HADDONFIELD MIDDLE SCHOOL

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

Michael McHale
Principal

Shane Rubin
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:
Step 1: Complete Open Registration
Step 2: Confirm with Haddonfield Middle School that the open registration is complete by emailing Barbara Rafferty at brafferty@haddonfield.k12.nj.us
Step 3: After confirmation Mrs. Rafferty will email you any additional documents to be completed.
Step 4: Before your child's first day of school, your child's grade level guidance counselor will reach out to you for World language and Math selections. For Grades 7 and 8 only HMS offers three world languages: German, Spanish, and French. Please indicate your first and second choice. HMS offers Math 6, Accelerated Math 6, Math 7, Accelerated Math 7, Math 8, Accelerated Algebra I, and Accelerated Geometry.

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 Middle School NEW STUDENT REGISTRATION CHECKLIST

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 School District. The following documents should be uploaded into Genesis.

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

- Mortgage or settlement papers **or** lease agreement (naming parent/child)and one of the following (REQUIRED) - and one of the following:
- Tax bill
- Utility Bill (gas/electric/sewer/water/telephone)
- Driver's License

B. DOCUMENTATION OF RELATIONSHIP TO STUDENT (as appropriate)

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

C. DOCUMENTATION OF GRADE PLACEMENT

- Most recent report card
- Copy of unofficial transcript
- Copy of standardized test score reports
- Copy of transfer card, if applicable

D. MEDICAL REQUIREMENTS

- Universal Health record (see next page) completed and signed by child's healthcare provider (date of physical to be completed on or after September 1, 2021)
- Confidential Health History (completed by Parent/Guardian)
- Current copy of immunizations

E. OTHER DOCUMENTATION, IF RELEVANT

- Current IEP
- Current 504 Plan
- Other

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

UNIVERSAL CHILD HEALTH RECORD

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No	
Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838. **Section 2 - Health Care Provider**

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.
   - The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
   b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

      PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

      Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.
   c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
   e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
   h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

New/Transfer Student's Medical Requirements for Admission to The Haddonfield District Schools:

1. Must present proof of the following immunizations, in accordance with the New Jersey State Department of Health.

   a. ***Diphtheria and Tetanus Toxiods and Pertussis*** (DTP) Vaccine:
   A minimum of four (4) doses of DTP are required. One dose must have been **administered on or after the fourth birthday**. A child with any total of five valid doses of DTP, DTaP, DTP/Hib, or DT will also be in compliance with this regulation.

   b. ***Poliovirus*** Vaccine:
   A minimum of three (3) doses of either oral polio vaccine (OPV) or enhanced inactivated Poliovirus vaccine (IPV) is required, **provided at least one dose is given on or after the fourth birthday**. Alternatively, a child with any four (4) doses of polio vaccine spaced by a minimum of one month (28days) will also be in compliance with this requirement.

   c. ***Measles, Mumps, Rubella*** (MMR) Vaccine:

      1. Measles vaccine – Two (2) doses of a measles-containing vaccine given **on or after the first birthday**, preferably MMR, will be required of children born on or after January 1, 1990. The two doses of measles-containing vaccine must be separated by an interval of at least one month.

      2. Mumps Vaccine – One dose of mumps vaccine administered **on or after the first birthday**.

      3. Rubella Vaccine (German Measles) – One dose **on or after the first birthday**.

   d. ***Hepatitis B*** (Hep B) Vaccine:
      1. Children born on or after January 1, 1996 are required to receive three (3) doses of a hepatitis B vaccine.

   e. ***Varicella*** Vaccine:
      1. One dose of varicella administered **on or after the first birthday**.

2. Out-of-State/Transfer students are required to have a **physical** completed using the Universal Child Health Record. This examination must be done **no more than 365 days prior to entry** and must state what, if any, modifications are required for full participation in the school program. The physical form ***must be signed*** by your child's **healthcare provider**. *(No office stamp or office staff initials will be accepted.)*

3. A completed Haddonfield District's **Confidential Health History** form for grades first through fifth and a **Medical Questionnaire** form for fourth & fifth grade students. Both forms are to be signed by parent/guardian.

4. **Out-of-Country** students ***may be*** required to supply the results of a **Mantoux Test (PPD)** for tuberculosis, performed within the past 6 months from the entry date.

Revised 12/2019

IMMUNIZATION AND HEALTH REQUIREMENTS

A child must meet the following health requirements ***before*** being permitted to enter the Haddonfield School District:

1. Must present proof of the following immunizations, in accordance with the New Jersey State Department of Health.
    a. ***Diphtheria and Tetanus Toxoids and Pertussis*** (DTP) Vaccine

    For those children less than seven (7) years of age, a minimum of four (4) doses of DTP are required. One dose must have been **administered on or after the fourth birthday**. A child with any total of five valid doses of DTP, DTaP, DTP/Hib, or DT will also be in compliance with this regulation.

    b. ***Poliovirus*** Vaccine

    For those children less than seven (7) years of age, a minimum of three (3) doses of either oral polio vaccine (OPV) or enhanced inactivated poliovirus vaccine (IPV) is required, **provided at least one dose is given on or after the fourth birthday**. Alternatively, a child with any four (4) doses of polio vaccine spaced by a minimum of one month (28 days) will also be in compliance with this requirement.

    c. ***Measles, Mumps, Rubella*** (MMR) Vaccine
        1. Measles vaccine – Two (2) doses of a measles-containing vaccine, preferably MMR, given **on or after the first birthday**. The two doses of measles-containing vaccine must be separated by an interval of at least one month.
        2. Mumps Vaccine – One (1) dose of mumps vaccine administered **on or after the first birthday**.
        3. Rubella Vaccine (German Measles) – One (1) dose **on or after the first birthday**.

    d. ***Hepatitis B*** (Hep B) Vaccine

    Children born on or after January 1, 1996 are required to receive three (3) doses of a hepatitis B vaccine.

    e. ***Varicella (chickenpox) Vaccine***

    Children born on or after January 1, 1998 and entering pre-school, kindergarten or first grade are required to receive one (1) dose of the varicella vaccine **on or after the first birthday**. The Department of Health and Senior Services has indicated that children that present laboratory evidence of immunity, a physician's or a parental statement of previous varicella infection shall not be required to receive the varicella vaccine under this mandate.

***A copy of the immunization record must be available for the school nurse on Registration Day.**

2. A ***physical examination*** is required of all children entering kindergarten. The physical form must be completed by your child's healthcare provider. The healthcare provider's ***original signature*** must be on the physical form. The ***date*** of the examination must also be on the physical form. The physical must have been completed ***on or after September 1, 2023.***
***The physical form should be presented to the school nurse**

*If your child's 5th birthday occurs ***after*** Registration or your insurance prevents you from getting a physical between September l, 2023 and Registration, please speak with the nurse during registration.

Physicals performed before September 1, 2023 will not be accepted.

3. ***Confidential Health History Form:*** To be completed by parent/guardian.

****Please Note: All medical information must be submitted to the school nurse *before* your child can attend school in September.**

Haddonfield School District

(Haddonfield Middle School)

Haddonfield, NJ

Authorization Request for the Release of Information

Previous school name and address

Student Name	Parent/Guardian
Date of Birth	
Grade of Enrollment at ***HMS***	

To Whom it may concern:

The above referenced child has enrolled at Haddonfield Middle School, we hereby request the release of records including medical, psychological, educational, and/or social information from the reports and records of the above child to the professional personnel of the Haddonfield School District. 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 released to:

Academic Records	Health Records	Special Education Records including current IEP and all evaluations
Haddonfield Middle School	Haddonfield Middle School	CST Office c/o Karen Nipps
Barbara Rafferty brafferty@haddonfield.k12.nj.us	Michele Barranger mbarranger@haddonfield.k12.nj.us	Karen Nipps knipps@haddonfield.k12.nj.us
5 Lincoln Avenue	5 Lincoln Avenue	401 Kings Highway East
Haddonfield, NJ 08033	Haddonfield, NJ 08033	Haddonfield, NJ 08033