



FINANCIAL OBLIGATION

SCHOOL YEAR _____ GRADE (Please check one) PK K 1 2 3 4 5 6 7 8

LAST NAME _____ FIRST NAME _____ MIDDLE NAME(S) _____

1. PLEASE INDICATE THE PERSON RESPONSIBLE FOR THE FINANCIAL OBLIGATION OF THE CHILD.

PARENTS

FATHER

MOTHER

If other, please complete the following:

LAST NAME _____ FIRST NAME _____ MIDDLE NAME(S) _____

RELATION TO CHILD STEPMOTHER STEPFATHER AUNT UNCLE SISTER BROTHER

GRANDMOTHER GRANDFATHER Other, please specify _____

HOME PHONE _____ WORK PHONE _____

MOBILE PHONE _____ EMAIL ADDRESS _____

MAILING ADDRESS _____

2. CHOOSE A PAYMENT OPTION BELOW.

PAYMENT OPTION

OPTION A: Annual Payment (due upon registration)

OPTION B: Semi-Annual Payment
(1st half due upon registration, 2nd half due January 1 of current school year)

OPTION C: Ten-Month Payment Plan [due every 1st of the month]
(monthly payment starting on August 1 to May 1 of current school year)



ENROLLMENT AGREEMENT

We _____
(please print name)

I _____
Parent / Guardian of
(please print name)

and

Parents / Guardians of
(please print name)

Student Name

do hereby pledge our support and promise to fulfill our responsibilities and financial obligations to the school; agree to conform with the rules and regulations that are stipulated in the Parent-Student Handbook; shall endeavor to participate actively in the spiritual and special functions as manifested in the School Calendar of Events and other special announcements.

We understand that by signing this agreement for the current academic year, we hereby assume, warrant and guarantee payment of tuition and other fees on time. If tuition payment is not made by the 1st of the month, we understand that a late charge of \$ 25.00 will be made.

We also agree on the following:

The student is temporarily enrolled until his/her permanent record is obtained. His/Her academic performance and behavior will be observed during the first quarter. In the event that the child needs special academic assistance which the school cannot provide, parents will be notified. The administration and the parents will confer to make the most appropriate decision.

We promise to pick up our child right after school, between 2:50 and 3:30 p.m. If our child is a member of any school activity, e.g. Honor Choir, Interscholastic sports, MathCounts, Stu-Co, and NJHS, we promise to pick him/her up after the activity, the time of which will be made known to us by our child or by the teacher adviser. In the event the student is not picked up on due time, and something happens to him/her inside or outside the school grounds, we understand that the school is held free from any liability.

Signature of Parent / Guardian

Signature of Parent / Guardian

Date



MEDICAL CLEARANCE FORM FOR SCHOOL ADMISSION

Note: Please submit on or before 1st day of school.

STUDENT NAME _____ DATE _____
 GRADE ENTERING (Please check one) PK K 1 2 3 4 5 6 7 8 SCHOOL YEAR _____
 DATE OF BIRTH _____ AGE _____ ETHNICITY _____
 HOME ADDRESS _____
 HOME PHONE _____ E-MAIL _____ PHYSICIAN'S NAME _____
 FATHER'S NAME _____ CELLPHONE _____ PHYSICIAN'S PHONE NO. _____
 MOTHER'S NAME _____ CELLPHONE _____ HOSPITAL/CLINIC _____
 BEST NUMBER TO CALL FOR EMERGENCY _____

PART 1: PHYSICAL EXAMINATION

HEIGHT _____	WEIGHT _____	T _____	P _____	R _____
BLOOD PRESSURE _____	VISION: RT _____ LT _____	HEARING: RT _____ LT _____		
CHECK EACH LINE	Normal	Abnormal	Not Examined	Describe suspicious or abnormal findings
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin, Hair, Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes: External (pupils-cornea)				_____
optic fundus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Muscle balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears: External				_____
auditory acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tympanogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pure Tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose, Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pharynx, Larynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck, Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculo-Skeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scoliosis Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PART 2: IMMUNIZATION RECORD: PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORD.

Please check one: Perfectly Healthy Specific Problem(s) Noted Handicapped

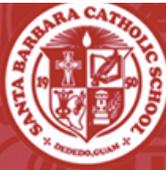
This child is physically fit to participate in physical education and/or athletic events and related activities. Yes No

Name of Physician (PRINT) _____ Signature _____
 Clinic _____ Email address _____
 Health Insurance _____ Policy No _____

PARENTAL / GUARDIAN CONSENT

I hereby give permission for the physician to examine my child so that he/she may obtain medical clearance to participate in athletic activities. Therefore, neither the examining physician nor the school is to be held liable for any abnormalities not detected in this examination. Permission is also granted to my child (NAME) _____ to participate in the athletic activities approved by the Physician as initiated for this school year.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



MEDICAL INFORMATION

To be completed by Parent or Legal Guardian.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MEDICAL HISTORY: Please check "No" or "Yes" appropriately.	NO	YES
ALLERGIES: FOOD, MEDICATION, ETC if YES, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
HEART PROBLEMS OR HEART DISEAS if YES, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
CHEST PAINS if YES, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA if YES, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
SHORTNESS OF BREATH if YES, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
HEAD INJURIES if YES, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURES if YES, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
WEAK JOINTS OR BACK PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>
TAKING MEDICATION if YES, what kind? _____	<input type="checkbox"/>	<input type="checkbox"/>
SURGERY if YES, what type? _____	<input type="checkbox"/>	<input type="checkbox"/>
BLOOD DISORDER	<input type="checkbox"/>	<input type="checkbox"/>
HERNIA	<input type="checkbox"/>	<input type="checkbox"/>
RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>
HEARING PROBLEMS if YES, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
VISION PROBLEMS: GLASSES/CONTACTS NEEDED	<input type="checkbox"/>	<input type="checkbox"/>
CONVULSIONS/SEIZURES OR BREATHING SPELLS if YES, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER SERIOUS INJURY OR ILLNESS? IF YES, PLEASE EXPLAIN BELOW	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

To the best of my knowledge, the information on this page is accurate and complete.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____