



CEDAR CREEK ELEMENTARY SCHOOL

A Tradition Of Pride · A Tradition Of Excellence

JACQUELINE RANUSKA
PRINCIPAL

Welcome to Cedar Creek Elementary School

Educating Students in Grades K – 4

- **All new students** must pre-register on the Lacey Township School District website prior to making an in-person registration appointment in Cedar Creek Elementary School.
- Pre-registration is located on our website at www.laceyschools.org
- Once the on-line registration is completed, contact the Cedar Creek Elementary School Main Office located at 220 Western Blvd. (609) 971-5850.
- Please bring all required documents and completed forms to your in-person registration appointment.
- School hours are as follows: 8:50 am – 3:20 pm



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REGISTRATION DAY CHECKLIST

Please bring these items with you to your registration appointment. Students are not considered fully registered until all items are submitted.

(√) Check off each item

| | | |
|---|---|--|
| A | Original Birth Certificate with the raised seal. A copy will be made at your registration appointment. | |
| B | Four (4) forms of Proof of Residency to include any of the following items: Property tax bill, deed, contract of sale, lease agreement, mortgage voter registration, vehicle registration, license, permit, bank statements, utility bill, credit card bills, phone bill, and cancelled checks with your current Lacey address at the time of your registration meeting. | |
| C | Must bring appropriate completed Residency Form. This form is available on the Online Pre-Registration Page – Step 5: Residency Forms. | |
| D | Student Release of Records (completed by parent). | |
| E | Pre-Participation Physical Evaluation History Form – Physical and Immunizations (completed by Physician; submit along with current immunizations records) *See Required Medical Documents Letter. | |
| F | Student Medical Concerns Form & Medication Procedure Form (completed by parent, if applicable). | |
| G | Guardianship/Custody papers if applicable | |
| H | Application for Free and Reduced Price School Meals (if applicable) This is available on LTSD Website – Department & Programs ~ Food Service (Print, Fill out and Bring to Childs School) | |
| * | Transfer Card/Release Paperwork from previous school | |
| * | Service Copies; IEP, 504 for placement purposes | |

*For students transferring from a school outside of Lacey Township School district.

Please make every effort to have your paperwork completed for your scheduled appointment time.



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Request for Student Records

Dear School Administrator:

The following student has been registered in school as of: _____

STUDENT NAME: _____ GRADE: _____

Please forward the following information to us as soon as possible so that we may properly place this student in our school:

| | |
|--------------------|---------------------------|
| Scholastic Records | Transfer Cards |
| Health Records | Birth Certificate |
| Test Results | Basic Skills Records |
| Report Cards | Discipline Records |
| Grade in Progress | Special Education Records |
| NJ SMART ID # | Attendance Record |
| IEP | 504 |

Thank you for your prompt attention to this matter:

I hereby authorize the release of all available information and reports to:

Cedar Creek Elementary School
220 Western Boulevard
Lanoka Harbor, NJ 08734

Parent's Name: _____
(please print)

Parent's Signature: _____ Date: _____



LACEY TOWNSHIP SCHOOL DISTRICT OFFICE OF SPECIAL SERVICES

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JOSEPH R. BOND
DIRECTOR OF SPECIAL SERVICES

Required Medical Documents

In accordance to NJ State laws, the Lacey Township Board of Education requires that all registrants submit a completed physical examination form and an immunization record before the start of the school year. The physical form must be dated within 365 days from the start of the school year.

Universal Child Health Record Form

1. Physical Examination – completed by physician
 - A current physical should be submitted upon registration
 - If physical was not performed within 365 days from the start of the school year, a new one must be submitted immediately upon completion.
2. Immunization Form – completed by physician
 - A current immunization record must be submitted at registration, regardless of physical exam date.
 - Any subsequent immunization data should also be submitted immediately upon completion

Prior to attending Pre-School (18 mos. To 4 years), your child must have:

- DTaP – 4 doses
- Varicella (Chicken Pox) – 1 dose
- Polio – 3 doses
- PCV7 (Pneumococcal vaccine) – 1 dose (given after 1st birthday)
- MMR – 1 dose
- Influenza – 1 dose annually (6-59 months)

Prior to attending Kindergarten, your child must have:

- DTaP – 4 doses with one dose given on or after the 4th birthday or any 5 doses. If DT is submitted for DTaP, a written explanation from the child's physician **MUST** be provided
- Polio – 3 doses with one dose given on or after the 4th birthday or any 4 doses.
- Measles, Mumps and Rubella – 2 doses of live vaccine **MUST** be given if born after 1/1/90
- or laboratory evidence of immunity **MUST** be submitted.
- Hepatitis B – 3 doses
- Varicella – 1 dose for Chicken Pox or laboratory evidence of immunity.

Prior to attending 6th grade, your child must have:

- Tdap
- Meningitis



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Prescribed and/or Over the Counter Medication Procedure
(Including Aspirin, Tylenol, and Ibuprofen)

For any medication your child will take in the school, please observe the following procedure:

1. Prior to any medication being administered by the school nurse, a written document must be received. Physician's document must state:
 - a. the diagnosis
 - b. name of medication
 - c. dosage, frequency, and time medication is to be administered
 - d. physician's documentation can be faxed to the school nurse
2. Parental permission for nurse to administer the medication as directed by the physician
3. Medication prescribed 3 times a day should be taken before school, after school, and at bedtime.
4. All medication must be brought to the school nurse in the original pharmaceutical container with the student's name on it.
5. Medications must be stored in a locked cabinet with the nurse's office; students are not to carry medications on their person or keep them in their lockers.

Please notify the school nurse of any existing medical problems. Thank you for your cooperation in this matter.

Authorization for school nurse to administer medications

School _____ School Nurse _____
Student's Name _____ Date _____
Diagnosis _____ Grade _____
Medication _____ Dosage _____
Parent Signature _____ Time _____
Physician Signature _____ Stamp _____

Action to be taken when no licensed individual is available to administer medication: Hold? _____
Asthma inhalers & Epipens ONLY – Can student self-administer and carry medication? _____



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Student Medical Concerns Form

Parent to complete this section:

Student's Full Name _____ School Year _____

Date of Birth _____ Grade _____ School Attending _____

Physician's Name _____

Address _____

Phone _____

My child has the following medical concerns that I wish to make the school nurse aware of:

If your child requires medication to be administered during school hours:

1. Complete the appropriate **Medical Authorization Form** listed on the District website.
2. Provide medication in its **original container**.
3. Prescription medications must have a **pharmacy label**.
4. A parent **must bring medication in person** to the nurse's office. Students are not permitted to carry as per school policy.
5. For students that are permitted by their physician to self-administer their medication, please complete the **Medication Self-Administration Form**.

Signature of Parent _____ Date _____

Return this form directly to the nurse at your child's school