click on *Middle School* (on the top of the screen); click on *The Middle School eBoard*; go to the *MS Handbooks* tab; and find the *Clubs, Sports, and Activities* posting.

All students in 6<sup>th</sup> through 8<sup>th</sup> grade, then again, when in 9<sup>th</sup> through 12<sup>th</sup> grade, who participate in any sport, club, or activity are required to pay a yearly activity fee to partially cover the cost of their participation. This also applies to participation in any extracurricular or performance activity such as: drama, music ensembles, or student activities such as peer leaders or student council. All student activities fees are ultimately used to support student endeavors and celebrations. **Whether a student participates in one or many activities, the Student Activity fee at HMS is \$75.00. The maximum Student Activity fee for any family at the Middle School is \$125.00.** Students who qualify for free or reduced price lunches will be exempt from the activity fee.

The student activity fee may be paid prior to the start of school either using any of the options below:

1. Complete the form below and return it with your payment by mail to:

Haddonfield Middle School  
 5 Lincoln Avenue  
 Haddonfield, NJ 08033

2. Complete the form below and bring it with your payment to the main office prior to the start of school
3. Complete the form below and return it to the school once the school year has started (but prior to the student participating in a sport, performance, or extracurricular activity).

---

**(Please return with payment)**

Haddonfield Middle School  
 Activity Fee: \$75.00  
 Total Family Fee: \$125.00 (for more than one child in the Middle School)

**Checks should be made payable to: HMS Student Activity Account** (Please print clearly to insure proper credit. Your canceled check is your receipt.)

Please list below the full name(s) and grade level(s) of each student covered by this payment.

	NAME	GRADE	FEE
1.	<div style="display: flex; justify-content: space-between;"> <span>Last (please print)</span> <span>First</span> </div>		\$75.00
2.	<div style="display: flex; justify-content: space-between;"> <span>Last (please print)</span> <span>First</span> </div>		\$50.00
3.	<div style="display: flex; justify-content: space-between;"> <span>Last (please print)</span> <span>First</span> </div>		N/C
			<b>TOTAL</b>



## HADDONFIELD PUBLIC SCHOOLS

ONE LINCOLN AVENUE ~ HADDONFIELD, NJ 08033-1866  
TELEPHONE: 856-429-4130 EXT. 201 FAX: 856-354-2179  
[www.haddonfield.k12.nj.us](http://www.haddonfield.k12.nj.us)

### **Middle School / Elementary School Directory Contact Info Update Form**

The student directory will still be available as a printed book but all submissions going forward should be paperless. New families or existing families with changes can simply complete the online form via the link below. Any paper forms that have already been filled out for the upcoming school year can also be inputted and submitted via the online form.

Please discontinue use of the paper submission form.

The link for directory submissions:

<http://ehspta.org/2978-2/>

Any questions -please let me know. Thank you for your cooperation!