



REGISTRAR:

HAS STUDENT PREVIOUSLY ATTENDED WEEHAWKEN PUBLIC SCHOOLS? Y/N

Birth certificate / Passport of pupil

Proof of residency (2)

If renting: **Must sign & notarize Affidavit A**

Lease agreement

Gas & electric bill

Phone bill

Bank statement

If homeowner: **Must present Deed**

Tax bill

Gas & electric bill

Phone bill

Bank statement

[If experiencing financial hardship: Please speak with Principal Colasurdo](#)

NURSE: PAGES 10-13

Health information

Vaccinations (Translated if applicable)

Mantoux / tuberculin skin test

Physical examination

GUIDANCE:

Transfer verification

Transcripts (Translated if applicable)

Report cards / Current grades

IEP / 504 plan

Tests scores (NJ ASK, PARCC or equivalent)

ACCESS / WIDA scores

SAT / ACT scores

RECEIVED SUMMER READING? YES / NO

Books:

Weehawken High School Permanent Record Information

NJ SID# _____ Grade _____ Date _____

Student Information

Last name: _____ First name: _____

Date of birth: _____ Legal gender: _____

Primary language: _____ Student lives with: _____

Does the student have an IEP/ 504/

Student's primary home address:

Alternate address:

Home #: _____ Cell #: _____

Country of birth: _____ State of birth: _____

City of birth: _____

Hispanic: Yes or No

Race: (MUST circle one) Asian Black White Pacific Islander Native American

Former school name: _____ City/State/Country: _____

Last date of attendance: _____

Did student **ever** attend school in **NJ** (date & location): _____

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 of siblings & ages:

Parent or Guardian #1 information (Legal guardians must show custody papers)

Last Name: _____

First Name: _____

(Circle one) Married Widow Single

Divorced **Remarried** Deceased

Address:

—

Place of Birth: _____

Citizen of: _____

Ethnicity: _____

Home # _____

Cell # _____

Work # _____

Employer Name/Address:

—

Email Address(print legibly):

—

Parent or Guardian #2 information (Legal guardians must show custody papers)

Last Name: _____

First Name: _____

(Circle one) Married Widow Single

Divorced **Remarried** Deceased

Address:

—

Place of Birth: _____

Citizen of: _____

Ethnicity: _____

Home # _____

Cell # _____

Work # _____

Employer Name/Address:

—
Email Address (print legibly):

All information should be accurate. All phone numbers should be working numbers.

EMERGENCY CONTACT INFORMATION

Student's Name: _____

Grade: _____

Address: _____

_____ **Apt. #** _____

PRIMARY PHONE NUMBER & EMAIL:

This will be the number that all important calls will be made to (School closings, notifications):

Phone Number: _____

Email Address(print legibly): _____

Parent/Guardian #1 Name: _____

Primary Address: _____

Home: _____ Cell: _____

Employer: _____ Employer's Phone: _____

Parent/Guardian #2 Name: _____

Primary Address: _____

Home: _____ Cell: _____

Employer: _____ Employer's Phone: _____

TWO EMERGENCY CONTACTS INFORMATION:

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

Emergency Contact Name/Relationship #1: _____/_____

Address: _____

Home: _____

Cell: _____

Emergency Contact Name/Relationship#2: _____/_____

Address: _____

Home: _____

Cell: _____



Parent and Student Handbook Acknowledgment Form

Weehawken Township School District
WeehawkenSchools.Net @WeehawkenTSD

Weehawken High School
Principal Anthony Colasurdo
Assistant Principal Robert Ferullo
Dean of Students Nicholas DeStefano

Handbooks can be found at WeehawkenSchools.net

Parents/Guardians & Students:

Please sign the form below to indicate that you have received, read, and understand the Parent and Student Handbook and agree to abide by all district policies, including the following:

- Consent for our schools to provide personal identifying information of your child (including first name, last name, email address and username) to third party blended learning providers via the District-issued Google account
- The possibility that your child may be included in photographs or videos that may be printed, displayed or broadcasted on the school's website, twitter account or other school-related public media outlets

- Give permission to issue a Google account for my child and certify that I have discussed the Computer/Internet Access Policy (#6163.2) with my child and agree to following the terms and conditions set forth in this policy.

Return signed form to the main office

Student Name & Signature:

Grade: _____ Counselor: _____

Parent Signature: **X** _____

Date _____



Computer Hardware Loan Application/Release Form

School: **Weehawken High School**

Borrower:

Date Borrowed:

Borrowed Item: HP Chromebook

TERMS:

It is my understanding that I am responsible for the Chromebook that will be distributed to me.

I agree to follow the district's guidelines for use and care of equipment.

I agree to return all equipment in the same condition when my employment with the district ceases.

I agree to report any problems as soon as they occur by submitting a TECH REQUEST ticket to the technology department.

I agree to pay for damage and/or theft of the Chromebook while it is in my possession.

Agree to Terms - (Student Signature) **X** _____

OFFICE USE ONLY:

Serial Number: _____

Inventory Control Tag: _____



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 productions. 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 **do** 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 & Signature (print clearly)

X _____

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.



Student Internet Account Consent/Waiver Agreement

Student Name _____ Grade _____

School: Weehawken High School

I have discussed the Computer/Internet Access Policy (#6163.2) and Regulations of the Weehawken School District with my parent/guardian as listed below. I agree to follow the terms and conditions contained in this policy and regulations. I understand that if I violate the rules, I may not be permitted to use the internet and school disciplinary action and/or appropriate legal action may be taken.

X _____

Student Signature

Date

Parent/Guardian Section

I have read and agree to the District's Computer/Internet Access Policy (#6163.2) and regulations. I understand that if my child violates the rules his or her account can be terminated and she or he may face other disciplinary measures or legal action.

I also recognize it is impossible for the Weehawken School System to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network.

I will instruct my child regarding any restrictions against accessing inappropriate material. I will supervise my child's use of the system when my child is accessing the system from home. I will emphasize to my child the importance of following the rules for personal safety.

I hereby release the District, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use the District system, including but not limited to claims that may arise from the unauthorized use of the system to the purchase products or services.

I give permission to issue an account for my child and certify that the information contained in this form is correct.

X _____
Parent/Guardian Signature Date

Parent/Guardian Name (please print): _____

Home Address: _____

Primary Phone: _____

WEEHAWKEN HIGH SCHOOL COUNSELING DEPT

53 Liberty Place Weehawken, NJ 07086

201.422.6130 | WeehawkenSchools.net | @WeehawkenTSD | @WHS_Guidance53

RECORDS RELEASE FORM

Jenna Wendolowski
School Counseling Coordinator

JWendolo@Weehawken.K12.NJ.US

Melissa Viera-Bodtmann
School Counselor, Grades 10-12

MVieraBo@Weehawken.K12.NJ.US

Chiara Ziek
School Counselor, Grades 7-9

CZiek@Weehawken.K12.NJ.US

Date: _____

Student Name: _____ Grade: _____ Date of Birth: _____

Former School & location: _____

The above student has just registered at Weehawken High School. Please forward the following information as soon as possible so that we may complete this student's pending registration.

- Transcripts/ report cards
- Current grades
- NJ ASK/PARCC or equivalent
- Health records
- Discipline records
- ACCESS (ELL)/WIDA Scores (ESL)
- 504 Plan/IEP

SAT / ACT Scores

Thank you for your attention in this matter.
Sincerely,

The WHS School Counseling Department

To whom it may concern:

I, _____, give my consent to _____
(parent's name) (former school's name)

to forward copies of my child's mandated and relevant school records to Weehawken High School at
53 Liberty Place, Weehawken, NJ, 07086 or (201)422.6155 (fax)

X _____

Parent/Guardian Signature

Date

North Hudson Community Action Corporation
Health Centers

Union City
714-31st Street
(201)863-7077

West New York
5301 Broadway
(201)866-9320

North Bergen
1116-43rd Street
(201)330-2632

Immunization Clinic: Appointment Required

Hours:

Tuesday, 9:00 AM- 11:00 AM

Thursday, 2:00 PM- 4:00 PM

All Children Must Be Accompanied By a Parent or Legal Guardian

Eligibility:

- Children up to 18 years
- Children with No Insurance
- Children whose insurance does not cover vaccines
- N.J. Kidcare enrollees whose primary care provider is a H.C.A.C.H.C. physician

Not Eligible:

- N.J. Kidcare or HMO whose primary care provider is not a H.C.A.C.H.C provider

School Physicals:

Monday through Friday by appointment only!!

Adult Free Screenings:

Tuesday: 9:00 AM- 11:00 AM

Thursday: 2:00 PM- 4:00 PM

Student Health History

Name of Student: _____ Grade: _____

Date of Birth: _____ Registration Date: _____

Parent/Guardian Name: _____

Primary Phone: _____

Does your child have any medical/health issues? Put a check next to medical/health issue if yes, write date diagnosed and any medications your child takes for the condition.

Allergies (seasonal, animal, food, contact, etc)

Diabetes

Asthma

Blood Disorder

Heart Condition

Seizure Disorder (Epilepsy)

Neurological (Brain) Disorder

Surgeries & date of

Other

Parent/Guardian Signature: **X** _____ Date: _____

Weehawken High School, 53 Liberty Place, Weehawken, NJ 07086
Terri McKinley, BS, RN, CSN 201-422-6137 Fax- 201-422-6124 tmckinle@weehawken.k12.nj.us

***** Please, Have Filled Out at Yearly Check-Up *****
Health Appraisal and Physical Exam
***** Please, Provide School With Copy of Immunizations *****

Name: _____ DOB: _____ Date: _____

Allergies (check one) _____ none _____ food _____ insects _____ seasonal _____ medication _____

Life-Threatening _____ **Yes** _____ **No** _____

List Allergies Here: _____

List Any Medications: _____

List Any Health Conditions/Diseases: _____

Vision: without correction: right _____ left _____

With correction: right _____ left _____

Height: _____ Weight: _____

BMI: _____ BP: _____

Immunizations Received Today*:

***** All Newly Entering/Transferring Students
Must Have a TB/Mantoux/PPD Test
(Tuberculosis Test)*****

| | 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 | POS | * |
| OK for Physical Education/Sports | YES | NO | * |
| Restrictions | YES | NO | * |
| Other* | | | * |

Print Providers Name: _____ Date: _____

Providers Signature: _____ Place Provider Stamp Here:

Providers Telephone Number: _____

Providers Address: _____

Mantoux/PPD/TB Testing

Student Name: _____ DOB: _____

Address: _____

Doctor's Name: _____

Address: _____

Telephone #: _____ Fax: _____

Date Planted: _____

Site (circle one) : RLF LLF

Signature & Title of Person Doing

Test: _____

Date of Results: _____

Results (in mm): _____

Signature of Person Reading Test & Title:

Address: _____

Telephone #: _____ Fax: _____

Follow-Up Medical Evaluation:

Chest X-Ray Date: _____ Results (circle one): Normal

Abnormal

Diagnosis (circle one) Reactor Latent Disease Active Disease

Treatment (circle one) Yes No

Medication: _____ Dose: _____

Date Started: _____

Doctor's Signature

Date

Certification of Residency Form (For Tenants Only)

Affidavit A

(State of New Jersey)]

] S.S.

(County of Hudson)]

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

1. I am the landlord of the property located at

(Address) _____ (Phone)

2. _____ is a tenant at these premises along with the following
(full name of tenant)

School-age children:

(Landlord/Homeowner)

All Necessary Support Documents are Required With This Form

Sworn and subscribed before me

This _____ day of _____, _____

Notary Public

Signature of Administrator Reviewing Residency)-
