

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

## REGISTRATION REQUIREMENTS for ESSEX FELLS RESIDENTS

### *PRESCHOOL or KINDERGARTEN REGISTRATION*

To be eligible for the tuition-based preschool, children must be 4 years-old or turn 3 by October 1 of any year. To be eligible for kindergarten, children must be 5 years-old on or before October 1. For special education services, parents should contact the Essex Fells Child Study Team at 973-226-0505 x229.

For preschool or kindergarten registration, please complete / provide copies \* of the following:

- *Registration Form*
- *Birth Certificate \**
- *Proof of Residency – 3 items: \**
  - Deed/lease/tax bill, a photo ID, and a utility bill with name and Essex Fells address*
- *Student Medical Examination Form (including immunization records) – to be filled out by family doctor*
- *Home Language Survey*
- *PTA/EFEE Contact Form*
- *Residency/Domicile Status Form A, B, C or D*
- *For Preschool Only: Tuition Payment*

### *TRANSFER STUDENTS*

For students transferring from schools outside of Essex Fells, please complete / provide copies \* of the following:

- *All items above, and*
- *Request for Records Form – please complete bottom section and return to EFS for mailing to student's previous district*
- *Most recent report card \**
- *Documents detailing any additional supports provided by previous district, if applicable (i.e., IEP, 504, I&RS, etc.) \**

Essex Fells School  
**REGISTRATION FORM**

Preschool only: Preference:  AM  PM (Subject to class size)

Pupil's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Ethnicity:  Am. Indian  Asian  Black  Hispanic  Pacific  White Sex \_\_\_\_\_

Student's Physical Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Previous School or Nursery School and Address of School \_\_\_\_\_

Dates Attended \_\_\_\_\_

\* Name of Primary Contact (Dr./Mr./Mrs.) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Contact - Place of Birth \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Primary Contact - Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

\* Name of Secondary Contact (Dr./Mr./Mrs.) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Secondary Contact - Place of Birth \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Secondary Contact - Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent/Guardian with whom child resides, (if different than above) \_\_\_\_\_

\* Please indicate any unusual circumstances on back of this form: i.e. parent(s) last name different than child; non-resident parent who wishes to get notices, deceased parent; any other pertinent information.

OTHER CHILDREN IN FAMILY:			
Name _____	Date of Birth _____	Name _____	Date of Birth _____
Name _____	Date of Birth _____	Name _____	Date of Birth _____

**CERTIFICATION OF RESIDENCY:** I hereby certify that I am a resident of the Borough of Essex Fells, New Jersey.

Name \_\_\_\_\_ Date \_\_\_\_\_

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- FOR OFFICE USE ONLY**     Birth Certificate     Transfer     Home Language Survey     Immunization Record  
 Deed/Tax Bill/Lease     Photo ID     Utility Bill     Other \_\_\_\_\_     Residency Form A B C D     Deposit (for Preschool only)

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 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:					
Email Address:		Cell #:		Home #:	
Grade:					
<b>Growth and Development:</b>		Normal		Premature	
		Term			
Complications					
Early illness or injury					
<b>Systems Review:</b>					
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):					
<b>Medical History and any other medical conditions:</b>					
	Year		Year		Year
Lyme Disease		Asthma		Strep Infections	Operations/Injuries
Seizure Disorder		Diabetes		Hospitalizations	Congenital Defects
Other					
Last Dental Checkup and Treatments					

(PLEASE USE PAGE 2 FOR IMMUNIZATION HISTORY)

Essex Fells School  
102 Hawthorne Road  
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973-226-0505

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:		_____				Booster	
<i>(for students born after January 1997 and students entering Grade 6)</i>							
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's Signature: \_\_\_\_\_

ESSEX FELLS SCHOOL  
102 Hawthorne Road  
Essex Fells, NJ 07021

HOME LANGUAGE SURVEY

The State of New Jersey requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions:

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Age: \_\_\_\_\_

Please check if English is the only language used in your home: \_\_\_\_\_  
If others are used, complete the following:

a. What language did your child learn when he/she first began to talk? \_\_\_\_\_

b. What language does your child most frequently use at home? \_\_\_\_\_

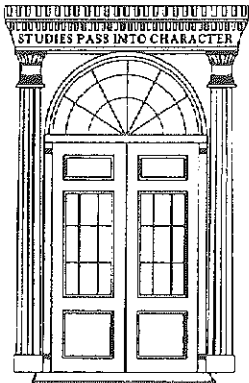
c. What language do you use most frequently to speak to your child? \_\_\_\_\_

d. Name the languages most often spoken by the ADULTS at home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Parent(Guardian)

\_\_\_\_\_  
Date



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!

Julie Piccoli  
PTA President  
973-879-9951  
[julsy7@gmail.com](mailto:julsy7@gmail.com)

Margaret Nowak  
PTA Co-Vice President  
908-797-8653  
[mags2233@hotmail.com](mailto:mags2233@hotmail.com)

Cindy Mehta  
PTA Co-Vice President  
917-517-7321  
[cmchta012@gmail.com](mailto:cmchta012@gmail.com)

Lindsey Mazzara  
Secretary  
708-903-1207  
[lmulvey7@gmail.com](mailto:lmulvey7@gmail.com)

Brenda Cioce  
PTA Treasurer  
973-943-9185  
[bcioce@roselandproperty.com](mailto:bcioce@roselandproperty.com)

Laura D'Avella  
EFFEE President  
973-879-6567  
[LZDavella@yahoo.com](mailto:LZDavella@yahoo.com)

Maya Autret  
EFFEE-VP of Grants  
917-239-9121  
[mayanation@gmail.com](mailto:mayanation@gmail.com)

Lucinda Davis  
EFFEE Treasurer  
917-375-7963  
[edludavis2@mac.com](mailto:edludavis2@mac.com)

Greg Gardner  
EFFEE Finance Chair  
201-213-4900  
[gclbgardner@yahoo.com](mailto:gclbgardner@yahoo.com)

Gemma Diaco  
EFFEE Secretary  
973-941-5761  
[gemma.diaco@gmail.com](mailto:gemma.diaco@gmail.com)

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REQUEST FOR RECORDS

The child listed below has enrolled at the Essex Fells Public School, Essex Fells, NJ.

\_\_\_\_\_

(Student)

Please send to the address above all report cards, standardized test scores and evaluation reports you have for this child. We are interested in records and information which will be helpful to our teachers and Child Study Team.

Thank you for your consideration.

\_\_\_\_\_

(Principal/Superintendent)

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I hereby authorize the release of my child's records.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Records are requested from (school name and address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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):** *Complete this section 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. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B.*

How long have you lived in this home? \_\_\_\_\_

Do you have any present intention of moving from this home? If so, when and to where?  
\_\_\_\_\_

Do you have 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 the address given on the Registration Form is your permanent home.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*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?  
\_\_\_\_\_  
\_\_\_\_\_

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?  
\_\_\_\_\_

*(Continued on next page)*

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.

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*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 B ("AFFIDAVIT" STUDENT):** *Complete this section if the student is living with a person domiciled in the district, other than the parent or guardian.*

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person's lease, if a tenant, or a sworn landlord's statement, if a tenant without written lease.)

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Students are not eligible to attend school as "affidavit" students unless the student's parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian's family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.)

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*Please note: A student will not be considered ineligible because required sworn statements(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.*

*A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.*

*A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.*

*It is not necessary that legal guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.*

**END OF SECTION B**

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 Fells Address: \_\_\_\_\_

SECTION C (TEMPORARY RESIDENT): CONTINUED

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

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*Please note: No district is required, as a result of being the district of temporary residence 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 residing within the district to the extent required by law.*

END OF SECTION C

Name: \_\_\_\_\_

Essex Fells 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