Harrison Public Schools
PRE-SCHOOL
Registration Packet
School Year 2020-2021

Paquete De Residencia
Escuelas Publica De Harrison
NON-DISCRIMINATION NOTICE

"It is the policy of the Board of Education of the Harrison Public Schools not to discriminate in its programs, activities, employment practices or admission policies on the basis of race, color, creed, religion, sex, ancestry, national origin, genetics, affectional and sexual orientation, disability or social or economic status."

Inquiries or complaints regarding affirmative action, discrimination (including Title IX requirements), sexual harassment or equity should be directed to:

Joan McNichol, AAO/Section 504 Officer/Title IX Coordinator
Harrison Public Schools
(973) 482-5050 Ext. 1519

Email: joan.mcnichol@staff.harrisonschools.org
Dear Parents and Students,

On behalf of the Harrison Board of Education, I would like to welcome you to Harrison Public School District. I want you to know that it is my goal to provide the students with the best education possible.

In September, 2020, we will be opening a state of the art school which will serve kindergarten, first grade, and one in-district preschool classroom. Kennedy Elementary School will offer students an opportunity to use technology in every room everyday.

Harrison School District is continually updating our curricula opportunities so our students develop the skills they need to be successful. Our elementary and intermediate schools are being taught English Language Arts using Reading and Writing workshops as the backbone for instruction. Grades K - 8 are receiving STEAM instruction weekly and Harrison High School offers a STEAM Academy which offers our students a rigorous course of study which will enable our students to pursue careers in engineering, technology, and medical careers.

Harrison School District offers numerous extra-curricular activities as well as expanded after-school and summer school programs which include students in all grade levels.

During the 2020-2021 school year, our district plans to achieve the following objectives:

- Continue the high quality education program that provides our students with 21st Century Skills and curriculum necessary for academic personal success.
- Continue to implement technology programs that assist parents in monitoring student progress via the district web portal, accessing real-time data on their child’s progress, and access to district curriculum via the Harrison Public school’s website.
- Continue to work with the Board of Education to provide the resources for the successful After-School and Summer School Enrichment Programs.
- Continue to enhance our already successful academic programs, where a higher number of our students are passing statement assessments, making them far more ready for “College and Careers”.

In order to achieve the aforementioned goals, we continually provide our teaching staff with comprehensive professional development opportunities which offer “job-embedded” trainings which allow our highly professional staff to be skilled at using the most effective teaching methodologies.

Please be assured of my dedication and commitment to providing your child with a well-rounded education that will enable them to be successful in their future endeavors. As Acting Superintendent, I will always maintain an open door policy; so please do not hesitate to contact me with any concerns.

Sincerely,

Maureen Kroog
Acting Superintendent of Schools/
Director of Curriculum and Instruction

Mk: tp
ENROLLMENT AT HARRISON PUBLIC SCHOOLS

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- PSE&G bill, telephone bill, cable bill, paycheck stub, bank statement with CURRENT ADDRESS
- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

List of Additional Documents (see page 2 and 3)

- Student Registration Form
- Student's Health/Medical Records
- Student's Transfer Card/Unofficial Transcripts/Test Scores
- Student's Birth Certificate
- Custody Papers (if parents are divorced or if person is not parent, but has legal custody)
- National School Lunch Program (NSLP) Form
- Completed Physical
- Insurance Information
- Registration Affidavit
- Signed Statement of Landlord

- 1 -
The questions asked in the following pages will enable us to determine your student’s eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere

- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship

- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency

- Living with a parent or guardian who is temporarily residing in the district

- The child of a parent or guardian who moves to another district as the result of being homeless

- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2

- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)

- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that “guardian” means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian’s school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an “affidavit” student or temporary resident.

Note that the following do not affect a student’s eligibility to enroll in school:

- Physical condition of housing or compliance with local housing ordinances or terms of lease

- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school

- Absence of a certified copy of birth certificate or other proof of a student’s identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1

- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.

- Absence of a student’s prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district
The following forms of documentation may demonstrate a student’s eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an “affidavit student,” adult student, person(s) with whom a family is living, or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require or request:

- Income tax returns
- Documentation/information relating to citizenship or immigration visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student’s eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

If you experience difficulties with the enrollment process, please see Harrison Public Schools Residency Office, 620 Frank E. Rodgers Blvd. N., Harrison, New Jersey 07029, Tel. (973) 268-7825/7821, Fax (973) 268-4193 for assistance.
(NAME OF RESIDENT PARENT)  

I hereby make affidavit for my son(s)/daughter(s) 

__________________________________________ 

__________________________________________ 

__________________________________________ 

to attend the Harrison Public Schools. 

I, ______________________________________, make this Affidavit that I am a legal resident of Harrison, New Jersey, in accordance with N.J.S.A. 18A:38-1 and the Rules and Regulations of the Commissioner of Education. 

I, reside at __________________________________, in the Town of Harrison, County of Hudson. My home telephone number is _____________________________. 

I understand that I am responsible for the tuition in the amount, which is determined annually by the Harrison Board of Education should the conditions set forth in N.J.S.A., 18A:38-1 be determined to have been violated. 

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT AND/OR REPAYMENT OF TUITION. 

(Signature of Custodial Parent) 

Sworn and subscribed before me this: 

____________ day of ____________, 20__ 

Notary Public 

I, ______________________________________, being of full age duly sworn according to law, depose on my oath and say that: 

I am the Landlord of the property located at: 

__________________________________________  

(Address)  

(Floor)  

(Apt. #) 

and affirm the tenancy of those residing at the address as listed above: 

__________________________________________  

(Signature of Landlord/Homeowner)  

(Telephone # Landlord/Homeowner) 

Sworn and subscribed before me this: 

____________ day of ____________, 20__ 

Notary Public
Harrison Board of Education  
District Residency Office  
Registration/Residency Information

Note: In Plyler v. Doe, 457 US 202 (1982), the United States Supreme Court held that undocumented children living in the United States could not be excluded from public elementary and secondary schools based upon their immigration status. Accordingly, school districts are prohibited from requiring students to disclose or document their immigration status, making inquiries of students or parents that may expose their undocumented status or engaging in any practices that "chill" or hinder the right of access to public schools. The New Jersey Administrative Code (N.J.A.C. 6A:22-3.3) also prohibits the barring of any student from public elementary and secondary schools on the basis of immigration/visa status, except for students on F-1 visas. School districts should continue to enroll all students between the ages of 5 and 20 who are domiciled in the district or who are otherwise entitled to attend pursuant to N.J.S.A. 18A:38-1, et seq, and the implementing regulations, N.J.A.C. 6A:22-3.2, et seq.

Proof of Eligibility

The board shall accept any of the forms of documentation that are listed in the administrative code when they are presented by persons attempting to demonstrate a pupil's eligibility for enrollment in the district. These documents are listed in Attachment A.

The board shall consider the totality of information and documentation offered by an applicant and may accept other forms of documentation or information presented by a person seeking to enroll a pupil.

The board shall not require or request any information or document protected from disclosure by law or pertaining to criteria that are not legitimate bases for determining eligibility to attend school.

Proof of Age Birth Certificate

At the time of registration, but not later than 30 days of enrolling a child in the district for the first time, parents/guardians shall provide a certified copy of the child's birth certificate or other proof of identity. If parents/guardians refuse to comply with this requirement, the superintendent shall send them written notification that the matter will be referred to law enforcement if proof of identity is not provided within 10 days of the notice.

Age Requirements

Preschool

Any child residing in the district shall be admitted to the early childhood education program provided:

A. The child will have attained the age of three years on or before October 1 of that school year;

B. Proof shall be furnished of immunization against the communicable diseases at the time of enrollment or such immunization shall be completed within 30 days of entry into the school;

C. The child shall have been examined by a private physician or, in the absence of a medical home, by the school physician, and the results shall be furnished to the school on the form provided.

Kindergarten

Any child residing in the district shall be admitted to the kindergarten provided:

A. The child will have attained the age of five years on or before October 1 of that school year;

B. Proof shall be furnished of immunization against the communicable diseases at the time of enrollment or such immunization shall be completed within 30 days from date of entry into the school;

C. The child shall have been examined by either the school or a private physician, and the results shall be furnished to the school on the form provided.
Grade One

Any child residing in the district shall be admitted to grade one provided:

A. The child will have attained the age of six years on or before October 1 of that school year;

B. He/she has been in the first grade in another public school or has completed kindergarten in this district or in an approved kindergarten equivalent program elsewhere and been recommended for placement in first grade;

C. Proof has been furnished of immunization against communicable diseases.

Transfers Into Grades Two through 12

Pupils transferring into the district are expected to present copies of records from the previously attended school (or district) to aid in placement. Also required are proof of immunizations and proof of identity.

Within the time prescribed by law, the superintendent shall request in writing from the school or district of previous attendance, the pupil’s records.

Initial placement shall be made on the basis of the records, but adjustment may be made at the discretion of the administration when the state-mandated assessment indicates that such adjustments would be beneficial to the child. Parents/guardians shall be informed of this policy on registration.

Custody Agreement, If Appropriate

When divorced parents/guardians have joint custody of (a) minor child(ren), admission shall be based on the present address of the parent/guardian with whom the child(ren) resided as of the date required by administrative code.

Affidavit Pupils

When there is any doubt as to whether a child is entitled to free public education in the district schools, all procedures of law and code shall be followed.

Nonresidents

The district is obliged to educate children of appropriate age residing in the district. The mere owning of any property whatsoever, does not qualify a parent/guardian to send children to school in this school district.

If it is determined that an applicant for attendance at a school in the district is ineligible to attend, or a student continues to be illegally enrolled after moving from the district, the superintendent shall send a notice of ineligibility on a form that is in accordance with requirements of the administrative code.

However, no student shall be removed from the schools of this district unless his/her parents/guardians have been informed of their rights to a hearing before the board of education. No student shall be removed except by a vote of the board in open session of a regular public meeting.

Homeless Pupils

The district will determine the educational placement of homeless pupils in each child’s best interest and respond to appeals concerning them made by parents/guardians or other parties in accordance with New Jersey statutes and administrative code, as well as, pertinent federal law.

Specifically in regard to homeless students, the board shall ensure that:

A. Homeless children are not segregated in a separate school program based solely on their homeless status;

B. Homeless students are enrolled immediately, even if parents/guardians are unable to produce the records normally required of non-homeless students for enrollment;

C. At the request of parents/guardians, transportation is provided for homeless students to and from the school they attended prior to becoming homeless;

D. The superintendent designates a staff person as liaison for homeless children in the district.
The Harrison Board of Education shall accept a combination of any of the following or similar forms of documentation from persons attempting to demonstrate a student's eligibility for enrollment in the school district:

1. Property tax bills; deeds; contracts of sale; leases; mortgages; signed letters from landlords; and other evidence of property ownership, tenancy, or residency;
2. Voter registrations; licenses; permits; financial account information; utility bills; delivery receipts; and other evidence of personal attachment to a particular location;
3. Court orders; State agency agreements; and other evidence of court or agency placements or directives;
4. Receipts; bills; cancelled checks; insurance claims or payments; and other evidence of expenditures demonstrating personal attachment to a particular location or to support the student;
5. Medical reports; counselor or social worker assessments; employment documents; unemployment claims; benefit statements; and other evidence of circumstances demonstrating family or economic hardship, or temporary residency;
6. Affidavits, certifications, and sworn attestations pertaining to statutory criteria for school attendance from the parent, guardian, person keeping an “affidavit student,” adult student, person(s) with whom a family is living, or others, as appropriate;
7. Documents pertaining to military status and assignment; and
8. Any other business record or document issued by a governmental entity.

The Harrison Board of Education may accept forms of documentation not listed in (a) above, and shall not exclude from consideration any documentation or information presented by an applicant.

The Harrison Board of Education shall consider the totality of information and documentation offered by an applicant, and shall not deny enrollment based on failure to provide a particular form or subset of documents without regard to other evidence presented.

The Harrison Board of Education shall not condition enrollment on the receipt of information or documents protected from disclosure by law, or pertaining to criteria that are not a legitimate basis for determining eligibility to attend school. They include, but are not limited to:

1. Income tax returns;
2. Documentation or information relating to citizenship or immigration/visa status, except as set forth in N.J.A.C. 6A:22-3.3(b);
3. Documentation or information relating to compliance with local housing ordinances or conditions of tenancy; and

The Harrison Board of Education may consider, in a manner consistent with Federal law, documents or information referenced in (d) above, or pertinent parts thereof if voluntarily disclosed by the applicant. However, the district board of education may not, directly or indirectly, require or request such disclosure as an actual or implied condition of enrollment.
Harrison Public School District
Office of Early Childhood Education
401 Warren Street
Harrison, New Jersey 07029
973 268 5851

MAUREEN KROOG
Acting Superintendent/ Director of Curriculum and Instruction

JAMES P. DORAN, Ed.D.
Director of Personnel/Human Resources
Compliance and Crisis Management

JO ANN DIGNAZIO-BOTCH
Director of Early Childhood Programs

April 1, 2020

Dear Parents and Guardians:

The Harrison Public School District offers a pre-school program that has been authorized and approved by the New Jersey Department of Education. Unlike many day-care operations which focus principally on play time, our program has an academic component that is both intensive and of a high quality. It has the express intention of substantially increasing our children's later school achievement and their eventual economic success as adults.

In order for our students to derive these benefits their consistent attendance in our program is essential. We therefore encourage parents to be particularly vigilant that children enrolled in any of our pre-school centers attend class on a daily basis and avoid absences whenever possible.

In addition to the need for regular participation in our program, it would be beneficial to any student to continue attending the same center for the entire school year. Because the district has waiting lists of parents hoping to enroll their children at certain centers, we cannot guarantee continued enrollment at the same center to current students who are excessively absent.

As a result, children who have been absent or are leaving the country for ten (10) or more consecutive school days will be considered as having left the district permanently. Their center assignment will be offered to the next child on that center's waiting list, and there is no guarantee that a spot will be available for the child at the same center later in the year or for the following school year. In addition, the family whose child had been attending pre-school and left for ten or more consecutive days will have to re-enroll the child upon return to the district. This entails proving residency anew and completing all the usual paperwork required for first-time enrollment.

As always we welcome you and your children to our Early Childhood program. We hope that you will derive the maximum benefit it offers by seeing to your child's regular attendance at the center.

Respectfully,

JoAnn Dignazio-Botch, Director

Child Find:
If you are concerned your preschool child is developing or learning differently, you can call the school district to request an evaluation for preschool special education and related services. For more information call: 973-483-2128.

Si le preocupa que su hijo de edad preescolar se este desarrollando o aprendiendo de forma diferente, puede llamar el distrito escolar para solicitar una evaluación para educación especial preescolar y servicios relacionados. Para obtener más información llame: 973-483-2128.
HARRISON EARLY CHILDHOOD EDUCATION PROGRAM
SY 2020-21

NOTICE TO PARENT/GUARDIAN REGISTERING A PRESCHOOL STUDENT

This notice is to inform parents/guardians registering a Preschool student that your child may be transferred between Providers at some point during the 2020-21 SY. This transfer would be at the discretion of the Director of Early Childhood Education.

Child's Name: (Please print) __________________________

Parent/Guardian Signature: __________________________

Relationship to child: __________________________

Date: __________________________

Child Find:
If you are concerned your preschool child is developing or learning differently, you can call the school district to request an evaluation for preschool special education and related services. For more information call: 973-483-2128.

Si le preocupa que su hijo de edad preescolar se esté desarrollando o aprendiendo de forma diferente, puede llamar al distrito escolar para solicitar una evaluación para educación especial preescolar y servicios relacionados. Para obtener más información llame: 973-483-2128.
SCHOOL INFORMATION

INFORMACION DE ESCUELA
HARRISON SCHOOL DISTRICT
HARRISON, NEW JERSEY
REGISTRATION FORM

Name: ____________________________  Sex: Male /Female

Last  First  Middle

Home Address: ____________________________, NJ 07029

Street Address  Floor  Apt. #  City

Home Telephone: ____________________________

Place of Birth: ____________________________  Birth Date: __________

City  State  Country

For purposes of English as Second Language Reporting, please provide: (optional)

Date of entry into United States: __________

Child’s Ethnic Background: White/Hispanic/African American/Asian/Native American/Pacific Islander

School Transferring from: __________________________________________

First School Date in USA:  School Address  City and State

Former/Old Home Address: ____________________________  Street Address  City  State  Zip Code

Person Registering the Child: ____________________________  Name  Relationship to Child

Marital Status of Parents: Married/Separated/Divorced/Widowed/Remarried/Single

With whom does the child live? ____________________________  Name  Relationship

Number of Brothers and Sisters: Brothers: ___  Sisters: ___

Name: ____________________________  Age: ___  School Presently Attending: ____________________________

Name: ____________________________  Age: ___  School Presently Attending: ____________________________

Name: ____________________________  Age: ___  School Presently Attending: ____________________________

Military Connected Student Indicator: Please check the number that applies to you

1. _____ Not Military Connected

2. _____ Active Duty – Student is a dependent of a member of the Active duty Forces (Full Time)

3. _____ National Guard Or Reserve – Student is a dependent of a member of the National Guards Or Reserve Forces

4. _____ Unknown – It is unknown whether or not the student is military-connected

PLEASE IDENTIFY ANY MEDICAL PROBLEMS OR HANDICAP OF WHICH THE SCHOOL SHOULD BE AWARE:
HARRISON SCHOOL DISTRICT
HARRISON, NEW JERSEY
PARENT/GUARDIAN INFORMATION

Father's Name: ___________________________ Living: Yes/No
Last            First            Middle

Home Address: ___________________________________________
Street Address   Floor      Apt. #     City       State     Zip Code

Home Telephone #: _______________ Cell/Emergency Telephone Number: __________

Name of Employer: ___________________________

Address: ___________________________________________
Street Address   City       State     Zip Code
Telephone Number: ___________________________ Occupation: __________________

Mother's Name: ___________________________ Living: Yes/No
Last            First            Middle

Mother's Maiden Name: ___________________________

Home Address: ___________________________________________
Street Address   Floor      Apt. #     City       State     Zip Code

Home Telephone #: _______________ Cell/Emergency Telephone Number: __________

Name of Employer: ___________________________

Address: ___________________________________________
Street Address   City       State     Zip Code
Telephone Number: ___________________________ Occupation: __________________

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If child is living with Stepparent or Guardian, please fill out the information below:

Name of Stepparent or Guardian: ___________________________ Last            First            Middle

Home Address: ___________________________________________
Street Address   Floor      Apt. #     City       State     Zip Code

Home Telephone #: _______________ Cell/Emergency Telephone Number: __________

Name of Employer: ___________________________

Address: ___________________________________________
Street Address   City       State     Zip Code
Telephone Number: ___________________________ Occupation: __________________
**HARRISON SCHOOL DISTRICT**  
**HARRISON, NEW JERSEY**  
**EMERGENCY CONTACTS**

**Listed below are persons authorized to pick-up my child/children from School**

1. **Name:** ____________________________  
   **Last**  
   **First**  
   **Middle**  
   **Home Address:**  
   **Street Address**  
   **Apt. #**  
   **City**  
   **State**  
   **Zip Code**  
   **Home/Cell Telephone:** ____________________________  
   **Relationship to Child:** ____________________________

2. **Name:** ____________________________  
   **Last**  
   **First**  
   **Middle**  
   **Home Address:**  
   **Street Address**  
   **Apt. #**  
   **City**  
   **State**  
   **Zip Code**  
   **Home/Cell Telephone:** ____________________________  
   **Relationship to Child:** ____________________________

3. **Name:** ____________________________  
   **Last**  
   **First**  
   **Middle**  
   **Home Address:**  
   **Street Address**  
   **Apt. #**  
   **City**  
   **State**  
   **Zip Code**  
   **Home/Cell Telephone:** ____________________________  
   **Relationship to Child:** ____________________________

**Doctor's Name:** ____________________________  
**Address:** ____________________________  
**Telephone Number:** ____________________________  
**Hospital:** ____________________________
Language Survey Must be completed
الصفحة الرئيسية دراسة اللغة

يرجى طباعة تاريخ الدخول إلى المدرسة

تاريخ الميلاد

اسم الطفل:

(أول وسط أخير)

الشخص الذي يكمل الاستطلاع: [] الأم [] الأب [] الجد [] المربي [] آخر

من فضلك أخبرنا عن طفلك:

ما هي اللغة التي تعلمه الطفل عندما بدأ / تتحدث لأول مرة؟

ما هي اللغة التي تتحدث بها العائلة في المنزل معظم الوقت؟

ما هي اللغة (اللغات) التي يتحدث بها مقدم الرعاية الرئيسيون للطفل معظم الوقت؟

ما هي اللغة (اللغات) التي يتحدث بها الطفل مع مقدم الرعاية (ق) الأساسي في معظم الوقت؟

ما هي اللغة (اللغات) التي يتحدث بها الطفل مع إخوته وأخواته معظم الوقت؟

ما هي اللغة التي يتحدث بها الطفل مع أصدقائه / معظم الوقت؟

يرجى ذكر أي برنامج (برامج) لمرحلة ما قبل المدرسة حضرها طفلك قبل القمذ إلى برنامجنا.

بأي لغة ترغب في تلقي معلومات من المدرسة؟

ما الاسم الذي تستخدمه لطفلك (إذا كان مختلفًا عن أعلاه)؟
学前家庭语言调查

请打印入学日期：_______________

孩子的名字：________________________________________出生日期：________
（第一）（中）（最后）

完成调查的人：[ ]母亲[ ]父亲[ ]祖父母[ ]监护人[ ]其他

请告诉我们您的孩子：

1. 孩子第一次开始说话时会学什么语言？______________

2. 家庭大多数时候在家里说什么语言？______________

3. 主要照顾者大多数时候会用哪种语言与孩子交谈？______________

4. 孩子大多数时候会和主要监护人说哪种语言？__________

5. 孩子大多数时候会用什么语言与兄弟姐妹说话？______________

6. 孩子大部分时间会用什么语言与朋友交谈？______________

7. 请列出您的孩子参加我们的课程之前参加的所有学前教育课程：

8. 您希望以哪种语言从学校获得信息？______________

9. 您为孩子使用什么名字（如果与上面不同）？______________
PRESCHOOL HOME LANGUAGE SURVEY

PLEASE PRINT

Date of school entrance: ____________

Child’s name: ____________________________________________ Date of birth: ________
(first) (middle) (last)

Person completing the survey: [ ]Mother [ ]Father [ ]Grandparent [ ]Guardian [ ]Other

Please tell us about your child:

1. What language did the child learn when he/she first began to talk? ____________

2. What language does the family speak at home most of the time? ____________

3. What language(s) does the primary caregiver(s) speak to the child most of the time?
   ____________

4. What language(s) does the child speak to his/her primary caregiver(s) most of the time?
   ____________

5. What language(s) does the child speak to his/her brothers and sisters most of the time?
   ____________

6. What language does the child speak to his/her friends most of the time? ____________

7. Please list any preschool program(s) your child attended before coming to our program:
   ________________________________________________________________________

8. In which language do you wish to receive information from the school? ____________

9. What name do you use for your child (if different from above)? ________________
VEUILLEZ IMPRIMER Date d'entrée à l'école: 

Nom de l'enfant: ___________________________________________ Date de naissance: 

( premier milieu dernier)

Personne qui a répondu au sondage: [] Mère [] Père [] Grands-parents [] Tuteur [] Autre

Parlez-nous de votre enfant, s'il vous plaît:

1. Quelle langue l'enfant a-t-il appris quand il / elle a commencé à parler? 

2. Quelle langue la famille parle-t-elle le plus souvent à la maison?

3. Quelle (s) langue (s) le principal responsable parle-t-il à l'enfant la plupart du temps?

4. Quelle (s) langue (s) l'enfant parle-t-il à son / ses principal (s) fournisseur (s) de garde la plupart du temps?

5. Quelle (s) langue (s) l'enfant parle-t-il la plupart du temps à ses frères et sœurs?

6. Quelle langue l'enfant parle-t-il le plus souvent à ses amis?

7. Indiquez le ou les programmes préscolaires auxquels votre enfant a participé avant de participer à notre programme:

8. Dans quelle langue souhaitez-vous recevoir des informations de l'école?

9. Quel nom utilisez-vous pour votre enfant (si différent de ci-dessus)?
PRESCHOOL गृह भाषा सर्वेक्षण

कृपया विद्यालय के प्रवेश की प्रिंट तिथि: ______________

बच्चे का नाम: _____________________________________ जन्म तिथि: _____________
(प्रथम मध्यम अंतिम)

सर्वेक्षण पूरा करने वाला व्यक्ति: [ माँ ] [ पिता ] [ दादा दादी ] [ अभिभावक ] [ अन्य ]

कृपया हमें अपने बच्चे के बारे में बताएँ:

1. जब उसने पहली बार बात करना शुरू किया तो बच्चे ने कौन सी भाषा सीखी? ______________

2. घर में ज्यादातर समय परिवार किस भाषा में बात करता है? ______________

3. प्राथमिक देखभाल करने वाले (बच्चे) किस भाषा में सबसे अधिक बार बच्चे से बात करते हैं?
   ______________

4. अधिकांश समय बच्छे अपनी प्राथमिक देखभाल करने वाले (बच्चे) को कौन सी भाषा बोलते हैं?
   ______________

5. बच्छे किस समय अपने भाईयों और बहनों से सबसे अधिक भाषा बोलते हैं? ______________

6. बच्छा ज्यादातर समय अपने दोस्तों से किस भाषा में बात करता है? ______________

7. कृपया हमारे कार्यक्रम में आने से पहले आपके बच्चे ने किसी पूर्वस्कूली कार्यक्रम को सूचीबद्ध किया है:
   ______________

8. आप किस भाषा में स्कूल से जानकारी प्राप्त करना चाहते हैं? ______________

9. आप अपने बच्चे के लिए किस नाम का उपयोग करते हैं (यदि ऊपर से भिन्न हो)? ______________
プレスクールホーム言語調査

印刷してください入学日：

子供の名前：生年月日：
（最初）（中）（最後）

調査を完了する人：[ ]母[ ]父[ ]祖父母[ ]保護者[ ]その他

あなたの子供について教えてください：

1. 子供が最初に話し始めたとき、子供はどの言語を学びましたか？

2. ほとんどの場合、家族はどの言語を家で話しますか？

3. ほとんどの場合、主介護者はどの言語を子供に話しますか？

4. ほとんどの場合、子供はどの言語を主介護者と話しますか？

5. ほとんどの場合、子供はどの言語を兄弟姉妹に話しますか？

6. ほとんどの場合、子供はどの言語で友達と話しますか？

7. プログラムに参加する前に、お子様が参加した保育園プログラムをリストしてください：

8. どの言語で学校から情報を受け取りたいですか？

9. 子供の名前は何ですか（上記と異なる場合）。

मुखपृष्ठ मुख्यापृष्ठ सर्वेक्षण

कृपया प्रिंट शाखा प्रवेशाची तारीख: __________

मुलाचे नाव: ________________________________ जन्म तारीख: ________
(प्रथम) (मध्य) (शेवटचा)

सर्वेक्षण पूर्ण करणारी व्यक्ती: [] आई [] पिता [] आजोबा [] पालक [] इतर

कृपया आम्हाला आपल्या मुलाबद्दल संगा:

1. मुलाने / तिने प्रथम बोलण्यास सुरूवात केली तेचा कोणती भाषा शिकत? ____________

2. कुटुंब बहुतेक वेळा घरात कोणती भाषा बोलतो? ____________

The. प्राथमिक काल्जीवाहक बहुतेक वेळा मुलाशी कोणती भाषा बोलतात? ____________

The. मूल बहुतेक वेळेस मूल / मूलभूत काल्जी पेणान्या (मुला) करून कोणती भाषा बोलते? ____________

The. मूल बहुतेक वेळा आपल्या भावाशी / बहिनीशी कोणती भाषा बोलते? ____________

The. मूल बहुतेक वेळा आपल्या / तिच्या मित्रांशी कोणती भाषा बोलतो? ____________

Please. कृपया आमच्या कार्यक्रमात पेण्यापूर्वी आपल्या मुलास उपस्थित असतेच्या कोणत्याही प्रीस्कूल प्रोग्रामाची सूची दा:
________________________________________________________________________

Which. शाखेचून तुम्हाला कुठल्या भाषेत माहिती मिळवायची आहे? ____________

9. आपण आपल्या मुलासाठी कोणते नाव वापरता (सर्वेक्षन्यात वेगळे असताच) ____________
PESQUISA EM LÍNGUA PRÉ-ESCOLAR

IMPRIMIR Data da entrada na escola: ____________
Nome da criança: ______________________________ Data de nascimento: _______
(primeiro meio último)
Pessoa que completou a pesquisa: [ ] Mãe [ ] Pai [ ] Avós [ ] Guardião [ ] Outros
Conte-nos sobre seu filho:
1. Que idioma a criança aprendeu quando começou a falar? ____________
2. Que idioma a família fala em casa a maior parte do tempo? ____________
3. Que idioma (s) o cuidador (es) primário (s) fala com a criança na maioria das vezes? ____________
4. Que idioma (s) a criança fala com seu (s) principal (s) cuidador (es) na maioria das vezes? ____________
5. Que idioma (s) a criança fala com seus irmãos e irmãs na maioria das vezes? ____________
6. Que idioma a criança fala com os amigos na maioria das vezes? ____________
7. Liste os programas pré-escolares que seu filho frequentou antes de ingressar em nosso programa:

______________________________

8. Em qual idioma você deseja receber informações da escola? ____________
9. Que nome você usa para o seu filho (se diferente do acima)? ______________
ДОШКОЛЬНОЕ ИССЛЕДОВАНИЕ ДОМАШНЕГО ЯЗЫКА

ПОЖАЛУЙСТА, ПЕЧАТЬ Дата поступления в школу: ______________

Имя ребенка: ____________________________ Дата рождения: ________
(первый) (средний) (последний)

Лицо, принявшее участие в опросе: [ ] Мать [ ] Отец [ ] Дедушка [ ] Опекун [ ] Другое

Пожалуйста, расскажите нам о вашем ребенке:

1. Какой язык выучил ребенок, когда он / она впервые заговорил? ______________

2. На каком языке семья разговаривает дома? ______________

3. На каком языке (ах) основной опекун (-ы) разговаривает с ребенком большую часть времени? ______________

4. На каком языке (ах) ребенок разговаривает со своим основным опекуном? ______________

5. На каком языке (ах) ребенок говорит большую часть времени со своими братьями и сестрами? ______________

6. На каком языке ребенок разговаривает со своими друзьями большую часть времени? ______________

7. Пожалуйста, перечислите любые дошкольные программы, которые посещал ваш ребенок до того, как они пришли на нашу программу: ______________

8. На каком языке вы хотите получать информацию из школы? ______________

9. Какое имя вы используете для своего ребенка (если оно отличается от указанного выше)? ______________
ENCUESTA DE LENGUAJE DOMÉSTICO PREESCOLAR

IMPRIMA Fecha de entrada a la escuela: ____________

Nombre del niño: __________________________ Fecha de nacimiento: ________
(primer) (medio) (último)

Persona que completa la encuesta: [] Madre [] Padre [] Abuelo [] Tutor [] Otro

Cuéntanos sobre tu hijo:

1. ¿Qué idioma aprendió el niño cuando comenzó a hablar? ____________

2. ¿Qué idioma habla la familia en casa la mayor parte del tiempo? ____________

3. ¿Qué idioma (s) habla el cuidador principal al niño la mayor parte del tiempo?

   ____________

4. ¿Qué idioma (s) habla el niño con sus cuidadores principales la mayor parte del tiempo?

   ____________

5. ¿Qué idioma (s) habla el niño con sus hermanos y hermanas la mayor parte del tiempo?

   ____________

6. ¿Qué idioma habla el niño con sus amigos la mayor parte del tiempo? ____________

7. Enumere los programas preescolares a los que asistió su hijo antes de venir a nuestro programa:

   ___________________________________________________

8. ¿En qué idioma desea recibir información de la escuela? ____________

9. ¿Qué nombre usa para su hijo (si es diferente al anterior)? ____________
1. இருந்து வருடங்களாக கேள்வியாகவும் அமைந்து வருகையில் கேள்விக்கப்பட்டது?

2. தமிழகத்தில் அல்லாமல் வருகைப் பண்டை குறிப்பிட்டது?

3. முழுக்காண் பாரதியாரார் (காத்) தமிழகப் பாரதியார் தன் வாழ்வை குறிப்பிட்டது?

4. சுருக்கான சிற்றெறியார் பாரதியாரார் (காத்) இரு வருடங்களில் (பாரதி) பாழிக்கின்றாள்?

5. சுருக்கான சிற்றெறியார் / அவர் சுருக்கான சிற்றெறியார் தன் வாழ்வை அரக்கின்றாள்?

6. சுருக்கான சிற்றெறியார் / அவர் சுருக்கான சிற்றெறியார் தன் வாழ்வை விலகின்றாள்?

7. சுருக்கான சிற்றெறியார் வைக்கும் சமயில் வார்த்தை வைக்கும் கல்லறைகள் வார்த்தை வைக்கும் புளையார் (வார்) புளையார் குறிப்பிட்டது:

8. பாரதியாரார் வார்த்தை வைக்கும் கல்லறைகள் பட பாரதியாரார் குறிப்பிட்டது?

9. சுருக்கான சிற்றெறியார் சிற்றெறியார் வைக்கும் பாரதியாரார் பாரதியாரார் (காத்) பாரதியாரார்?
నివాదన సమయం నివిదానం

నివాదన సమయం నివిదానం

రెండు నివాదన సమయం నివిదానం

1. రుచీ పదార్థాలను పాటాను ఉంచడానికి ప్రతి రోడ్డు ఉంచవచ్చా?

2. ఖాతమంగా పాటాను ఉంచడానికి ప్రతి రోడ్డు ఉంచవచ్చా?

3. పాలికా పాటానెచడానికి ప్రతి రోడ్డు ఉంచవచ్చా?

4. పాలికా పాటానెచడానికి ప్రతి రోడ్డు ఉంచవచ్చా?

5. పాలికా పాటానెచడానికి ప్రతి రోడ్డు ఉంచవచ్చా?

6. పాలికా పాటానెచడానికి ప్రతి రోడ్డు ఉంచవచ్చా?

7. కాంతిపెట్టిన పాదాలు పాటానెచడానికి ప్రతి రోడ్డు ఉంచవచ్చా?

8. నివాదన పదార్థాలను పాటాను ఉంచడానికి ప్రతి రోడ్డు ఉంచవచ్చా?

9. నివాదన పదార్థాలను పాటాను ఉంచడానికి ప్రతి రోడ్డు ఉంచవచ్చా?
ДОСЛІДЖЕННЯ ДОМАШНЬОГО НАВЧАЛЬНОГО ОПИТУ

ВИДАЛЕННЯ ДОДАТОК Дата вступу до школи: ____________

Ім'я дитини: ____________________________________________ Дата народження: ______
(перший) (середній) (останній)

Особа, яка заповнює опитування: [] Мати [] Батько [] Бабуся та дідусь [] Опікун [] Інше

Розкажіть, будь ласка, про свою дитину:

1. Яку мову вивчила дитина, коли вперше почала говорити? ________________

2. Якою мовою родина розмовляє вдома більшість часу? ________________

3. Якою мовою (мовами) основний (- ла), який здійснює опікун (и), розмовляє з дитиною більшу частину часу? ________________

4. Якими мовами дитина розмовляє зі своїм основним вихователем протягом більшої частини часу? ________________

5. Якою мовою (мовами) дитина розмовляє зі своїми братами та сестрами більшу частину часу? ________________

6. Якою мовою дитина розмовляє зі своїми дружами більшість часу? ________________

7. Будь ласка, перепіччіть будь-яку дошкільну програму (програми), яку відвідувала ваша дитина, перш ніж приїхати до нашої програми: ________________________________

8. Якою мовою ви бажаєте отримувати інформацію від школи? ________________

9. Яке ім'я ви використовуєте для своєї дитини (якщо вона відрізняється від вище)? ________________
بومچول سروج کریں:

کی تاریخ: ___________________________

بچے کا نام: ___________________________

(بپا) (وسط) (آخری)


برہا کرم بھی اپنے بچے کے بارے میں باتیں:

جب بچے نے پہلی بار بات کرنا شروع کی تو بچے نے کس زبان کو سپکھا؟

کہ ماں زبانہ تر فیملی کونسی زبان بولتی ہے؟

کہ میں زبانہ تر فیملی کی دیکھ بھال کرنا واقع زبانہ تر بچے سے کون سی زبان بولتی ہے؟

کہ دیکھ بھال کی دیکھ بھال کرنا واقع زبانہ تر بچے سے کیا زبان (زبانی) بولتی ہے؟

کہ دیکھ بھال بھاتیں اور بھانو سے کون سی زبان بولتی ہے؟

کہ زبانہ تر بچے نے دوستون سے کون سی زبان بولتی ہے؟

Please, برہا کرم بمارے پروگرام میں اپنے بچے کسی بھی اسکول کے پروگرام (پروگرام) کی فریست باتیں جس میں آپ کے بچے نے شرکت کی تھی:

which.

کہ اسکول سے کس زبان میں معلومات حاصل کرنا چاہتے ہیں؟

کہ آپ اپنے بچے کے لئے کون سی دار استعمال کرنتے ہیں (اگر اور سے مختلف بو)؟
HARRISON SCHOOL DISTRICT

Dear Parent/Guardian:

Harrison Public Schools has instituted an Automated Emergency Notification System for school closings/delayed openings/early dismissals and other pertinent notifications.

Our system is now able to contact you at any or all of the following contacts. Keep in mind, these are the only contacts that will be used for automated notifications. Also keep in mind, that each telephone number you provide will receive the same notification. You must provide at least one contact and please do not use the same telephone number for more than one contact.

Student's Name: ________________________________
School: __________________ Grade: __________

Please provide one telephone number for each choice:
Home Telephone #: ____________________________
Preferred Language for Calls: __________________
Mother's Cell #: ______________________________
Father's Cell #: ______________________________
Alternate Contact Name: __________________________
Alternate Contact #: __________________________
   (i.e. Childcare provider, grandparents, work)

Additionally, to be contacted via email, please provide your email address below:
__________________________________________

(Please provide email address)
The Statute concerning school attendance reads in part as follows:

18A:38-25  Attendance required of children between six (6) and sixteen (16)

Every parent, guardian or other person having custody and control of a child between the ages of six (6) and sixteen (16) years shall cause such child regularly to attend the public schools of the district or a day school in which there is given instruction equivalent to that provided in the public schools for children of similar grades and attainments or to receive equivalent instruction elsewhere than at school.

18A:38-26  Days when attendance required; exceptions

Such regular attendance shall be during all the days and hours that the public schools are in session in the district, unless it is shown to the satisfaction of the board of education (BOE) of the district that the mental condition of the child is such that he cannot benefit from instruction in the school or that the bodily condition of the child is such as to prevent his attendance at school, but Nothing herein shall be construed as permitting the temporary or permanent exclusion from school by the board of education (BOE) of any district of any child between the ages of five (5) and twenty (20), except as explicitly otherwise provided by law.

18A:38-31  Failure to comply with provisions of article; fine

A parent, guardian or other person having charge and control of a child between the ages of six (6) and sixteen (16) years, who shall fail to comply with any of the provisions of this article relating to his duties, shall be deemed to be a disorderly person and shall be subject to a fine of not more than $25.00 for a first offense and not more than $100.00 for each subsequent offense, in the discretion of the court.

In any such proceeding, the summons issuing therein, or in special circumstances a warrant, shall be directed to the alleged disorderly person and child.

PLEASE NOTE: VACATION DURING THE SCHOOL YEAR WILL BE CONSIDERED AS AN UNEXCUSED ABSENCE AND WILL BE SUBJECT TO THE ABOVE MENTIONED FINES.
Harrison Public Schools
PRE-SCHOOL
CHOICE FORM
SY 2020-2021

Student’s Name:

Date:

1st Choice: ____________________________

Parent’s Initials (   )

2nd Choice: ____________________________

Parent’s Initials (   )

ABCDEFG
Harrison Preschools

HARRISON-IN-DISTRICT CLASSROOM
401 Warren Street
(973) 268-5851

Contracted Learning Centers

ABC/KIDZ LEARNING CENTER
115 South Third Street
(973) 484-1242

THE CHILDREN’S STUDIO
102 North Fifth Street
(973) 485-5437

HARRISON LEARNING CENTER
620 Essex Street
(973) 484-0950

KIDZ ACADEMY
504 Davis Avenue
(973) 484-2100

THE STUDY HALL
100 Frank E. Rodgers Boulevard, North
(973) 484-4255

Center selection is by Parental choice and availability. Final decision on placement will be made by the Office of Early Childhood Education.
MEDICAL FORMS

FORMULARIOS MEDICOS
Dear Parent/Guardian,

The law and rules of the New Jersey Board of Education and the New Jersey Department of Health and Senior Services states that each student must receive a Medical Examination upon Entry into the Harrison School District (i.e. PreK or K and transfer students) and recommends that students have another examination at least once during pre-adolescence (grades 4-7), and adolescence, (grades 8-12). The Harrison Board of Education has suggested grades 4 and 8.

This exam must be conducted by the student's own healthcare provider at the provider's facility and a written report must be submitted to the school.
(A form is attached for your use.)

Please make an appointment for your child to be examined and return the completed form to your child’s school nurse within 30 days. (If your child has had an examination within the last six months, have this form completed by your child’s physician and return it to school as soon as possible.)

Please contact your school nurse if you have any questions regarding this matter.

Sincerely,

Maureen Kroog
Acting Superintendent of Schools/
Director of Curriculum and Instruction

MK:tp
Dear Parent/Guardian,

To complete the Health Office portion of Preschool requirements, certain mandatory information must be met BEFORE entrance into school.

Compliance with the New Jersey Department of Health and Senior Services immunization requirements for pupils in schools must be completed.

A physicians documentation of:

- A recent physical examination by a physician
- Four (4) DTP vaccines
- Three (3) polio vaccines (OPV) or enhanced IPV
- One (1) dose of MMR, given on or after the first birthday
- One (1) dose of Varicella vaccine, given on or after first birthday or date of disease.
- One dose of Pneumococcal Conjugate vaccine. (prevnar or PCV)
- One (1) dose of Influenza Vaccine by December 31 (yearly)
  Please note that if vaccine is not received by this date, your child may not return to school until vaccine is received
- One (1) dose of Hib
- Lead screening every year up until age of six (6)

Thank you for your cooperation in this matter.

Sincerely,

Eileen Gilgallon RN
Medical Information Release Form

Child’s Name: ______________________________________________________

Date of Birth: ____________________________________________________

Preschool Center: __________________________________________________

I consent to the release of medical information to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child’s health and safety.

Parent’s Signature: ________________________________________________

Date: ____________________________________________________________
# UNIVERSAL CHILD HEALTH RECORD

**SECTION I - TO BE COMPLETED BY PARENT(S)**

<table>
<thead>
<tr>
<th>Child's Name (Last)</th>
<th>(First)</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Does Child Have Health Insurance? [ ] Yes [ ] No
- If Yes, Name of Child’s Health Insurance Carrier

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

I give my consent for my child’s Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

**Signature/Date**

This form may be released to WIC.

[ ] Yes [ ] No

**SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER**

<table>
<thead>
<tr>
<th>Date of Physical Examination</th>
<th>Results of physical examination normal? [ ] Yes [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Abnormalities Noted:</td>
</tr>
<tr>
<td></td>
<td>Weight (must be taken within 30 days for WIC)</td>
</tr>
<tr>
<td></td>
<td>Height (must be taken within 30 days for WIC)</td>
</tr>
<tr>
<td></td>
<td>Head Circumference (if &lt;2 Years)</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure (if ≥3 Years)</td>
</tr>
</tbody>
</table>

**IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Immunization Record Attached</th>
<th>Date Next Immunization Due:</th>
</tr>
</thead>
</table>

**MEDICAL CONDITIONS**

- Chronic Medical Conditions/Related Surgeries
  - List medical conditions/ongoing surgical concerns:
    [ ] None [ ] Special Care Plan Attached

- Medications/Treatments
  - List medications/treatments:
    [ ] None [ ] Special Care Plan Attached

- Limitations to Physical Activity
  - List limitations/special considerations:
    [ ] None [ ] Special Care Plan Attached

- Special Equipment Needs
  - List items necessary for daily activities:
    [ ] None [ ] Special Care Plan Attached

- Allergies/Sensitivities
  - List allergies:
    [ ] None [ ] Special Care Plan Attached

- Special Diet/Vitamin & Mineral Supplements
  - List dietary specifications:
    [ ] None [ ] Special Care Plan Attached

- Behavioral Issues/Mental Health Diagnosis
  - List behavioral/mental health issues/concerns:
    [ ] None [ ] Special Care Plan Attached

- Emergency Plans
  - List emergency plan that might be needed and the signs/symptoms to watch for:
    [ ] None [ ] Special Care Plan Attached

**PREVENTIVE HEALTH SCREENINGS**

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td></td>
<td></td>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead: [ ] Capillary □ Venous</td>
<td></td>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB (mm of Inrubation)</td>
<td></td>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>Developmental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>Scoliosis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

**Name of Health Care Provider (Print)**

<table>
<thead>
<tr>
<th>Health Care Provider Stamp:</th>
</tr>
</thead>
</table>

**Signature/Date**

**Distribution:** Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

| CH-14 | OCT 17 |
PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL-AGE

DATE:____________________

SCHOOL:________________ GRADE:______ HOMEROOM:________

CHILD'S NAME: ______________________ AGE: ________ GENDER: ______ M F

(First) (Middle) (Last)

ADDRESS: ____________________________ (City/Town): ______ (County): ______ (State): ______ (Zip): ______

MEDICAL HISTORY

IMMUNIZATIONS AND TESTS

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOSE</th>
<th>BOOSTERS &amp; DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria &amp; Tetanus</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Polio</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hib</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT or Td"

MEDICAL EXEMPTION: The physical condition of the above named child is such that immunization would endanger life or health.

RELIGIOUS EXEMPTION: (Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

TUBERCULOSIS TESTING

<table>
<thead>
<tr>
<th>DATE</th>
<th>GENDER</th>
<th>AGE</th>
<th>TUBERCULIN JENNER</th>
<th>MANUFACTURER</th>
<th>SIGNATURE</th>
</tr>
</thead>
</table>

DATE/RESULT: ____________________________ Doctor's Signature: ____________________________

Follow-up of significant tuberculosis tests:

Parent/Guardian notified of significant findings on ____________________________ (Date).

Result of Diagnostic Studies: ____________________________ (Date).

Preventive Anti-Tuberculosis-Chemotherapy ordered: ________ No ________ Yes ________ (Date)

BLOOD LEAD SCREENING(S)

<table>
<thead>
<tr>
<th>DATE</th>
<th>AGE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OFFICE OF THE SUPERINTENDENT
HARRISON PUBLIC SCHOOLS
501 HAMILTON STREET
HARRISON, NEW JERSEY 07029
Tel. (973) 483-4627    Fax (973) 483-7484

MAUREEN KROOG
Acting Superintendent of Schools
Director of Curriculum and Instruction
Compliance and Crisis Management

JAMES P. DORAN, Ed.D.
Director of Personnel/Human Resources

2019-2020 MEDIA RELEASE AND CONSENT FOR STUDENT PUBLICITY

Throughout the school year, the Harrison Public School District will have many opportunities to celebrate and publicize the activities and accomplishments of its students. By granting permission for your child to participate in publicity opportunities, you acknowledge that you understand and consent to the following terms:

- Your child, the child's name, or the child's work product may be depicted in photographs, video recordings, audio recordings, quotations, and other representations that are created, published, distributed, released, or used in promotional, instructional or educational publications, posters, brochures, pamphlets, newsletters, newspapers, yearbooks, web sites, social media sites, or radio or television broadcasts that are published in print or on-line by the school, the District, or another media source;

- The District is under no obligation to create, control, and/or use these depictions in any way;

- Any and all interests that might be claimed in these depictions by you, your child, or any agent, heir, assign, or third party are forfeited and relinquished permanently to the District;

- You expressly agree to release, hold harmless, and indemnify the District and its employees, officers, agents, and representatives against all known and unknown claims of liability that could arise in connection with this consent form or any publicity opportunity; and

- The District does not guarantee that publicity opportunities will be made available to your child.

Any publicity received by your child shall be full and adequate consideration for this consent. You may revoke this consent at any time by providing written notice to the school.

Please sign and return this form to the school after indicating your preference below:

_____ I CONSENT to the terms above and grant my child permission to participate in all publicity opportunities during the school year unless and until this consent is revoked in writing.

_____ I DO NOT CONSENT and would prefer the District exclude my child from publicity opportunities that are made available to other students.

Print Name of Student:________________________________________

Name of School:_____________________________________________

Print Name of Parent/Legal Guardian:___________________________

Signature of Parent/Legal Guardian:___________________________ Date:_________________
Dear Parent/Guardian:

The United States Post Office has been returning mail to the Harrison School System and listing mail as “Undeliverable”. A check by the Harrison Residency Office has revealed that in most cases it is simply a case of parent/guardian not putting the student’s/Parent’s name on the mailbox. This problem becomes especially significant when Report Cards and other important information are sent to the home.

In order to correct this situation and not have the Residency Office investigate your Residency status, please make sure that the student’s name and parent’s name is clearly stated on your mailbox.

Thank you for your cooperation in this matter.

If you have any questions, please call the Residency Office at the above number.

Sincerely,

Elsi M. Thompson
Registration Officer
Dear Parents and Guardians:

The Harrison Police Department has received complaints, in the past regarding illegal parking and dropping off or picking up passengers without pulling to the curb.

Please keep in mind that the safety of school children is paramount. We ask that all parents and guardians obey the traffic laws in the vicinity of all schools and throughout the Town of Harrison. We have also observed, in the past, many ‘jaywalking’ violations by parents or guardians with children in tow.

There will be officers assigned to the school areas for the enforcement of traffic laws. **Violators will be summoned.** The following traffic violations **will be enforced by officers on foot or in cars:**

- Double parking
- Parking in prohibited area
- Blocking crosswalks
- Blocking school bus drop-off areas
- Picking up children in the middle of the street
- Speeding

We also ask parents or guardians to reinforce with their children the use of intersections controlled with crossing guards.

We believe that by obeying the traffic laws and teaching your children about the traffic laws, we all enjoy a safe school year.

Thank you for your help. Should you have any questions, please feel free to contact the Harrison Police Department Traffic Bureau at 973-483-4100.

Sincerely,

Harrison Police Department Traffic Bureau
INTERNET SAFETY AND ACCEPTABLE USE FORM

Please read the following carefully before signing the attached agreement!

The Harrison School District is pleased to be able to offer Internet access to your child at his/her school. The Internet is a vast, global network; linking computers at universities, schools, science centers and other sites. The Internet can give students and teachers access to a variety of rich, educational resources. These resources may include libraries, databases, museums, government institutions and educational sources specifically designed for children. In addition students will have opportunities to participate in online telecommunications projects directly related to their classroom studies. Our goal in providing this service to teachers and students is to promote educational excellence.

Students will be able to access the Internet at a number of locations including the computer labs, media centers, and individual classrooms. To access the Internet students will be using a browser (a software or web-based program) to navigate through information by pointing and clicking the mouse. Information is presented richly in text, pictures, sound, and some video. Students will be able to send electronic mail but will not have their own Internet e-mail address unless specified and approved by (You) as part of educational activity/projects. Students' use of email will occur under the direct supervision of the Technology Coordinator and monitored by the department.

The educational value of information on the Internet is substantial. However, with access to world wide computer systems comes the availability of material that may be considered objectionable and not educationally valuable. There exists information that may be judged as inaccurate, abusive, profane, pornographic or illegal. The Harrison School District does not condone or permit access to or the use of this material. The school will provide student access to Internet resources only in supervised environments and has taken steps to filter out objectionable material by placing internal blocks to unwanted information.

Nonetheless, the district cannot completely prevent the possibility that some users may access material that is not consistent with the educational goals of the school. However, the district believes that the resources and interaction available on the Internet far outweigh the possibility that users may procure material that is not consistent with our educational and technical goals.

Student Responsibility

Students are expected to use Internet resources in a manner consistent with this contract and will be held responsible for their use. Students are responsible for good behavior on school computers, laptops, palms, and networks just as they are in a classroom or other school areas. Use of the Internet is a privilege, not a right; and any inappropriate use will result in a cancellation of those privileges.

Proper & Acceptable Use

Be Polite. Use of abusive, vulgar, threatening or obscene language is strictly forbidden. Students will not engage in personal attacks, harassment of another person, or knowingly post false or defamatory information about another person or organization.

Be Careful. Students are not to damage, deface or vandalize computer or technical equipment. Students are not to change, alter, or damage another student's personal work and/or files. Students will not plagiarize (taking the work of others and presenting them as your own) works they find on the Internet.
TECHNOLOGY (continued)

Be Aware. Students are not permitted to knowingly access, transmit or download materials that are obscene, pornographic, offensive, threatening or illegal.

Be Safe. Students are not permitted to reveal their own or someone else’s full name, address, phone number or other personal identification information via the Intra or Internet.

Be Honest. Students are to notify a staff member immediately, if by accident, you encounter materials that violate the Rules of Appropriate Use.

Be Prepared. Students will be held accountable for their actions and will lose their privileges if the Rules of Appropriate Use are violated.

Understand: Parents/Guardians will be held responsible/liable for any equipment purposely broken or damaged by the student’s actions and can be billed if found needed.

The attached form is to be signed by both parent/guardian and student. When completed, please return the form to the student’s school. We appreciate your support and cooperation by complying with the AUP: under CIPA regulations Federal Law 2001.
INTERNET SAFETY AND TECHNOLOGY USE AGREEMENT

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read and agree to the Terms and Conditions for In-school use of Internet Resources and use of equipment. I understand that this use is for educational purposes and the student named below is expected to use the resources according to the specified guidelines. I have discussed these guidelines with the student and believe he or she has an understanding of them.

I also recognize that it is impossible for the Harrison School District to completely control information available through the Internet and I will not hold the district or any of its employees responsible for materials this student may acquire on the Internet. I hereby give my permission for the student named below to use the Internet at school and certify that the information contained on this form is correct and current.

Parent or Guardian (Please Print Name):

Signature: 

Date: 

Address:

Contact Number: 

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

STUDENT

I have read and/or discussed the Terms and Conditions for In-school use of Internet Resources with my Homeroom Teacher and reviewed the information with my family. I understand why the Internet is available to me at school and will abide by the rules stated in the Terms and Conditions.

I also understand that I must follow school rules when I use the technology. I know if I don't follow the rules, I may not be permitted to use the Internet and school disciplinary action may be taken and/or appropriate legal action.

Student's Full Name (please Print):

Signature: 

Grade:

Homeroom Teacher Signature: 

PLEASE HAVE ALL APPROPRIATE INFORMATION COMPLETED, SIGNED AND RETURNED.
Insurance information
(Must be completed)

Informacion de Seguro Medico
(Obligatorio Completar)
Student’s Name: ________________________________

Grade: __________________ School: ____________________________

HARRISON PUBLIC SCHOOLS
HARRISON, NEW JERSEY

Does Child have Health Insurance? ________________________________
Yes _____ If yes, name of Insurance Company: __________________________
No _____ NJ Family Care 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 Family Care Program to contact me about health
insurance.

Signature: __________________________ Print Name: __________________________ Date: __________
Written consent required pursuant to 20 U.S.C. & 1232g (b) 1; and 34 C.F.R. 99.30 (b)

List any medical/surgical care your child has received during the past year:

Dental Exam: ________________________ date ________________________ braces

Eye Exam: ________________________ date ________________________ contacts glasses medications

Allergies: ________________________ kind ________________________ medications

Allergic Reaction: ________________________ date ________________________ medications

Immunization/Tetanus: ________________________ date ________________________ type

Restrictions: ________________________ type ________________________

Doctor: ________________________ Telephone: ________________________

Dentist: ________________________ Telephone: ________________________

Hospital: ________________________ Address: ________________________ Telephone: ________________________

I, the undersigned, to here by 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.

Signature of Parent(s)/Guardian(s) __________________________ Date __________
et-05/2018
SCHOOL LUNCH
FORMS
TO FOLLOW