

WEEHAWKEN TOWNSHIP SCHOOL DISTRICT

53 Liberty Place Weehawken, NJ 07086
201.422.6150 | WeehawkenSchools.net | @WeehawkenTSD

Mr. Eric Crespo
Superintendent of Schools

Anna Rudowsky
Daniel Webster School Principal

WHAT YOU'LL NEED TO REGISTER

Proof of Residency in Weehawken

- Tenant Affidavit plus three proofs of residency listed below.
 - Proof of ownership of your house (tax bill/mortgage statements/signed contract of purchase, deed)
- Residency checks will be done if sufficient proof of residency is not submitted at time of registration.

Three different originals of the following:

- Current gas/electric bill
- Current phone bill or installation notice or cell phone bill
- Cable bill only if phone is included)
- Paycheck stub with name and address on it
- Unemployment benefit verification
- Official Mail (bank statement, government correspondence, Internal Revenue, Division of Taxation)

Age requirements

A birth certificate with raised seal must be presented

- Pre-K students must be four (4) years old as of October 1st of year of entry
- K students must be five (5) years old as of October 1st of entry year
- First grade students shall be six (6) years old as of October 1st of entry year
- Pupils entering all grades shall be placed in the proper grade based on test results and the principal's best judgement.
- All students entering the Prekindergarten program **MUST** be **FULLY** toilet trained. (No pull-ups)

Medical requirements

- Immunizations must be up to date for four and five year olds and must be presented at registration.
- Flu vaccine is required for all Pre-K students between September 1 and December 31 or the last day of school before winter break. (Check school calendar for exact date). Child will not be permitted back after vacation if no proof is given.

PreKindergarten students must be toilet trained.

New student transferring in from another school district

New students must have the above information and, in addition, the following:

- Transfer card from school you are leaving
- Copy of Health and Appraisal Card from School
- Last report card from sending school
- Copy of any other reports, IEP, Basic Skills, ESL

Application should be printed one side only

FOR OFFICE USE ONLY

Transportation required: _____

Bus number _____ Pick up _____ Drop off _____

Office use only. Do not fill in below this line.

SID Number _____

Assigned to Grade/Teacher _____

Last School Attended: _____

Address _____

Records Request sent on _____

Last Grade Attended _____ Transfer Card Received _____

Birth Certificate Received _____ Passport Number _____

Affidavit Received: A _____ B _____ Financial Hardship

Is this a tuition student _____ **Paid by** _____

List 3 Proofs of Residency provided:

1. _____

2. _____

3. _____

Medical records received _____

Forward these to nurse.

Guidance Records received _____

Forward all records to guidance

NJ Smart:

Do you have health insurance? Yes or No (Circle one).

If yes, name of the health insurance company _____

See forms attached:

Language spoken at Home _____

(As per Home Language Survey).

Is permission given to have child photograph or video to be used for school related public media? Circle one: Yes No

WEEHAWKEN TOWNSHIP SCHOOL DISTRICT

Daniel Webster School

2700 Palisade Avenue

201.422.6150 | WeehawkenSchools.net | @WeehawkenTSD

Anna Bernstein Rudowsky

PRINCIPAL

arudowsk@weehawkenschools.net

Print One Side Only

Isabel McGinley

SUPERVISOR OF ELEMENTARY EDUCATION

imcginle@weehawkenschools.net

DISTRICT ENROLLMENT FORM

Student Information: Male _____ Female _____

School Year Enrolled _____ Date _____ Grade _____

Student's Name: _____

Last

First

Middle

Address: _____

Ethnicity: Hispanic/Latino _____ Non Hispanic/Latino _____

Race: White _____ Black _____ Asian _____ Pacific _____ Multiracial _____ Native American _____

Date of Birth _____ City _____

State _____ Country _____

Date Entered United States _____ Immigrant Status Yes or No

District Entry Date: _____ School Entry Date _____

Date first entered a U.S. School/District _____

Last School Attended (including Preschool): **Bring in latest report card or progress report.**

Name _____

Address: _____

Last Date Attended: _____ Phone Number _____

Primary Contact Person: _____

Phone Number _____ **Email** _____

Parents Information: Parent Marital Status:

Married _____ Divorced _____ Separated _____ Single _____

Letters should be addressed to :

Mr & Mrs _____

Mr. _____

Mrs. _____

Miss _____

Ms _____

If parents do not live together and both would like to receive mail please check here _____.

The office should also have copies of any legal papers affecting parent visitation at school. These papers must be signed by a judge or court officer. This is required for the safety of your child.

Family History:

Mother's Name: _____
Last First

Address _____

Cell Phone Number _____ HomeNumber _____

Email Address _____

Work Number _____

Country of Birth _____ Language spoken at home _____

Father's Name: _____
Last First

Address: _____

Cell Phone Number _____ HomeNumber _____

Email Address _____

Work Number _____

Country of Birth _____ Language spoken at home _____

Legal Guardian/ Step-parent information: Legal Guardians must show custody papers.

Name: _____

Address _____

Cell Phone Number _____ Home Number _____

Email Address _____

Work Number _____

Country of Birth _____ Language spoken at home _____

Siblings:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Parent Signature _____ Date _____

Weehawken School District
53 Liberty Place
Weehawken, NJ 07086

Certification of Residency Form (For Tenants Only)
Affidavit A

(State of New Jersey}
 } S.S
(County of Hudson }

I, _____, landlord/owner, being of full age and duly sworn according to law, depose on my oath and say that:

1. I am the landlord / owner of the property located at:

Address Phone Number

2. I am aware that _____ is a tenant at
(Full Name of Renter on Lease)
these premises along with the following school-age children:

_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth

This affidavit must be notarized by a Notary Public. If for any reason it comes to our knowledge that you do not reside there, you will be asked to show further proof of residency and a residency check will be done.

Notary Seal:

Landlord / Homeowner Signature

Weehawken School District
53 Liberty Place
Weehawken, NJ 07086

Certification of Residency Form B (Financial Hardship Only)
Affidavit B

(State of New Jersey}
 } S.S
(County of Hudson }

I, _____, landlord/owner, being of full age and duly sworn according to law, depose on my oath and say that:

1. I am the landlord / owner of the property located at:

Address

Phone Number

2. I am aware that _____ has moved in with the
(Name of Family moving in)

_____ family as of _____ and is a
(Date)

tenant of this property along with the following school-age children:

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

This affidavit must be notarized by a Notary Public. If for any reason it comes to our knowledge that you do not reside there, you will be asked to show further proof of residency and a residency check will be done.

Notary Seal:

Landlord / Homeowner Signature

To Be Completed by Parent

**WEBSTER SCHOOL
STUDENT HEALTH HISTORY**

Name of Student _____ Grade _____

Date of Birth _____ Registration Date _____

Parent/Guardian Name _____

Address _____

Primary Phone _____

Does your child have any medical/health issues the school nurse should be aware of? If yes, write date diagnosed and any medications your child takes for the condition. The nurse will speak to you to come up with a plan for condition while at school.

Allergies (Seasonal, animal, food, contact, etc):

Diabetes: _____

Asthma: _____

Blood Disorder: _____

Heart Condition: _____

Seizure Disorder (Epilepsy) _____

Neurological (Brain) Disorder _____

Surgery and Date: _____

Other: _____

NOTES: _____

Parent Signature _____

Date _____

DANIEL WEBSTER SCHOOL
 2700 Palisade Avenue
 Weehawken, NJ 07086

OFFICE 201-422-6150
 Email: kstahl@weehawkenschools.net

HEALTH APPRAISAL and PHYSICAL EXAM

| TO BE COMPLETED BY DOCTOR

NAME: _____ DOB: _____ DATE: _____

ALLERGIES (check one): none food insects seasonal medication _____
 LIFE-THREATENING _____

List allergies here: _____

List any Medications: _____

List any Health Conditions/Diseases: _____

VISION: without glasses: right _____ left _____
 with glasses: right _____ left _____

HEARING: right _____ left _____

HEIGHT: _____ WEIGHT: _____ BMI: _____ BP: _____

	NORMAL	ABNORMAL	Comment
GENERAL APPEARANCE			
SKIN			
HEAD			
EYES			
EARS			
NOSE, THROAT, TEETH			
LUNGS			
HEART			
ABDOMEN			
GENITALIA			
MUSCULOSKELETAL			
NEUROLOGICAL			
TANNER	I II	III IV	V
SCOLIOSIS	NEG	POSITIVE	
OK for PHYSICAL EDUCATION/SPORTS	YES	NO	
RESTRICTIONS	YES	NO	
OTHER			

Print Providers Name: _____ Date: _____

Providers Signature: _____ Place Provider:
 Stamp here

Providers Telephone #: _____

Providers address: _____

NJ STATE HEALTH INFORMATION

IS STUDENT HAVE INSURANCE, INCLUDING NJ FAMILY CARE, MEDICARE, PRIVATE OR OTHER?

YES IF YES, NAME OF INSURANCE COMPANY

NO NJ FAMILY CARE PROVIDES FREE OR LOW-COST INSURANCE TO UNINSURED CHILDREN & CERTAIN LOW-INCOME PARENTS. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply on line.

YOU MAY RELEASE MY NAME & PHONE NUMBER FOR NJ FAMILY CARE TO CONTACT ME.

Written consent is required pursuant to 20 U.S.C. & 1232(b)(1) and 34 C.F.R. 99.30(b).

Signature

Print Name

Date

IST ANY MEDICAL/SURGICAL CARE YOUR CHILD HAS RECEIVED:

NY RESTRICTIONS:

DOCTOR

ADDRESS

PHONE

IST NAME OF ANY MEDICATIONS

ALLERGIES

ALLERGIC REACTION DATE

AMUNIZATION/TETANUS

AST DENTAL EXAM

LAST EYE EXAM

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE OFFICIALS OF NEW JERSEY PUBLIC SCHOOLS TO CONTACT DIRECTLY THE PERSONS NAMED ON THIS FORM & DO AUTHORIZE THE NAMED PHYSICIANS TO RENDER SUCH TREATMENT AS MAY BE DEEMED NECESSARY IN AN EMERGENCY, FOR THE HEALTH OF SAID CHILD. IN THE EVENT THE DOCTOR OR OTHER PERSONS NAMED ON THIS FORM OR PARENT CANNOT BE CONTACTED, THE SCHOOL OFFICIALS ARE HEREBY AUTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSARY IN THEIR JUDGMENT, FOR THE SAKE AND HEALTH OF SAID CHILD.

WILL NOT HOLD THE WEBBANKEN SCHOOL DISTRICT FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE / OR TRANSPORTATION FOR SAID CHILD.

SIGNATURE

PRINT NAME

DATE



Dear Parents/Guardians,

We would like to update the following information in our new student information system.

This will ensure we have the proper information for all of our students.

Student's Name _____

Address: _____

Home Phone # _____ Cell Phone # _____

Date of Birth: _____

Parent or Guardian #1 information

Name _____

(Circle one) Married Widow Single Divorced Remarried ~Living? Yes or No

Does student live with this parent: YES or NO

Should mail go to this address: YES or NO

Address: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Employer Name: _____

Email Address: _____

Parent or Guardian #2 information

Name _____

(Circle one) Married Widow Single Divorced Remarried ~Living? Yes or No

Does student live with this parent: YES or NO

Should mail go to this address: YES or NO

Address: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Employer Name: _____

Email Address: _____



Information required by NJ

State * The NJ DOE has

joined with the NJ Dept of Human Services to identify uninsured children in an effort to improve the health status of the children we serve. As part of this initiative, your child's school is now **REQUIRED** to report on the health status of their students.

Is student covered by Health Insurance? Yes No

Name of Insurance provider _____

Date of student's last medical exam _____

First/Last names and ages of siblings _____

INFORMATION on TWO EMERGENCY CONTACTS (not listed as parents):

Emergency contacts **MUST** live in New Jersey and within 30 minutes.

Name:

Name:

Address:

Address:

Phone Numbers:

Phone Numbers:

Home: _____

Home: _____

Cell: _____

Cell: _____

Grades K-6 Only

Authorized Adults to pick up your child:

Adult's Name: _____ Cell Phone: _____ Relationship: _____

Adult's Name: _____ Cell Phone: _____ Relationship: _____

Adult's Name: _____ Cell Phone: _____ Relationship: _____

Home Language Survey
All Grades
Parent/Guardian Questionnaire

PLEASE PRINT

Child's name: _____ Date of birth: _____
(first) (middle) (last)

Date of school entrance: _____

Person completing the survey: Mother Father Grandparent Guardian Other

Please tell us about your child:

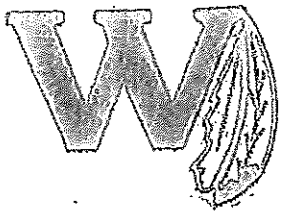
1. What language did the child learn when he/she first began to talk? _____
2. What language does the family speak at home most of the time? _____
3. What language (s) does the primary caregiver (s) speak to the child most of the time? _____
4. What language (s) does the child speak to his/her primary caregiver (s) most of the time? _____
5. What language (s) does the child speak to his/her brothers and sisters most of the time? _____
6. What language does the child speak to his/her friends most of the time? _____
7. Please list any preschool program(s) your child attended before coming to our program:

8. In which language do you wish to receive information from the school? _____
9. What name do you use for your child (if different from above)? _____

Sources:

Questions 1 -- 8 are based on the *NJ DOE Home Language Survey* that was adapted from the sample survey in *A Manual for Community Representatives of the Title VI Steering Committee*, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

Question 9 was adapted from the Parent Questionnaire in *One Child, Two Languages 2nd Edition* published 2/2008 by Patton O. Tabors, Paul H. Brookes Publishing



**WEEHAWKEN
SCHOOL DISTRICT**

53 Liberty Place
Weehawken, N.J. 07086
(201) 422-6125
www.weehawken.k12.nj.us

Media Release Form

Throughout the school year students participate in class projects, programs, activities, field trips and events along with normal classroom routines that support their education, promote community service or encourage positive behavior.

Occasionally, staff, parents, and local media may cover these events by taking photographs or video. This may include newspaper, television, websites or other media production. This also includes our school's website and classroom and club web pages.

By signing below, you agree that you have been notified of the possibility that your son / daughter may be included in photographs or video and authorize the use for public print, display, or broadcast.

_____ I give permission for my child's photograph or video to be used for school-related public media and the school's website.

_____ I do not give permission for my child's photograph or video to be used for school-related public media or the school's website. (Student will still be allowed to attend the activity or program.)

Student Name (Print clearly)

Parent / Guardian Signature

Date

This Media Consent Form is valid from the time of signature until at which time an updated/revised form is received during the years that the student(s) attends the Weehawken School District.

DANIEL WEBSTER SCHOOL

2700 Palisade Avenue
201.422.6150 | WeehawkenSchools.net | @WeehawkenTSD

Anna Bernstein Rudowsky
PRINCIPAL
arudowsk@weehawkenschools.net

Isabel McGinley
SUPERVISOR OF ELEMENTARY EDUCATION
imcginle@weehawkenschools.net

Date _____

LAST GRADE ATTENDED: _____
LAST SCHOOL YEAR: _____

STUDENT'S NAME _____ DOB _____

NAME OF LAST SCHOOL _____

ADDRESS _____

PHONE NUMBER _____ FAX _____

The above student has enrolled in Webster School and we are requesting all records including:

- Academic
- Original Health Record
- Scholastic Test Scores
- Copies of latest report card
- Referral Information (CST)
- Basic Skills/ ESL/ Speech Reports
- All other pertinent information

Please fax to the above number to the attention of Mrs. Stahl, School Secretary.

PARENT'S SIGNATURE _____