DEMAREST PUBLIC SCHOOLS REGISTRATION FORM
KINDERGARTEN AND FIRST GRADE

Grade K ☐ 1st ☐

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 Schools Emergency Information Card

Please Print All Information

Grade _____

Student's Name _____ Birth Date _____
Last First Month/Day/Year

Address _____ Home Phone # _____

Parent/Guardian: To serve your child in case of accident/ sudden illness, it is necessary that you give the following information for emergency calls:

Parent 1 Contact Name _____ Relationship to Student _____

Work # _____ Cell # _____ Email Address _____

Parent 2 Contact Name _____ Relationship to Student _____

Work # _____ Cell # _____ Email Address _____

Address of Non-custodial Parent if pertinent. Address _____

List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physicians named below and follow their instructions. In the event that it is impossible to contact the physician, school officials are hereby authorized to take whatever action is deemed necessary for the health of the aforesaid child. I will not hold the school district responsible for the emergency care and/or transportation for said child.

Local Physician's Name _____ Office # _____

Local Dentist's Name _____ Office # _____

(2020)

DEMAREST PUBLIC SCHOOL DISTRICT

County Road School	Luther Lee Emerson School	Demarest Middle School
130 County Road	15 Columbus Road	568 Piermont Road
Demarest, NJ 07627	Demarest, NJ 07627	Demarest, NJ 07627
(201)768-6060 x51600	(201)768-6060x52600	(201)768-6060x53600

INFORMATION FORM FOR NEW STUDENTS

The following information is provided to assist teachers in integrating the student into our school as quickly as possible.

NAME _____
First Middle Last

DATE OF BIRTH _____

LANGUAGE SPOKEN AT HOME _____

ENROLLING IN GRADE _____

LAST SCHOOL ATTENDED_____
(Including Pre-School if applicable)

ADDRESS OF
SCHOOL_____

WEARS GLASSES: YES _____ NO _____

USES HEARING AID: YES _____ NO _____

ALLERGIES: YES _____ NO _____

IF YES, DESCRIPTION:

_____

_____

DEMAREST PUBLIC SCHOOL DISTRICT		
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130 County Road	**15 Columbus Road**	**568 Piermont Road**
Demarest, NJ 07627	**Demarest, NJ 0762**	**Demarest, NJ 07627**
(201)768-6060 x51600	**(201)768-6060x52600**	**(201)768-6060x53600**

Home Language Survey Form

The home language survey is used solely to offer appropriated education services (U.S. ED EL). This survey is the first of three steps to identify whether a student is eligible to be identified as and English language learner (ELL).

Student Information

Student name:_____ Student birth date: _____

Street Address:_____

City:_____ State:_____ Zip Code: _____

Phone number:_____

Survey Questions

Question 1: List all languages used in the student's home:

_____

Question 2: Was the first language used by the student a language other than English?

- No ☐
- Yes ☐

Question 3: Does the student speak or understand a language other than English?

- No ☐
- Yes ☐

Question 4: When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English *most of the time*?

- No ☐
- Yes ☐

Question 5: When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English *most of the time*?

- No ☐
- Yes ☐

DEMAREST PUBLIC SCHOOLS, DEMAREST, NEW JERSEY
PHYSICAL AND IMMUNIZATION RECORD **Grade _____**

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_____

Musculosketal_____ 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	1ST DOSE Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo./Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS- DTP (If DT or TD, indicate in corner box)							
POLIO - Oral Polio Vaccine(OPV) (If Salk Vaccine, indicate IPV in corner box.)							
MEASLES, MUMPS, RUBELLA (MMR)							
MEASLES							
RUBELLA							
MUMPS							
VARICELLA							
HAEMOPHILUS B (HIB)							
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 _____

Demarest Public School District
Demarest, New Jersey 07627

Dear Parent/Guardian,

Welcome to the Demarest Public School system. Registering your son/daughter for **Kindergarten -8th Grade** requires that the following information be included and submitted to the Health Services Department.

1. Record of **physical examination within one year** of entry date to school. (NOTE: Please use the **appropriate form—Kindergarten-Grade 4** physical or **Grade 5-8** physical.
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.)
   - **DTP – must have minimum of 4 doses – one dose must be on or after the 4th birthday.** A child who has received a total of **5 doses** will be in compliance with this regulation. (NOTE: If a child is **age 7-9**, 3 doses of Td or combination of DTP, DTaP or DT **totaling 3 doses** is acceptable.)
   - **Tdap – this is for pupils entering grade 6 and born on or after 1/1/1997.** Not required if DTP or Td within five years of entering grade 6.
   - **Polio – must have minimum of 3 doses – one dose must be on or after the 4th birthday.** A child with **4 doses** of polio vaccine will meet this requirement. (NOTE: For children age **7 or older, any 3 doses** of OPV or IPV will be in compliance with this regulation.)
   - **Measles-Mumps-Rubella—must have 2 doses of measles vaccine and 1 dose of mumps and rubella vaccine given on or after the first birthday.** (NOTE: Documented laboratory evidence of measles, mumps and/or rubella immunity will be in compliance with this regulation.)
   - **Hepatitis B Vaccine—must have completed a 2-dose hepatitis B regimen or a 3- dose hepatitis B regimen.** All children entering Kindergarten thru eighth grade must have 3 doses. If a child is over age 11 and has not received any doses, he/she may receive the 2 dose formula.
   - **Varicella Vaccine—must have one dose for all children born after January 1, 1998, given on or after first birthday.** (NOTE: Laboratory evidence of immunity, physician or parental statement of previous varicella disease is acceptable.)
   - **Meningitis Vaccine—must have one dose on entering grade 6 for all children born on or after January 1, 1997.** Applies to children turning 11 and in 6th grade.
3. **Mantoux Tuberculin Test**—Required on students entering the school system from **out of country as directed by New Jersey Department of Health annually.** Valid only if administered **within the previous six months.**

Students transferring within the state must bring their records with them to enter. Students entering from out of state or from another country have a 30-day period in which to obtain records. If records are not received within the stated time, the student will be excluded from school.

YOUR COOPERATION IS ESSENTIAL!

Very truly yours,
Health Services

Cut and return

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

Student's Name _____ Grade _____

Parent/Guardian
Signature _____ Date_____

1/17