

REGISTRATION STEPS:

1. Visit the EFS website at www.efs-k-6.org and click the Registration Information link.
2. Review proof of age, proof of residency and medical requirements.
3. Print the required forms and gather the required documents.
4. Scan the completed forms and documents and save them to your device. (It is helpful if you include your child's name in the file name when you save each item)
5. Click the Genesis Registration link to complete the registration online and upload your documents as instructed.
6. Once your online registration is complete, you will receive a confirmation email.
7. You do not need to do anything else at this time, we will contact you if we need any additional information or have any questions.

REGISTRATION REQUIREMENTS:

1. Proof of Age: A child is eligible for entrance into Essex Fells School who will have attained the below ages on or before October 1st of the school year in which entrance is sought.

- a. Half Day Preschool Program – 4 years or turn 3 by October 1st (tuition based)
- b. Full Day Kindergarten – 5 years
- c. Required: You must provide your child's birth certificate as evidence of your child's age.

2. Proof of Residency: You must be a resident of Essex Fells to register in this school district. The following items must be presented:

- a. Residency/Domicile Status Form A, B, C, or D
- b. Three of the following items: Deed/Lease/Tax bill, utility bill, valid photo ID with an Essex Fells address.

3. Student Medical Examination Form including immunization record to be filled out by family doctor.

4. PTA/EFFEE Contact Form

5. For Preschool only – Tuition payment

- a. Check for a \$500 deposit made out to Essex Fells Board of Education can be mailed to:

Tina Rivera, Essex Fells School, 102 Hawthorne Road, Essex Fells, NJ 07021

Essex Fells School
Medical Information and Treatment Permission Form

Child's Name: _____ Grade/Teacher: _____

Primary Contact: _____ Phone #: _____

Please list all your child's allergies to food(s), drug(s), plant(s), animal(s) etc.:

All cuts will be cleaned with soap and water

Circle **Yes** or No - for the following to be offered/used if needed

For cuts and scrapes

Yes or No - Neosporin

Yes or No - Bacitracin

Yes or No - Band-Aid No hurt / Bactine Sting-Free Wash

For Poison Ivy

Yes or No - Calamine, Calagel

For rashes, bug bites, skin irritation(s)

Yes or No - Calamine, Caladryl Clear, hydrocortisone cream

For sore throat and/or coughs

Yes or No - Cough drop/Throat lozenges

For canker sores and/or gum pain

Yes or No - Oragel/Anbesol/Orabase

For muscle soreness

Yes or No - Ben Gay/Mineral Ice

For stomach upset

Yes or No - Tums

Yes or No - Cheerios

List any chronic medical conditions (diabetes, asthma, epilepsy, other)

Has your child ever had surgery? Yes or No If yes, please list _____

Please check the appropriate box for the follow:

Medications Taken?

List Allergies (medicine, food or other)

Type of reaction/Describe

None Yes

None Yes Yes- Life threatening

(Rash, hives, shock, etc.)

Last Eye Exam (month/year) _____

Glasses/Contacts Yes or No

Last Dental Exam (month/year) _____

Braces/Retainer Yes or No

Any school restrictions? Yes or No If yes, please explain: _____

Primary Doctor _____

Telephone _____

Dentist _____

Telephone _____

Preferred Hospital _____ Address _____

Telephone _____

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

Yes _____

If Yes, name of insurance company _____

No _____

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

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

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and 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 that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian's Signature

Date

Essex Fells School
 102 Hawthorne Road
 Essex Fells, NJ 07021
 973-226-0505

Student Medical Examination
(to be completed by a licensed health provider)

Student Name:		Date of Birth:		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Home Address:					
School:			Grade:		
Growth and Development:					
Normal		Premature		Term	
Complications					
Early illness or injury					
Systems Review:					
Height		Weight		Pulse	
Blood Pressure					
Vision:	R	L	B	Glasses/Contacts	
Audio:	R	L	EENT	Speech	
Integument		Head & Neck		Lymphatic	
Respiratory		Cardiovascular		Abdomen	
Gastrointestinal		Genitourinary		Urinalysis	
Musculoskeletal		Hernia		Scoliosis	
Nervous		Emotional Symptoms		Nutrition	
Oral Health					
Neurological/Psychological:					
General Assessment:					
Allergies/Drug Sensitivities (Please list any special needs and/or medication required):					
Medical History and any other medical conditions:					
	Year		Year		Year
Lyme Disease		Asthma		Strep Infections	Operations/Injuries
Seizure Disorder		Diabetes		Hospitalizations	Congenital Defects
Other					
Last Dental Checkup and Treatments					

Essex Fells School
 102 Hawthorne Road
 Essex Fells, NJ 07021
 973-226-0505
 (PLEASE USE PAGE 2 FOR IMMUNIZATION HISTORY)

Student Name: _____		DOB: _____	
Immunization History: (Please include month/day/year of vaccine)			
DTaP:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	3. _____ <i>mm/dd/yy</i>
			4. _____ <i>mm/dd/yy</i>
			5. _____ <i>mm/dd/yy</i>
			Booster
Tdap:	_____		
<i>(for students born after January 1997 and students entering Grade 6)</i>			
			Booster
Polio	IPV:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>
		3. _____ <i>mm/dd/yy</i>	4. _____ <i>mm/dd/yy</i>
		5. _____ <i>mm/dd/yy</i>	
	OPV:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>
		3. _____ <i>mm/dd/yy</i>	4. _____ <i>mm/dd/yy</i>
		5. _____ <i>mm/dd/yy</i>	
MMR:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	3. _____ <i>mm/dd/yy</i>
Measles:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	
Mumps:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	
			Varicella Zoster: 1. _____ <i>mm/dd/yy</i>
			2. _____ <i>mm/dd/yy</i>
Rubella:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	
HIB Vaccine:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	3. _____ <i>mm/dd/yy</i>
			4. _____ <i>mm/dd/yy</i>
			5. _____ <i>mm/dd/yy</i>
Hepatitis A Vaccine:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	
Hepatitis B Vaccine:	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	3. _____ <i>mm/dd/yy</i>
PPD Mantoux (TB):	Date Tested: _____	Date Read: _____	Results: _____
Lead Test:	Date Tested: _____	Lead Level: _____	
Influenza Vaccine: <i>(mandatory for pre-school students)</i>	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	3. _____ <i>mm/dd/yy</i>
			4. _____ <i>mm/dd/yy</i>
Pneumococcal Vaccine: <i>(mandatory for pre-school students)</i>	1. _____ <i>mm/dd/yy</i>		
Meningococcal Vaccine: <i>(mandatory for incoming Grade 6 students)</i>	1. _____ <i>mm/dd/yy</i>	2. _____ <i>mm/dd/yy</i>	3. _____ <i>mm/dd/yy</i>
Other (specify):	_____		

Date of Examination: _____ Physician Signature: _____

Essex Fells School
102 Hawthorne Road
Essex Fells, NJ 07021
973-226-0505

Health Services Information
For Registration

All new students entering the Essex Fells School must have the following health-related documentation on record prior to his/her first day of school:

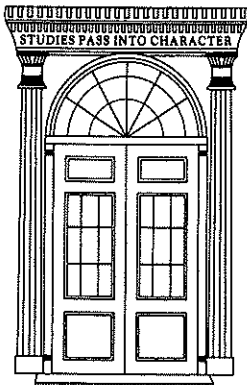
Pursuant to Title 8-Chapter 57, New Jersey Department of Health and Regulations require that all New Jersey pupils be immunized. No pupil will be admitted to school in our district without evidence of having been immunized by the following agents and a Certificate of Immunization History completed and signed by a licensed health care provider:

- Diphtheria Toxoid
- Pertussis Vaccine (Whooping Cough)
- Tetanus Toxoid
- Live Poliomyelitis Vaccine – Trivalent
- Live attenuated Measles Virus Vaccine and Measles Booster Vaccine
- Live Rubella Virus Vaccine (German Measles)
- Live Mumps Vaccine
- HIB Vaccine (required for all incoming kindergarten and pre-school students)
- Hepatitis B Vaccine
- Varicella Vaccine (Chicken Pox)
- Influenza (Flu Vaccine) (Required for all Preschool Students)

Pursuant to N.J.A.C. 6A:16-2.2, upon entering the school district each child must have an up-to-date physical examination and immunization record. This examination must have been completed by a licensed health care provider no more than 365 days prior to entering school. Please return this form to the school nurse. Failure to submit the Form could result in your child's exclusion from school.

*The Health Services Information packet should be brought to the School Nurse. However, if they are not yet completed, all forms must be provided no later than September 8. If your child was born between June 1 and October 1, please provide the most up to date immunization records by the end of the 1st week of school and provide the completed Student Medical Examination Form as soon as possible.

If you have any questions, please call the School Nurse, **Mrs. Mary Renz, MSN, RN, CSN** at **973-226-0505, Extension 208**.



Essex Fells School District
102 Hawthorne Road
Essex Fells, New Jersey 07021

Please return this form to school with your registration paperwork.

Dear Future Essex Fells School Family,

Welcome! The Essex Fells School benefits from the commitment and active involvement of the Parent/Teacher Association (PTA) and the Essex Fells Foundation for Educational Excellence (EFFEE). The PTA will need to contact you to order lunches and school supplies for your children. In order to do that, they need your contact information.

- Yes. I give the Essex Fells School permission to share my contact information with the Essex Fells PTA/EFFEE.

Family Name: _____

Child's name and grade: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Nanny/caregiver phone number: _____

Each year the PTA publishes a directory of all school families that choose to participate.

- Yes. We would like the contact information listed above to be included in the PTA directory.

The PTA and EFFEE look forward to welcoming you to the EFS community!

Cindy Mehta PTA Co-President 917-517-7321 cmehta012@gmail.com	Nicole Skopak PTA Co-President 973-454-4861 zook327@hotmail.com	Ed Lavezzo PTA Vice President 917-453-9078 edlavezzo@gmail.com	Farrah Carnahan PTA Co-Secretary 973-464-8415 farrahdc@gmail.com	Danielle Roglieri PTA Co-Secretary 732-423-9911 droglieri@gmail.com	Lindsey Mazzara PTA Treasurer 708-903-1207 lindseymazzara@gmail.com
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Gemma Diaco EFFEE President 973-941-5761 gemma.diaco@gmail.com	Barbara Luca EFFEE – VP of Grants 973-615-1378 barbarmarieluca@gmail.com	Annemarie Hochkeppel EFFEE of Finance 973-464-3323 Annemarie.hochkeppel@gmail.com	Kelly Zarah EFFEE Treasurer 973-851-4294 kellyzarah@gmail.com	Ashley Moran EFFEE Secretary 917-825-5935 ashleymoran26@gmail.com
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Residency Status Forms

To the Person Enrolling the Student: Please complete the appropriate section A, B, C or D, according to the situation best matching the student's circumstances:

Complete SECTION A (*Domicile*) if the student is living with a parent or guardian whose permanent home is the address given on the Registration Form and is located in the district.

or

Complete SECTION B (*"Affidavit" Student*) if the student is living with a person domiciled in the district, other than the parent or guardian.

or

Complete SECTION C (*Temporary Resident*) if the student is living with a parent or guardian temporarily residing within the district.

or

Complete SECTION D (*Special Circumstances*) if the student's situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.

Name: _____

Essex Fells Address: _____

SECTION A (DOMICILE) CONTINUED

Please note: No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year; other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or legal guardian.

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

END OF SECTION A

Name: _____

Essex Fells Address: _____

SECTION C (TEMPORARY RESIDENT) Complete this section if the student is living with a parent or guardian temporarily residing within the district, even if the parent has a domicile elsewhere.

How long have you lived in this residence? _____

Do you have a domicile or residences(s) elsewhere, and, if so, where are they and when do you live there?

Please list three forms of proof (see list on Registration cover page) you will provide to demonstrate that you are residing at the address given on the Registration Form, and that such residence is not solely for the purpose of the student attending school in the district.

1. _____

2. _____

3. _____

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) _____

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

If not, for what portion of time does the student reside with each parent and at what addresses?

(Continued on next page)

Name: _____

Essex Falls Address: _____

SECTION D. (SPECIAL CIRCUMSTANCES) Please indicate if any of the following apply.

_____ The student is the child of a parent or guardian who has moved to another district as the result of being homeless.

_____ The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)

_____ The student has been placed in the district by the Division of Youth and Family Services acting as the student's legal guardian.

_____ The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency.

_____ The student is kept in the home of a person domiciled in the district, other than the parent or legal guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty?

_____ The student resides on federal property? Where? _____

_____ The student's circumstances do not appear to be addressed anywhere in this application, I understand that I will be contacted by *(name of administrator or office)* for further information.

END OF SECTION D