

**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 Schools Emergency Information Card

**Please Print All Information**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Birth Date \_\_\_\_\_  
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 # \_\_\_\_\_

**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 07627  
(201)768-6060x52600

Demarest Middle School  
568 Piermont Road  
Demarest, NJ 07627  
(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:  
\_\_\_\_\_  
\_\_\_\_\_

<b>DEMAREST PUBLIC SCHOOL DISTRICT</b>		
<b>County Road School</b> 130 County Road Demarest, NJ 07627 (201)768-6060 x51600	<b>Luther Lee Emerson School</b> 15 Columbus Road Demarest, NJ 0762 (201)768-6060x52600	<b>Demarest Middle School</b> 568 Piermont Road Demarest, NJ 07627 (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:

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**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 \_\_\_\_\_

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 <sup>ST</sup> DOSE Mo/Day/Yr	2 <sup>nd</sup> Dose Mo/Day/Yr	3 <sup>rd</sup> Dose Mo./Day/Yr	4 <sup>th</sup> Dose Mo/Day/Yr	5 <sup>th</sup> 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 -8<sup>th</sup> 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 4<sup>th</sup> 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 4<sup>th</sup> 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 6<sup>th</sup> 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

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Cut and return

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

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_