

DEMAREST PUBLIC SCHOOLS REGISTRATION FORM

Grade _____
Date _____

Student Name _____

Home Address _____ Home Phone _____

Mother's E-Mail _____ Father's E-Mail _____

Age _____ Date of Birth _____ Gender M _____ F _____

Place of Birth _____ Birth Certificate Presented _____
(City) (State) (Country^)

^If student was NOT born in the USA please provide the DATE ENTERED INTO US SCHOOL SYSTEM:

Parent Name _____ Relationship _____

Phone _____
Home Business Cell

Address (If different from above) _____

Parent Name _____ Relationship _____

Phone _____
Home Business Cell

Address (If different from above) _____

Home Language _____ Native Language of Parent/Guardian _____
(Check here _____ if English is spoken and understood by the parent/Guardian/person enrolling student)

**Racial Origin _____ **Ethnicity _____
(See back of form for explanation of racial origin and ethnicity)

Emergency Contact Name/
Relationship _____ Phone _____
Home Cell

Last School
Attended _____
Name Address Date Left

Grade Completed _____ or Current Grade Level _____ Proof of residence submitted _____

*****List all children in family - in age order including student*****

NAME	BIRTH DATE	CURRENT GRADE LEVEL

****Racial Origin:**

American Indian or Alaska Native - a person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment)

Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American – a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – a person having origins of the original peoples of Europe, the Middle East or North Africa.

***Acceptable to identify with more than one racial origin.**

****Ethnicity:**

H - Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin regardless of race.

N - Non-Hispanic or Latino

****The above information will not be used to determine student's eligibility for enrollment. This information is needed to meet the requirements of the following State reports: NJ Smart and NJ Report Card.**

DEMAREST PUBLIC SCHOOL DISTRICT

County Road School
130 County Road
Demarest, NJ 07627
(201)768-6060 x51600

Luther Lee Emerson School
15 Columbus Road
Demarest, NJ 0762
(201)768-6060x52600

Demarest Middle School
568 Piermont Road
Demarest, NJ 07627
(201)768-6060x53600

Home Language Survey Form

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the directions.

Student Information

Student name: _____

Student birth date: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone number: _____

Survey Questions

Question 1

What was the first language used by the student?

A language other than English – Proceed to question 2a.

English – Proceed to question 2b

Question 2a

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to 7.

No. Proceed to question 4.

Question 2b

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 4.

No. Proceed to question 3.

Question 3

Does the student understand a language other than English?

Yes. Proceed to question 4.

No.

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to 7.

No. Proceed to question 5.

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes

No

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

Yes

No

7. List home languages spoken: _____

**Demarest Public School District
Demarest, New Jersey 07627**

Dear Parent/Guardian:

Welcome to the Demarest Public School System. Registering your son/daughter for preschool requires that the following information be included and submitted to the Health Services Department.

1. Record of **physical examination** within 1 year of the date of school entry.
2. **Immunization record** consisting of Primary Series and booster doses as listed below. (N.J.S.S.C. Chapter 14 requires immunizations must be complete and up-to-date or student may be excluded from school.)

DTaP - (Diphtheria, Tetanus, Pertussis) must have 4 doses.

IPV - (Polio) - must have 3 doses.

MMR - (Measles- Mumps – Rubella) - must have 1 dose given after the 1st birthday.

HIB – (Haemophilus B) – must have 1 dose given after the 1st birthday.

Pneumococcal Conjugate – must have 1 dose after the 1st birthday.

Varicella – must have 1 dose of the varicella (chicken pox) vaccine after the 1st birthday. (A physician or parent's statement of previous varicella infection or documented laboratory evidence of immunity will also be acceptable.)

Influenza – must have yearly dose of influenza vaccine administered between September 1st and December 31st of current school year.

3. **Mantoux Tuberculin Test**- Documentation of an IGRA or Mantoux tuberculin skin test is required for students entering school for the first time that were born in a high TB incidence country as outlined in the 2016-17 NJDHSS regulations.

If records are not received within the stated time, the students will be excluded from school. **Your cooperation is essential!** If you have any questions, please contact the school health office at (201) 768-6060 extension 51534.

Sincerely,
Kelly Tiscornia, RN
tiscorniak@nvnet.org
Nurse, County Road School

I have read and understand the rules of registration concerning preschool health and immunization requirements.

Student's Name _____
Parent/Guardian _____
Signature _____ Date _____

**DEMAREST PUBLIC SCHOOLS , DEMAREST, NEW JERSEY
PRESCHOOL PHYSICAL AND IMMUNIZATION RECORD**

Name (Last) _____ (First) _____ Address _____

Birthdate _____ Parent's Name _____ Phone # _____

PHYSICAL REPORT: Ht: _____ Wt: _____ BP: _____ Hearing: R _____ L _____

Vision: R20/ _____ L20/ _____ Laboratory: Urinalysis _____ HGB/HCT _____ Other _____
with/without glasses (Circle)

Respiratory _____

Cardiovascular _____

Abdomen _____ Genitalia _____ Skin _____

Musculoskeletal _____ Neurological _____

RECOMMENDATIONS	NO	YES	Comments
1. Any defect of vision, hearing or speech that the school could compensate for by proper seating, etc.?			
2. Any condition limiting classroom activity? Any condition limiting physical education?			
3. Any significant allergies or asthma?			
4. Any condition which may result in classroom emergency?			
5. Any emotional, mental or physical condition requiring periodic medical observation?			
6. Any medication taken on a daily basis?			

VACCINE TYPE	DISEASE DATE	1 ST DOSE Mo/Day/Yr	2 ND Dose Mo/Day/Yr	3 RD Dose Mo./Day/Yr	4 TH Dose Mo/Day/Yr	5 TH Dose Mo/Day/Yr	Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS- DTP							
POLIO - IPV							
MEASLES, MUMPS, RUBELLA - MMR							
HAEMOPHILUS B - HIB							
PNEUMOCOCCAL CONJUGATE							
VARICELLA							
INFLUENZA							
HEPATITIS B							

Mantoux	Date Tested	Date Read	Result(mm)	CXR (date)	Normal	Abnormal	Meds. Prescribed (Date)

Date of examination: _____ Physician's Signature _____

Physician's Address _____

Phone Number _____

COUNTY ROAD SCHOOL

DEMAREST PUBLIC SCHOOL DISTRICT

130 COUNTY ROAD
DEMAREST, NJ 07627
201-768-6060

MR. FRANK J. MAZZINI
PRINCIPAL

We are so happy to welcome your child into our educational community.

Our Preschool Team will be working diligently to help transition our preschoolers into their new learning environments. All of the classes will have scheduled visits to the bathroom where the students are taken to the bathroom multiple times during the morning and afternoon parts of their day.

Below you will find the Demarest Early Learners toileting expectations which were presented during the Preschool Open House. Please review these procedures below.

TOILETING EXPECTATIONS

Please make certain that your child can complete the following bathroom tasks:

- Verbally express the need to use the bathroom to the teacher or aide.
- Turn the bathroom lights on and off.
- Pull garments (pants, underwear, etc.) up and down independently.
- Get on and off the toilet.
- Wipe themselves after both urination and bowel movement.
- Turn on the water, use soap, rinse hands and dry with paper towels.
- If students have a toileting accident, they need to be able to change their clothes independently.
- If your child has 1 accident, Nurse Kelly will assist your child and you will be notified via email.
- Upon your child's second accident and beyond, a phone call home will be made for each accident and you or your emergency contact will be expected to come to County Road School to change your child. Someone is expected to arrive to help your child within no more than 20-30 minutes as this is a sanitary issue.
- Please be sure that your emergency contact always has a change of clothes available in case you cannot come
- If accidents become a daily occurrence, a meeting will occur with Mr. Mazzini and your child's classroom teacher.

By signing on the portion below, you are signing off that you have read and received the toileting procedures and protocols for the Demarest Early Learner's Preschool Program. Please sign and return to Mrs. Rraci, County Road School Secretary, at your registration appointment.

I have read and understood the toileting expectations of the Demarest Early Learner's Preschool Program. I will adhere to these protocols and guidelines.

Student Name _____ Grade: _____

Parent/Guardian Name (Print) _____ Date: _____

Parent/Guardian Signature _____ Date: _____