Welcome to Englewood Cliffs Schools.

Please complete and submit the following Kindergarten registration packet to the North Cliff School secretary by April 4, 2014.

Please request a Health Packet from the school secretary, which includes the form for a current physical from your pediatrician. Please submit it by April 4, 2014.

Dates for Kindergarten orientation and screening will follow. Time and date will be announced.

Thank you.
Englewood Cliffs Administration
Full Time New Registration Form
Foreign Language Immersion Kindergarten Program

Student’s Legal Name: ____________________________________________
(First) _______ (Middle) _______ (Last) _______

Social Security #_________________ Date of Birth (mm/dd/yy)________ Gender: Male ___ Female___

Place of Birth _________________________________________________________
(city) __________________________ (state) __________________________ (county) __________________________

Ethnicity (choose those that apply) □ American-Indian □ Asian □ Black □ Pacific-Islander □ White

Complete Name of person with whom child lives: ____________________________________________________________

Relationship to student (circle one) mother & father _______ mother _______ father _______ other _______

Residing Street Address: ___________________________________________________________

City/State ___________________________ Zip _______________________

Is English the student’s primary language: Yes ___ No ___ If no, what language is spoken at home ______

Mother/Guardian full name: ________________________________
Home phone: __________________________ Cell phone: __________________________

Place of employment: __________________________ Place of employment: __________________________

Work phone: __________________________ Email: __________________________

Father/Guardian full name: ________________________________
Home phone: __________________________

Cell phone: __________________________

Place of employment: __________________________

Work Phone: __________________________

Email: __________________________

Foreign Language Immersion Program
Englewood Cliffs provides a foreign language in Kindergarten. Students will receive half-day instruction in English and half-day instruction in a foreign language. See below.

Please write 1, 2, 3 below in order of preference

Foreign Language Choices: ___French ___ Italian ___Spanish

Are there any custody issues of which we should be aware? YES ___ NO ___

If so, please provide us with a copy of the court papers signed by a judge.
Emergency Contact Information – Nurse’s Office

Name of Child ___________________________ Date of Birth: ________________ Grade __________

Address: ___________________________________________________________________________

Mother’s Name ___________________________ Cell Number _________________________________
Work Number ___________________________ Home Number _________________________________

Father’s Name ___________________________ Cell Number _________________________________
Work Number ___________________________ Home Number _________________________________

Emergency contact # 1 ___________________________ Relationship ___________________________
Home phone # ___________________________ cell phone _________________________________
Address: ___________________________________________________________________________

Emergency contact # 2 ___________________________ Relationship ___________________________
Home phone # ___________________________ cell phone _________________________________
Address: ___________________________________________________________________________

Additional Information that you would like to submit: _______________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Family Doctor: ___________________________ Office Phone: _________________________________
Address: ___________________________________________________________________________

Health Information: Does your child have any unusual health conditions? ___ yes ___ no
If YES, please indicate

☐ Asthma ☐ Internal Irregularities ☐ Sight Impairment
☐ Diabetes ☐ Deafness ☐ Wears Glasses
☐ Arthritis ☐ Kidney/Bladder ☐ Fractures
☐ Bee Sting Allergy ☐ Convulsive Seizures ☐ Surgical
☐ Heart

☐ Other Allergy (List) __________________________________________________________________

☐ Physical Handicap (describe) __________________________________________________________________

Release:
If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your
signature in the space provided view empowers the school authorities to exercise their own judgment in calling
the physician indicated above, or if not available to transport the child to a hospital emergency room. Likewise,
your signature below is not sufficient for the release of confidential information protected by Federal Law.

Print Name ___________________________ Parent Signature ___________________________ Date ________

Print Name ___________________________ Parent Signature ___________________________ Date ________

SPECIAL NOTE: PLEASE NOTIFY SCHOOL OFFICIALS IMMEDIATELY AS TO CHANGES OR MODIFICATIONS TO ANY/ALL
INFORMATION STATED.
Dear Parents/Guardians,

In order to provide for the health needs and safety for our students, it is sometimes necessary to share health information with school personnel.

Please sign the permission slip below and return it with your registration form.

Thank you,
Cindy Kneisler, RN
North Cliff School Nurse
201-568-4770 ext 155

Student Name: __________________________________________  Grade: Kindergarten

_____ I give my permission to share medical information with school personnel as needed.

_____ I decline permission.

Print Name ________________________________

Parent/Guardian Signature ___________________________ Date: _____________
Dear Parents/Guardians,

It is extremely important that you inform us of any true food allergies your child may have.

Please complete the form below and return it with your registration form. Please do not include food likes or dislikes, which your child may have, but only true allergic reactions to foods.

Thank you for your cooperation in providing a healthy environment for your child.

Sincerely,

Cindy Kneisler, RN
North Cliff School Nurse
201-568-4770 ext 155

Student Name: ___________________________________________  Grade: Kindergarten

______ My child is not allergic to any foods.

______ My child is allergic to the following foods.

__________________________________________________________________________________

__________________________________________________________________________________

______ My child requires an EPI pen and/or medication. Please provide doctor’s prescription and description in an appropriate labeled container.

I assume responsibility for instructing my child NOT to eat the above foods due to possible allergic reaction.

Print Name __________________________________________

Parent/Guardian Signature ____________________________ Date: ________________
Dental Exam
(please return to Health Office)

This it to certify that:

Student Name: ___________________________________________  Grade: Kindergarten

Please check below:

____ Is under my care.

____ Has completed necessary care.

____ No treatment is required.

____ Under orthodontist’s care.

Dentist’s Name _________________________________________

Address: ___________________________________________

_____________________________________________

Date of Exam: _________________________________________

_____________________________________________

Dentist’s Signature
Parent Questionnaire/ Health Office

Student Name: ___________________________________________ Grade: Kindergarten

Residing Street Address:__________________________________________________________
City/State_____________________________ Zip ________________
Home Phone ________________________ Cell Phone _____________________________

I. Birth Information
1. Were there any difficulties during your pregnancy? ______________
2. Were there any difficulties during labor and delivery? ______________
3. Was your child full term? ______ If no, how early? ______________
4. What was your baby’s birth weight? ______________

II. Child’s Health History
1. How do you feel your child’s health is now? Excellent? ____ Good? ____ Poor? ____
2. Does your child see a doctor, dentist, psychologist, physical or speech therapist Regularly? Yes ____ No ____ If yes, for what conditions? __________________________
   How often? __________________________
3. Does your child take medications regularly? Yes ____ No ____ If yes, name of medication ______ For what reason? __________________________
   __________________________
4. Has your child had any serious illnesses, accidents, or operations? If so, please describe and give dates __________________________

5. Has your child ever had (see list below) and if so, indicate dates:
   __ Measles __ Mumps __ German Measles __ Epilepsy __ Heart Condition, if so, what?
   __ Scarlet Fever __ Rashes __ Strep Throat __ Chicken Pox __
   __ Ear Infections __ Bronchitis __ Tonsillitis __ Asthma __

6. Does your child have any allergies? __ YES __ NO If so, what are they allergic to?
   Medicines ___________ Foods ___________ Dust or Pollen? ______________________

7. How is your child affected by these allergies? _____________________________________
   ____________________________________________________________________________
8. At what age did your child sit _____ Crawl _____ Stand _____
   Walk _____ Speak Words _____ Sentences __________

9. Does your child have any problems with:
   Hearing __________ Vision __________ Speech __________

10. Does your child wear glasses __ YES __ NO    Hearing Aid __ YES __ NO
    If yes, when are they to be worn? __________________________

11. How is your child’s appetite? Good _____ Fair _____ Poor _____

12. Is he/she on a special diet at home? __ YES __ NO
    If yes, please describe ________________________________

13. Does your child sleep well at night? __ YES __ NO
    Does he/she have a rest period during the day? __ YES __ NO

14. Does your child suck his thumb? __ YES __ NO    Bite his nails? __ YES __ NO

15. Is your child able to dress him/herself? __ YES __ NO

16. Is your child able to take care of their bathroom needs? __________________________

17. Circle the words which best describe your child:
   • Happy       Sad
   • Outgoing    Shy
   • Easy Going  Nervous
   • Mature      Immature
   • Separates Easily from parents Does not
   • Plays well with others Plays alone

18. Has your child attended nursery school? If so where? __________________________

19. Has your child ever experienced a severe emotional shock? __ YES __ NO
    If so, what? ____________________________________________

20. Does your child have strong fears (dark, thunderstorms, dogs, etc.)? __ YES __ NO
    Describe: __________________________________________________

   If there are any other matters that you wish to share with us please contact any one of the staff.
   Thank you so much for your cooperation in completing this form. It will make your child’s Kindergarten experience a more fulfilling one.

   Parent/Guardian’s Signature ___________________________________ Date __________
REGISTRATION MATERIALS

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 specify that a free public education will be provided to any student 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., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian 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 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.

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 living with a parent or guardian whose permanent home is the address given on the Student Registration Form of this application and is located in the District.

Complete **SECTION B (“AFFIDAVIT” STUDENT)** if the student is living with a person domiciled in the District, other than the parent or guardian. The parent/guardian as well as the person domiciled in the District with whom the child is living must complete Residency Affidavits B-1 and B-2 in addition to this form.

Complete **SECTION C (TEMPORARY RESIDENT)** if the student is living with a parent or guardian temporarily residing within the district. You and the family domiciled in the District with whom you are residing must complete Residency Affidavit C-1 in addition to this form.

Complete **SECTION D (SPECIAL CIRCUMSTANCES) (page 13)** if the student’s situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.
SECTION A (DOMICILE): Complete this section if the student is living with a parent or guardian whose permanent home is the address given on page 1 of this application and is 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. You will not be asked to produce "affidavit student" proofs of the type requested in Section B below.

How long have you lived in this home? ________________

If you have lived in this home less than five years, set forth all residences of the applicant during the past five years: __________________________________________________________

______________________________________________________________

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

______________________________________________________________

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

______________________________________________________________

Please attach an original or certified copy of a deed, contract of sale or lease instrument, as well as three additional forms of proof (see list in the Preliminary Information section, above) you will provide to demonstrate that the address given on page 1 of this application is your permanent home. If you do not have a written lease, attach a copy of "Residency Affidavit A-1" signed by your landlord as well as three additional forms of proof.

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

If the student’s parents are domiciled in different districts, regardless of which parent has legal 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? __________________________________________________________

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 legal 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

SECTION B (“AFFIDAVIT” STUDENT): Complete this section if the student is living with a person domiciled in the district, other than the parent or guardian. You must also provide the requisite sworn statements as detailed below.

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.

_____________________________________________________________

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. (Both the parent/guardian and Englewood Cliffs Resident will be required to file sworn statements with documentation to support the claims made.)

_____________________________________________________________

You will be asked to file a sworn statement (“Residency Affidavit B-1”) regarding your non-support of your child, along with an original or certified copy of the Englewood Cliffs Resident’s deed or contract of sale (if a homeowner), lease (if a tenant), or “Residency Affidavit A-1” (if a tenant without written lease). In addition, you will be asked to have the Englewood Cliffs Resident complete and file a sworn statement (“Residency Affidavit B-2”).

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 legal guardianship or custody be obtained before a student will be considered for enrollment on an “affidavit” basis.

END OF SECTION B
**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. You must also provide a sworn statement ("Residency Affidavit No. C-1") signed by the individual(s) with which you are presently residing. Those individual(s) must also provide proof of residency as if he or she were enrolling a child pursuant to Section A above.

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 four forms of proof (see list in the Preliminary Information section, above) 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. ________________________________________________________________
4. ________________________________________________________________

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.

*If the student’s parents are domiciled in different districts, regardless of which parent has legal 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? ____________________________________________

*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.*
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.

- 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 Division of Youth and Family Services acting as the student’s legal 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.

- The student is kept in the home of a person domiciled in the district, other than the parent or legal 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 located at: ________________________________

- The student’s circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by Mr. Robert Kravitz, Superintendent of Schools, or his designee, for further information.

END OF SECTION D

If you experience difficulties with the enrollment process, please see Mr. Robert Kravitz, Superintendent of Schools, Englewood Cliffs School District Board of Education, 143 Charlotte Place, Englewood Cliffs New Jersey 07632, 201-567-7292.