



ENGLEWOOD PUBLIC SCHOOL DISTRICT

Office Pupil Personnel Services

274 Knickerbocker Rd, Englewood, NJ 07631

Phone (201) 862-6212 Fax (201) 862-6224

NEW STUDENT REGISTRATION

Office of the Registrar

274 Knickerbocker Road

Englewood New Jersey 07631

Phone: 201-862-6212

Fax: 201-862-6110

registrar@epsd.org



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Registration Checklist

- ☐ Original Birth Certificate or Passport
- ☐ Proof of Parent/Guardian's ID
- ☐ Proof of Academic Experience: Report card; Transcript
- ☐ 3 Proof of Residency (See registration Packet)
- ☐ Immunization Record
- ☐ Most recent Physical



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PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked 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 homes 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 person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency;
- 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:38-7.7 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



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purpose of limited study on a tuition basis in a 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

REQUIRED DOCUMENTATION

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. 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.

Required Documentation

Three--(3) documents that indicate that the child is domiciled in the district are required as follows:

One--(1) from Group I and two--(2) from Group II; or

If none from Group I then, three--(3) from Group II; (please note that this will result in an automatic referral for a Verification of Address); or

If none from Groups I or II, go to Group III and contact the District's McKinney-Vento Coordinator, Andre Hampton, 201-862-6229 ahampton@epsd.org

Group I - must include name of parent/guardian with address located within district. PO Box not accepted.

(check all submitted)

Property tax bill	Deed	Contract of Sale	Lease	Mortgage
If none of the above are presented, please complete and submit the <i>Residency Affidavit</i> .				

Group II - must include name of parent/guardian with address located within district. PO Box not accepted.

(check all submitted)

Utility Bill and/or Other Bill	License Permit	and/or	Local/State/Federal Government Document	Documents Pertaining to Military Status and Assignment	Counselor or Social Worker Assessments
Voter Registration	Employment Document		Cancelled Check	Financial Statement	Medical Report



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Benefits Statement	Court Order	Receipts	Benefits Statement	Any Record
Other Evidence of Personal Attachment to a Particular Location			Counselor or Social Worker Assessments	

Group III – contact the District’s McKinney-Vento Coordinator

- Other pieces of evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.

Group III – contact the District’s McKinney-Vento Coordinator

- Other pieces of evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.

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. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require or request:

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers
- If you experience difficulties with the enrollment process, please contact the building principal for assistance

TO THE PERSON ENROLLING THE STUDENT:

Please complete the appropriate section A, B, C or D below, according to the situation best matching the student’s circumstances:

Complete **SECTION A (DOMICILE)** if the student is the child of a parent or guardian, or an adult student, whose permanent home is the address given on page 1 of this application and is located in the district.

or

Complete **SECTION B (“AFFIDAVIT” STUDENT)** if the student is living with a person domiciled in the district, other than the parent or guardian.

or



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Complete **SECTION C (TEMPORARY RESIDENT)** if the student is living with a parent or guardian temporarily residing within the district.

or

Complete **SECTION D (SPECIAL CIRCUMSTANCES)** if the student's situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.



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SECTION A (DOMICILE)

Complete this section if the student is the child of a parent or guardian, or an adult student, whose permanent home is the address located in the district. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship.

How long have you lived in this home?

Do you have any present intention of moving from this home? If so, when and to where?

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there?

Please list three-(3) forms of proof (see attached list) you will provide to demonstrate that the address given on page 1 of this application is your permanent home.

1)



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2)

3)

If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

If not, for what portion of time does the student reside with each parent and at what addresses?

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?



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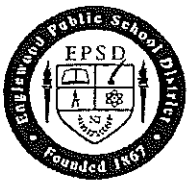
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Please note: No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or guardian.

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

END OF SECTION A



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SECTION B (AFFIDAVIT of GUARDIANSHIP)

Complete this section if the student is living with a person domiciled in the district, other than the parent or guardian.

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person's lease if a tenant, or a sworn landlord's statement if a tenant without written lease.)

Students are not eligible to attend school as "affidavit" students unless the student's parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian's family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.)

Please note: A student will not be considered ineligible because required sworn statements(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.

A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.

A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.

It is not necessary that guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.

END OF SECTION B



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SECTION C (TEMPORARY RESIDENT)

Complete this section if the student is living with a parent or guardian temporarily residing within the district, even if the parent has a domicile elsewhere.

How long have you lived in this residence?

Do you have a domicile or residences(s) elsewhere, and, if so, where are they and when do you live there?

Please list three-(3) forms of proof you will provide to demonstrate that you are residing at the address given on page 1 of this application, and that such residence is not solely for the purpose of the student attending school in the district.

1)

2)

3)

If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

If not, for what portion of time does the student reside with each parent and at what addresses?

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with



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which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

Please note: No district is required, as a result of being the district of temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.



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END OF SECTION C

SECTION D (SPECIAL CIRCUMSTANCES)

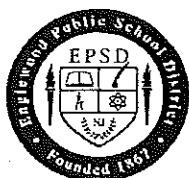
Please indicate if any of the following apply.

- The student is the child of a parent or guardian who has moved to another district as the result of being homeless. Please complete the *Mc-Kinney Vento Affidavit*
- The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)
- The student has been placed in the district by the Department of Children and Families acting as the student's guardian.
- The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency, resulting in relocation of the student.
- The student is kept in the home of a person domiciled in the district, other than the parent or guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty?
- The student resides on federal property? Where?

The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by Jamie E. Ciofalo for further information.

END OF SECTION D

If you experience difficulties with the enrollment process, please see contact the building principal for assistance.



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Date: ____/____/____

Genesis ID: _____

Residency Check Required? ____Y____N

School: _____ Grade: _____

Student Name: _____
Last Name First Name Middle

Birth Date: ____/____/____ Gender: M or F

Birth City & State or Country: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone #: _____

Mother/Guardian Cell # _____ Father/Guardian Cell # _____

Month & Year student first entered school in the United States: Month ____ Year ____

Ethnicity

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

Race (please check all that apply)

- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ White
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander

Address Correspondence: Both Mother Only Father Only Guardian

Parent/Guardian:

Name: _____
Last Name First Name Relationship to Child

Work Number: _____ Company: _____



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Is your child a dependent of:

- ☐ Member of the National Guard/Reserve
- ☐ Member of the Armed Forces on active duty.
- ☐ Unknown

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E-Mail Address: _____ Home Telephone
Number _____

Cellular Telephone Number _____ Cellular Telephone
Number _____

Preferred Contact Number:

- ☐ Home Phone
- ☐ Cellular
- ☐ Work

Name: _____
Last Name First Name Relationship to Child

Work Number: _____ Company: _____

E-Mail Address: _____ Home Telephone Number _____

Cellular Telephone Number _____

Preferred Contact Number:

- ☐ Home Phone
- ☐ Cellular
- ☐ Work

Language spoken at home: English Spanish Other _____

Language the school should use when contacting the home: _____



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LIST OF BROTHERS AND/OR SISTERS IN THE ENGLEWOOD SCHOOLS

Name	School	Grade if applicable

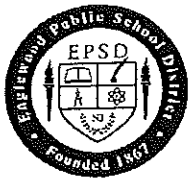
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LIST OF ANY OTHER CHILDREN WHO RESIDE IN YOUR HOUSEHOLD

Name	School	Grade if applicable

Child's School History: List of all schools attended - most recent first.

School Name	Program or Grade	City, State or Country



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Has the child previously been placed in: (check all that apply)

- ☐ Gifted & Talented Program
- ☐ Special Education Program (IEP)
- ☐ Section 504 Program
- ☐ Bilingual or ESL/ELL Program
- ☐ Compensatory Education Program (Remedial Math or Language Arts)

Does the child have any physical, emotional, or psychological condition that would prevent the child from learning in a typical classroom without special assistance? Yes No

If Yes, please describe:

MEDICAL ALERT:

List any known medical conditions that would require special attention by school staff or school nurse.

FAMILY DOCTOR TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone: _____



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Does your child have health insurance? _____ If yes, who is the provider? _____
(Name of Insurance Company)

Homeless? _____ If yes, primary nighttime residence: Shelter _____

Shared Housing _____ Hotel/Motel _____ Other _____

Last Permanent Address: _____
(Please also complete and submit notarized McKinney-Vento Affidavit)

EMERGENCY PHONE NUMBERS (in preference order): These numbers will be called after both parent/guardian home, cellular and work numbers have been called.

Name: _____ Phone: _____

Relationship: _____ Authorized for pickup? _____

Name: _____ Phone: _____

Relationship: _____ Authorized for pickup? _____

Name: _____ Phone: _____

Relationship: _____ Authorized for pickup? _____



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COURT ORDERS:

Are there any legal orders restricting contact or communication with any person or organization relative to the child?

☐ Yes

☐ No

If yes, a copy of the legal document must be provided.

Verification of custody documents by the registrar: FOR OFFICE USE ONLY

I _____ certify that I have received and read custody documents issued by a court of law in the United States as they relate to the above child.

Englewood Public Schools will adhere to the attached court order as written. In the event the status of the court order changes, parent/guardian must share new court order with the registration office in order to effect any changes in the student(s)'s record.



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Harassment Intimidation & Bullying Policy

On January 6, 2011 Governor Christie signed the Anti-Bullying Bill of Rights. This law went into effect on September 1, 2011. The new law prohibits harassment, intimidation, and bullying (HIB). It defines bullying, clarifies responsibility for conduct away from school grounds, creates a school safety team, and requires that each school have an Anti-Bullying Specialist and an Anti-Bullying Coordinator. The new law requires procedures for an investigation, reporting, discipline, and appeals. The law addresses the following types of behavior, including any type of gesture, any written, verbal or physical act, or any electronic communication. An HIB can be a single incident or a series of incidents.

The definition – HIB means any gesture, any written, verbal or physical act, or any electronic communication that is reasonably perceived as being motivated either by any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory handicap, or by any other distinguishing characteristic that takes place on school property, at any school-sponsored function or on a school bus or off school grounds and that:

1. A reasonable person should know, under the circumstances, that the act(s) of HIB will have the effect of harming a student or damaging the student's property, or placing a student in reasonable fear of harm to his person or damage to his property; or
2. Has the effect of insulting or demeaning any student or group of students in such a way as to cause substantial disruption in, or substantial interference with, the orderly operation of the school.

HIB will be reported if it causes a substantial disruption or interference and has the effect of insulting or demeaning a student or group or creates a hostile educational environment by interfering with a student's education or severely or pervasively causing physical or emotional harm to a student. If a staff member, coach, volunteer, or employee of the Englewood Public School District witnesses, or is made aware of, an act that is considered HIB, he/she shall report it to the principal on the same day that it occurs and complete the appropriate form. An investigation will be initiated immediately after the verbal disclosure. The Anti-Bullying Specialist will perform an investigation (others may assist) and a report will be presented to the principal within 10 days from the reported date. Once the investigation is completed, the principal will forward a report to the Superintendent within 2 days.

The principal or designee will inform all parents involved. The Superintendent may recommend intervention services, training programs, impose discipline, and order counseling. After the completion of the investigation, the Superintendent will report to the Board of Education at the next meeting. The Building Principal will not disclose the name(s) of the person(s) accused or alleged victim(s) to the other party prior to completing a preliminary investigation.

The new law provides due process for both the alleged accused and the alleged victim(s). Parents of all parties have the right to receive information within 5 days after the results of the investigation are given to the Board of Education. After receiving the information, parents may request a hearing within 10 days.

Our HIB Policy may be viewed online at www.epsd.org. In signing the Englewood Public School HIB Sign-Off Form, you are stating that you understand the definition of Harassment, Intimidation, Bullying (HIB) and the new procedures and consequences as outlined in the new Anti-Bullying Bill of Rights.

Print Student Name School _____

Student Signature Date _____

Parent/Guardian Signature Date _____



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Parent/Guardian Consent Form: Technology Acceptable Use Agreement for Students

The Englewood Public School District provides access for students and staff to state-of-the art computer technology, electronic mail and the Internet. All users must share the responsibility for seeing that our technology facilities are used in an effective, efficient, ethical and lawful manner. It is a privilege to have access to these extraordinary resources and therefore, all users must agree that they will comply with these guidelines.

Whenever it is necessary for a student to be granted a District technology user ID, required signatures must first be obtained on this document. **Return this completed form to your child's principal.**

When using the network:

1. I will follow the rules explained to me by school staff.
2. I will demonstrate appropriate behavior.
3. I will be courteous to others and respect their documents and files.
4. I will use the equipment with care.
5. I will use only software that my teacher has assigned to me.
6. I will connect only to sites on the Internet that have been allowed by the teacher.
7. I understand that the computer systems have been set up for me and may not be changed in any way.
8. I will use only "school-appropriate" language, pictures, and other data on the computers or network. I will abide by any email instructions given to me by my teacher to protect me and to promote the health of our network.
9. I will follow the copyright laws that protect programs, data, books and pictures.
10. I will tell the teacher about problems.
11. I will leave all materials, equipment, and parts in the lab or computer area so that the systems will be in good working order for next year.
12. I will help to keep the lab or computer area clean and orderly by recycling unwanted paper, picking up personal items, etc. I will keep all food and liquids away from the computers.
13. I will have a teacher's permission for using the Internet, computer or lab.

I understand that if I violate these guidelines, my computer and network privileges may be suspended, and other school discipline and/or appropriate legal action may be taken against me.

Student's Name: (please print) _____ Student's Grade _____

Name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: (sign) _____

Relationship to Student: _____ Date: _____



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HOME LANGUAGE SURVEY

The Education Code requires schools to determine the language spoken at home by each student. This information helps us provide the appropriate instruction for all students. Thank you for your assistance and participation,

Date _____ School: _____

Student's Name _____

Grade: _____ Age: _____ Date of Birth _____

Name of Parent or Guardian _____

1. What language did the child learn when he/she first began to talk?

2. What language does the child speak?

3. What language do you speak to the child most of the time?

4. What language does the family speak to the child most of the time?

5. Please list any previous ESL/Bilingual program attended, if any:

Place: _____ Dates attended: _____

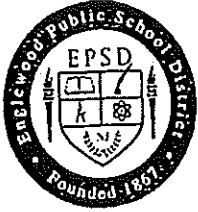
6. In which language do you wish to receive school communication?

Parent/Guardian Signature _____

Date _____

Parent Guardian _____

(Please Print)



ENGLEWOOD PUBLIC SCHOOLS HEALTH ASSESSMENT

Name: _____

Last

First

Middle Initial

Date of Birth _____

Does your child have a history of the following:

Yes No

- a. Fainting with exercise
- b. Loss of consciousness after an injury? Seizures?
- c. Any previous joint injury? Injuries? Fractures?
- d. Diabetes?
- e. Heart problems? Chest pain? Palpitation? Murmurs?
- f. Allergies? Hives?
- g. Asthma: Does your child carry any inhaler?
If yes, medication and dose:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- h. Surgery? Hospitalization?

_____	_____
_____	_____

- i. Chicken Pox? (Month/Year) _____

1. If you have checked yes to any of the above, please explain:

2. Does your child take any medication regularly? If yes, please list the medication, dosage, time taken, reason for taking the medication, and possible side effects below.

3. In case of an emergency, I hereby authorize the school to call the physician or dentist below.

Physician _____ Phone number _____
Dentist _____ Phone number _____

I give my permission for the school nurse to share all health information with the faculty as needed.
I give my permission for the school doctor to examine my child when needed.

Signature _____

Date _____



ENGLEWOOD PUBLIC SCHOOL DISTRICT

Office Pupil Personnel Services
274 Knickerbocker Rd, Englewood, NJ 07631
Phone (201) 862-6212 Fax (201) 862-6224

Consent to Register Student

I _____ certify that I am the child's legal guardian or court authorized official
(Parent/Guardian)
and hereby consent for the child to be enrolled in the Englewood Public School District.

I understand that the statements in this application are subject to verification by the Englewood Board of Education and false statements could subject me to tuition and transportation charges.

I also understand that it is my responsibility to immediately notify the school of any changes of circumstances affecting the information set forth herein.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

UNIVERSAL CHILD HEALTH RECORD

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

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:	
MEDICAL CONDITIONS			
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments	
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments	
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments	
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments	
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments	
PREVENTIVE HEALTH SCREENINGS			
Type Screening	Date Performed	Record Value	Note if Abnormal
Hgb/Hct			Hearing
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision
TB (mm of Induration)			Dental
Other:			Developmental
Other:			Scoliosis
<input type="checkbox"/> 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			