

GRADES 1-5 REGISTRATION PROCEDURES

1. Carefully complete all forms in this Registration Packet. (Please print legibly). In addition to completing the attached forms, **the following items are required for registration: your child's birth certificate, current immunization records and proof of residency. If you already have a child attending public school in the Kinnelon district, proof of residency is *not* required.**
2. Please meet with the school nurse, who will review your child's immunization records and give you further information regarding the required school physical. **All health information must be complete before your child can enter school in September 2018.**
3. If you are interested in any of the Extended Day Programs, please visit the website at www.kedkid.org. You may contact Linda Russell, Director, via email at kedkidsupervisor@gmail.com or russell@kinnelon.org.
4. Bus stop information for your child will be forthcoming directly from the Transportation Office/Board of Education shortly before the opening of school in September.
5. We will be scheduling a New Student Orientation for students and their parent just prior to the opening of the 2018-2019 school year.

**KINNELON PUBLIC SCHOOLS
STUDENT REGISTRATION FORM**

SCHOOL _____ DATE OF ENTRY _____ DATE OF REGISTRATION _____

DISTRICT ID# _____ STUDENT STATE ID# _____ GRADE/HOMEROOM _____

FIRST ENTRY DATE INTO A UNITED STATES SCHOOL _____

STUDENT INFORMATION

_____ ()

 (LEGAL) LAST NAME FIRST NAME MIDDLE NICKNAME GENDER

_____ If currently out of town, FUTURE ADDRESS** TOWN STATE ZIP PHONE

**ANTICIPATED DATE OF RESIDENCY AT THIS ADDRESS (SEE POLICY #5111) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

PROOF OF BIRTH _____

(OPTIONAL-CHECK ANY THAT APPLY) CHILD'S ETHNIC ORIGIN:

WHITE HISPANIC AFRICAN AMERICAN ASIAN AMERICAN INDIAN
 ALASKAN NATIVE PACIFIC ISLANDER

PARENT/GUARDIAN INFORMATION
 (DIVORCE/CUSTODY DOCUMENTS MUST BE ON FILE)

PARENT'S NAME _____ PARENT'S NAME _____

PARENT'S ADDRESS _____ PARENT'S ADDRESS _____
 (IF DIFFERENT FROM ABOVE) (IF DIFFERENT FROM ABOVE)

EMAIL ADDRESS _____ EMAIL ADDRESS _____

OCCUPATION _____ OCCUPATION _____

EMPLOYED BY _____ EMPLOYED BY _____

EMPLOYER'S ADDRESS _____ EMPLOYER'S ADDRESS _____

TOWN _____ STATE _____ TOWN _____ STATE _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

LEGAL GUARDIAN (IF OTHER THAN PARENT) _____

ADDRESS _____

PHONE NUMBER _____ CELL PHONE _____

SIBLINGS:

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

SCHOOL LAST ATTENDED _____ GRADE _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

CHILD'S NATIVE LANGUAGE/LANGUAGE SPOKEN AT HOME _____

IS THE CHILD COVERED BY HEALTH CARE INSURANCE? YES NO

PROOF OF RESIDENCY PRESENTED (MUST SHOW NAME AND ADDRESS)

TITLE/DEED LEASE CERTIFICATE OF OCCUPANCY TAX BILL

FULLY EXECUTED REAL ESTATE CONTRACT SHOWING TENTATIVE CLOSING DATE WITH NOTORIZED AFFIDAVIT _____

BUILDING PERMIT WITH COPY OF CONTRACT FOR CONSTRUCTION SHOWING PROJECTED DATE OF OCCUPANCY _____

ADDITIONAL INFORMATION MAY BE HELPFUL TO US IN UNDERSTANDING YOUR CHILD AND MORE ADEQUATELY PROVIDE FOR HIS/HER EDUCATIONAL EXPERIENCE.

TALENTED AND GIFTED SERVICES

HAS YOUR CHILD EVER RECEIVED ANY TALENTED AND GIFTED SERVICES? _____

PLEASE EXPLAIN _____

SPECIAL EDUCATION SERVICES

HAS YOUR CHILD EVER RECEIVED ANY SPECIAL EDUCATION SERVICES? _____

PLEASE EXPLAIN _____

PHYSICAL DISABILITIES OR RESTRICTIONS

GLASSES HYPERACTIVITY MEDICATION HEARING AID

OTHER (PLEASE EXPLAIN) _____

IS THERE ANY PERTINENT INFORMATION THAT MAY NOT ALREADY BE INCLUDED ON YOUR CHILD'S SCHOOL HEALTH RECORD SUCH AS SERIOUS ILLNESSES, OPERATIONS, ALLERGIES OR ACCIDENTS? _____

DESCRIBE ANY UNIQUE OR ADDITIONAL EDUCATIONAL EXPERIENCES BECAUSE OF ACADEMIC DIFFICULTIES, DEFICIENCIES OR LEARNING DISABILITIES _____

ARE THERE ANY CIRCUMSTANCES WITHIN THE FAMILY DYNAMIC THAT THE SCHOOL ADMINISTRATION SHOULD KNOW ABOUT? _____

KINNELON BOARD OF EDUCATION
109 KIEL AVENUE
KINNELON, NEW JERSEY 07405

STATE OF NEW JERSEY
COUNTY OF MORRIS

NEW ENROLLMENT AFFIDAVIT

I, _____ of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the parent/guardian of a child/children by the name(s) of _____
(hereinafter referred to as "my child").

2. I desire to enroll my child/children in the Kinnelon Public Schools.

3. My family is currently domiciled at _____, Kinnelon, New Jersey.
Address

I am providing the following proof of residency:

Title/Deed Tax Bill Lease Agreement Child in District _____
name grade
or

I anticipate moving into _____, Kinnelon, New Jersey,
address
by _____
date

I am providing the following documentation:

Fully executed real estate contract showing tentative closing date
 Building permit with copy of contract for construction showing projected date of occupancy

4. I am aware that I have the obligation to immediately notify the Kinnelon Public Schools upon any change in my residency status.

5. I hereby assume joint and several liability for tuition assessed, which may be in excess of \$1,000 per month, per child, after a five week period if my child/children was enrolled as a pupil and found to be not eligible for a "tuition free" education in the Kinnelon Public Schools based on the facts contained in this Affidavit.

6. This Affidavit is submitted for the purpose of inducing the Kinnelon Board of Education to accept or continue to enroll my child as a student in the Kinnelon Public Schools in accordance with Policy #5111 (pertinent excerpt attached). I state that the information contained in this Affidavit is true and accurate and acknowledge that the Kinnelon Board of Education will rely upon the truthfulness and accuracy of this information. If any of the statements contained in this Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing, and will remain subject to all other obligations and/or liabilities which I have assumed elsewhere in this Affidavit and are imposed by applicable law.

Signature of Parent/Guardian

Kinnelon Public Schools
109 Kiel Avenue
Kinnelon, New Jersey 07405

Kerry A. Keane
Business Administrator/
Board Secretary

Tel: (973) 838-1418
Fax: (973) 838-5527

To: Parents and Guardians of New Registrants
From: Kerry A. Keane, Business Administrator

The Kinnelon District Transportation Policy states that parents are allowed to choose an alternate pick-up or drop-off bus stop for their child, at an established bus stop within the District, other than their assigned bus stop. However, it is important to note that the pick-up or drop-off location must be for **every day of the week**.

For example, if a child is going to be attending a day care after school and a parent wishes to have the child dropped off at that location, this will be the stop for that child every day of the week.

The only exception to this is children who have two legal residences within the borough. These children may have two different bus stops throughout the school year. However, those parents will need to provide the school with a **consistent and permanent** schedule of days that the child will be at the different locations.

- **ALL REQUESTS FOR DAY CARE FOR THE 2018-2019 SCHOOL YEAR MUST BE RECEIVED AT THE BOARD OFFICE BY APRIL 30, 2018**

All bus stops are based on state guidelines. To insure the safety of the children of Kinnelon, all bus stops are uniform throughout the school district.

The policy of the Kinnelon Board of Education is that a parent or guardian **must be present** at the bus stop for all Kindergarten students. If you are not present for your child, the bus company has been directed to take your Kindergarten student back to the Glenn Sisco School. The students for all other grades are dropped off whether a parent is in attendance or not.

If you have any questions, please feel free to contact me at your convenience.

HEALTH HISTORY QUESTIONNAIRE

Child's Name: _____
(Last) (First) (middle)

List names and ages of brothers and sisters:

Whom has the child been living with for most of the year?
Both Parents _____ Father _____ Mother _____ Other _____

If child lives with only the mother or father, who has legal custody? _____
Do any relatives/ others live in the home? Please list name and relation.

Does your child have a learning difficulty, been diagnosed with a learning disability or attend a pre school handicapped class? Please share any family history if applicable.

Birth information : Was child full term? _____ Born premature? _____

Child's birth weight? _____

Any difficulties during pregnancy or delivery?
None _____ Breech _____ C-section _____ Forceps _____

Did the child appear yellow? (jaundice) Yes _____ No _____
Did the child have any difficulty breathing? Yes _____ No _____

Does your child have any problems that would prevent participation in regular physical education classes or playground activities? Yes ___ No ___

Are you satisfied with your child's recent academic progress? Please describe:

Please note if there is anything you wish to discuss with the school staff (principal, administrator, nurse, teacher).

Students Name:

Grade:

| Does your child have: | YES | NO | AGE | DATE | DETAILS/COMMENTS? |
|---|-----|----|-----|------|-------------------|
| Anxiety/Depression | | | | | |
| Allergies (diagnosed by a physician) | | | | | |
| any medication to treat allergies | | | | | |
| Asthma | | | | | |
| any medications to Treat Asthma | | | | | |
| Attention Deficit Disorder (ADHD) | | | | | |
| Behavioral Issues | | | | | |
| Birth Problems/Premature Birth | | | | | |
| Cardiac Problems | | | | | |
| Chronic Constipation/Diarrhea | | | | | |
| Chronic Illness | | | | | |
| Take any daily medication (please list) | | | | | |
| Seizures/Epilepsy | | | | | |
| Diabetes/Endocrine Disorders | | | | | |
| Eating Disorders | | | | | |
| Encopresis/Stool retention/Soiling | | | | | |
| Fractures (broken bones) | | | | | |
| Frequent Ear Infections/Tubes in Ears | | | | | |
| Stomach Issues | | | | | |
| Headaches/Migraine | | | | | |
| Hospitalizations/Surgery | | | | | |
| Physical limitations/Disabilities | | | | | |
| Serious Injury/Accidents | | | | | |
| Skin Problems/Rash/Eczema | | | | | |
| Wear Glasses/Contacts | | | | | |
| Use a Hearing Aid | | | | | |
| Receive Speech Therapy | | | | | |

Kinnelon Public Schools
Kinnelon, NJ

To be completed by Family Dentist

Date: _____

I have been consulted concerning the dental condition of:

Student's name

_____ The necessary dental treatment has been completed.

_____ The student is receiving dental treatment.

_____ The student is in good oral and dental health at this time.

Signature of Dentist

QUESTIONNAIRE

We are excited to welcome our incoming Kindergarteners! Please complete the following questionnaire. Your answers will help your child's kindergarten teacher to become acquainted with your child. Thank you for your cooperation as we work together to provide a positive school experience for your child.

Child's Name: _____

Date of Birth: _____

List his/her sibling(s) and age(s): _____

What would you like your child to be called? _____

Has your child had previous school or play-class experience?

Yes _____ No _____ If yes, where: _____

Length of time: _____

Which hand does your child show preference?

Right _____ Left _____ Ambidextrous _____

What time does he/she usually wake up in the morning? _____

What time does he/she go to bed? _____

Does your child take a daytime nap? _____ If so, how long? _____

Is your child able to manage buttons and zippers?

Yes _____ No _____

Is your child able to put on his own coat and boots?

Yes _____ No _____

List your child's hobbies / interests:

List some of your child's favorite TV shows:

How many hours per week does your child have of "screen time"? (This includes tv, computer, video games) _____

List some of your child's favorite books/authors:

How many hours per week is your child actively engaged with books – being read to or looking at books independently? _____

Does your child use a computer or iPad at home? _____

How many hours per week does your child spend on the computer/iPad? _____

What types of websites/software does he/she enjoy?

If you need to correct your child's behavior, what type of prompting/correction does he/she respond to?

Describe any fears your child may have and what provides comfort during those times.

Describe your child's bedtime routine (number of hours of sleep per night, sleep habits, etc.).

Are there any concerns about school that seem to cause your child anxiety? If so, what seems to ease the anxiety?

If you have any general information, which you feel would be helpful to the teacher in understanding your child, please fill in the space below.

NOTE TO TEACHER (optional)

1. It would be best for _____
Child's name

to be separated from these children in kindergarten:

2. Please share any additional information that may be helpful for us to know (any physical, social and/or emotional needs).

3. Additional comments:

KINNELON PUBLIC SCHOOLS

AUTHORIZATION FOR REQUEST OF INFORMATION

KNOWING THAT I HAVE THE RIGHT TO INSPECT, RECEIVE AND CHALLENGE, PRIOR TO RELEASE...

I HEREBY AUTHORIZE THE KINNELON PUBLIC SCHOOLS TO REQUEST FROM:

PERSON, SCHOOL OR AGENCY

ADDRESS

THE SCHOOL RECORDS OF _____

DATE OF BIRTH _____, WHO HAS REGISTERED IN THE KINNELON PUBLIC

SCHOOLS ON _____ AND WILL BE ENROLLED IN GRADE _____.

RECORDS REQUESTED

_____ COMPLETE SCHOOL RECORDS

_____ ACADEMIC RECORDS INCLUDING STANDARDIZED TEST SCORES

_____ HEALTH RECORDS

_____ HIGH SCHOOL TRANSCRIPT

_____ OTHER _____

THIS AUTHORIZATION IS MADE WITH THE UNDERSTANDING THAT THE SENDING PARTY OR AGENCY WILL NOT FURNISH, IN ANY FORM, ANY INFORMATION CONTAINED THEREIN TO ANY OTHER PARTY WITHOUT PRIOR APPROVAL OF THE PARENT OR ADULT STUDENT.

SIGNATURE OF PARENT /ADULT STUDENT

DATE

PLEASE FORWARD RECORDS TO:

KIEL SCHOOL
115 KIEL AVE.
KINNELON, NJ
07405

STONYBROOK SCHOOL
118 BOONTON AVE.
KINNELON, NJ
07405

PEARL R. MILLER SCHOOL
GUIDANCE OFFICE
117 KIEL AVE.
KINNELON, NJ 07405

KINNELON HIGH SCHOOL
GUIDANCE OFFICE
121 KINNELON ROAD
KINNELON, NJ 07405