

Essex Fells School District

102 Hawthorne Road

Essex Fells, New Jersey 07021

Dear Parents:

From January 25th through January 29th, the Essex Fells School District will conduct its half-day Preschool and full-day Kindergarten registration for new students. If your child is currently attending EFS you do not need to re-register. For Preschool only, please mail a check for the \$500 tuition deposit.

The district requests that all children eligible for the 2021-2022 school year register at this time so that we may properly plan for September.

A child must turn 3 or be four years of age for Preschool, five years of age for Kindergarten on or before October 1, 2021 to be eligible for school in September 2021.

All registrations will be completed via our online registration portal. Due to the challenges of the Coronavirus pandemic, we look forward to a time in the near future when we can provide incoming families the opportunity to visit our school in person.

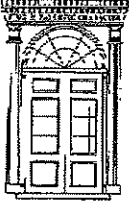
To begin your child's registration, please visit the Essex Fells School website at www.efsk-6.org. You will see a Registration Information link under Announcements, please click and read this first to ensure you have all the necessary information requested. Once completed, click the Online Registration Portal link to begin your online registration.

Please share this information with friends and neighbors in the district who do not already have children in the school system. If you have any questions, please contact Tina Rivera, at 973-226-0505 x211 or trivera@efsk-6.org.

Sincerely,

Michelle V. Gadaleta

Principal/Superintendent



REGISTRATION STEPS:

1. Visit the EFS website at www.efsk-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/EFPEE 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
 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	
Seizure Disorder		Diabetes		Hospitalizations	
Other					
Last Dental Checkup and Treatments					

(PLEASE USE PAGE 2 FOR IMMUNIZATION HISTORY)

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

Student Name: _____ **DOB:** _____

Immunization History: (Please include month/day/year of vaccine)

DTaP: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy **Booster**

Tdap: _____
(for students born after January 1997 and students entering Grade 6) **Booster**

Polio IPV: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

OPV: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

MMR: 1. _____ 2. _____ 3. _____
mm/dd/yy mm/dd/yy mm/dd/yy

Measles: 1. _____ 2. _____
mm/dd/yy mm/dd/yy

Mumps: 1. _____ 2. _____ **Varicella Zoster:** 1. _____ 2. _____
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

Rubella: 1. _____ 2. _____
mm/dd/yy mm/dd/yy

HIB Vaccine: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

Hepatitis A Vaccine: 1. _____ 2. _____
mm/dd/yy mm/dd/yy

Hepatitis B Vaccine: 1. _____ 2. _____ 3. _____
mm/dd/yy mm/dd/yy mm/dd/yy

PPD Mantoux: Date Tested: _____ Date Read: _____ Results: _____
(TB)

Lead Test: Date Tested: _____ Lead Level: _____

Influenza Vaccine: 1. _____ 2. _____ 3. _____ 4. _____
(mandatory for pre-school students) *mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy*

Pneumococcal Vaccine: 1. _____
(mandatory for pre-school students) *mm/dd/yy*

Meningococcal Vaccine: 1. _____ 2. _____ 3. _____
(mandatory for incoming Grade 6 students) *mm/dd/yy mm/dd/yy mm/dd/yy*

Other (specify): _____

Date of Examination: _____ Physician's Signature: _____

Essex Fells School
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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:

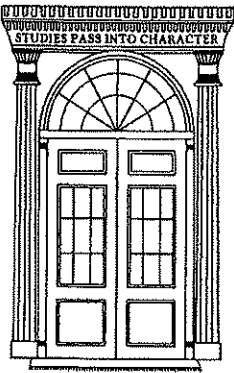
Pursuant to Title 8-Chapter 57, New Jersey Department of Health and Regulations require that all New Jersey pupils be immunized. No pupil will be admitted to school in our district without evidence of having been immunized by the following agents and a Certificate of Immunization History completed and 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 President
917-517-7321
cmehta012@gmail.com

Nicole Skopak
PTA Vice President
973-454-4861
zook327@hotmail.com

Farrah Carnahan
PTA Secretary
973-464-8415
farrahdc@gmail.com

Lindsey Mazzara
PTA Treasurer
708-903-1207
lindseymazzara@gmail.com

Laura D'Avella
EFFEE President
973-879-6567
LZDavella@yahoo.com

Barbara Luca
EFFEE-VP of Grants
973-615-1378
barbaramarieluca@gmail.com

Eric Makovsky
EFFEE Treasurer
201-988-6586
makovsky195@gmail.com

Annemarie Hochkeppel
EFFEE of Finance
973-464-3323
annemarie.hochkeppel@gmail.com

Gemma Diaco
EFFEE Secretary
973-941-5761
gemma.diaco@gmail.com

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.

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.)

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.)

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?

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