

## 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](http://www.kedkid.org). You may contact Linda Russell, Director, via email at [kedkidsupervisor@gmail.com](mailto:kedkidsupervisor@gmail.com) or [russell@kinnelon.org](mailto: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

109 KIEL AVENUE • KINNELON, NEW JERSEY 07405

TEL: (973) 838-1418 • FAX: (973) 838-5227

Website: [www.kinnelonpublicschools.org](http://www.kinnelonpublicschools.org)

Email: [keanek@kinnelon.org](mailto:keanek@kinnelon.org)

Kerry A. Keane  
Business Administrator  
Board Secretary

To: Parents of New Students  
From: Kerry A. Keane, Business Administrator/Board Secretary  
Subject: NEW STUDENT REGISTRATION FORM

When completing the attached registration form, you must also complete the enclosed New Enrollment Affidavit.

Current Kinnelon residents must provide proof of residency as follows:

- a. Title/Deed, **OR**
- b. Tax Bill, **OR**
- c. Lease Agreement

If you are not a current resident of Kinnelon at the time of registration, you will be asked to provide one of the following:

- d. Fully executed real estate contract showing tentative closing date, **OR**
- e. Fully executed lease agreement, **OR**
- f. Building permit with copy of contract for construction showing projected date of occupancy

You may also be asked to complete a notarized Affidavit which will be provided by the Board Office.

If the child is living with someone other than the parents, one of the following is required:

- 1. Court order showing guardianship, **OR**
- 2. Document from state official showing foster care agreement, **OR**
- 3. Fully executed affidavit of support as provided by the Board Office

**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

\_\_\_\_\_  
CURRENT ADDRESS                      TOWN                      STATE                      ZIP                      PHONE

\_\_\_\_\_  
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:

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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.

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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.

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**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:

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

Students Name:	Grade:
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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

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