WEEHAWKEN TOWNSHIP SCHOOL DISTRICT
53 Liberty Place Weehawken, NJ 07086
201.422.6150 / WeehawkenSchools.net / @weehawkenTSD

Dr. Robert R. Zywicki
Superintendent of Schools

Anna Rudowsky
Daniel Webster School Principal

WHAT YOU'LL NEED TO REGISTER

Proof of Residency Weehawken
Tenant Affidavit **plus** three (3) proofs of residency listed below.
Proof of ownership of your house (tax bill/mortgage statements/signed contract purchase, deed).
Residency checks will be done if sufficient proof of residency is not submitted at time of registration.

Three different originals of he following:
Current gas/electric bill
Current phone bill or installation notice or cell phone bill
Cable bill only if phone is included
Paycheck stub with name and address on it
Unemployment benefit verification
Official Mail (bank statement, government correspondence, Internal Revenue, Division of Taxation)

Age Requirements:
A birth certificate with raised seal must be presented
Pre-K students must be four (4) years old as October 1, 2018
Kindergarten students must be (5) years old as of October 1, 2018
First grade students must be (6) as of October 1, 2018
Pupils entering all grades shall be placed in the proper grade based on test results and the principal's best judgement.

Medical Requirements:
Immunizations must be up to date for four and five year olds.
Physical paper must be completed when registering.
Flu vaccine is required for all Pre-K students. Flu shots must be given between September 1 and December 31, or the last day of school before winter break. (Check school calendar for exact date).
Child will not be permitted back to class, after vacation, if no proof is received.
Any medical conditions that require specific medical needs, must have a doctors letter and proper forms completed for registration. (Example: allergies, asthma, use of a nebulizer or epipen.)

New student transferring in from another school district:
In addition to the necessary information above and, in addition, he following is required:
Transfer Card from sending school (school you are leaving).
Copy of Health and Appraisal Card from sending school.
Last report card from sending school.
Copy of any other reports: IEP, Basic Skills, ESL

WEEHAWKEN SCHOOL DISTRICT
ENROLLMENT INFORMATION
DANIEL WEBSTER SCHOOL

Year Entered: _____ Grade: Pre-Kindergarten Kindergarten 1st 2nd
Graduation Year: _____

Student's Name _____ _____ _____
Last First Middle
Address_____ Apt#_____Weehawken,NJ 07086

Home phone number:_____Male_____ Female_____

Age_____ Date of Birth _____

Ethnicity: White_____Hisp_____Black_____Asian_____Other_____

Father's Name_____ _____ _____
Last First Middle
Father's Cell Number_____ Home Phone_____

Father's E-mail Address_____

Father's Employer_____

Address/Phone Number_____

United States Citizen_____ Country of Birth_____

Mother's Name_____ _____ _____
Last First Middle
Mother's Cell phone_____ Home Phone_____

Mother's E-mail Address_____
(One e-mail address is required either mother or father)

Mother's Employer_____

Address/Phone Number_____

United States Citizen_____ Country of Birth_____

Parents Marital Status:_____Married_____Divorced_____Separated _____ Single
Address Letters To: Mr & Mrs_____ Mr._____ Mrs._____Miss____ Ms___

Legal Guardian/Step-parent Information:

Name: Last First

Address _____ Weehawken, NJ

Phone Number: _____

Legal Papers on file _____Yes _____No _____

Three Proofs of Residency: _____PSE&G _____Telephone_____Other:_____

Affidavit Received: Form A_____ Form B_____

Birth Certificate _____Passport #_____

Did child attend a 3 year old preschool? _____Yes _____No.

If so give: School Name_____

Address_____

Phone Number_____

Siblings: Names Age Grade

_____

_____

_____

_____

Previous School Attended:

Name _____

Address _____

Phone Number_____ Fax Number_____

X _____ _____

Parent Signature Date

NJ Smart
Student Data Sheet
ALL FIELDS MUST BE COMPLETE

Student's Name_____Grade_____
First and Last Name of Parents/Guardians Child Lives with:

_____

Exact mailing address: (Name or Names, Address, Apt. # as it appears on your mailbox) _____

_____

Weehawken, New Jersey 07086

Primary Parent's e-mail address_____
Child's Date of Birth_____
Year Month Day
Child's country of Birth_____
Child's city of Birth_____
Child's state of Birth_____
Date Entered United States (if child was not born here)_____
Immigrant Status check one: _____No _____Yes
Primary Language spoken at home:_____
Month Date Year
Date entered US School_____
Date entered school in Weehawken_____Grade_____

Check only one:
Ethnicity: Hispanic or Latino _____Non Hispanic or Latino_____
Race: Check the racial category below which reflects the race you **most identify with.**

_____**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand & Vietnam.
_____**American Indian** -A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.
_____**Black** - A person having origins in any of the black racial groups of Africa.
_____**Pacific** -A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
_____**White** -A person having origins in the original peoples of Europe, the Middle East, or North Africa.

Does your child have health benefits: Yes No (Circle one)

Name of Insurance Coverage Company:_____

Weehawken Public Schools
Weehawken, NJ 07086

Certification of Residency Form (For Tenants Only)
Affidavit A

State of New Jersey)
)S.S.
County of Hudson)

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

1. I am the landlord of the property located at

_____
(Address) (Phone)

2. _____ is a tenant at these premises along
(Full name of tenant)
with the following school-age children:

_____ _____
_____ _____
_____ _____
_____ _____

_____
(Landlord/Homeowner)

Dwelling/Designation

Sworn and subscribed before me

this _____ day of _____, _____

_____ Single Family
_____ Two Family
_____ Multi Family

_____
Notary Public

_____
(Signature of Administrator reviewing residency)

STUDENT MEDICAL HISTORY FORM

Student Name_____ Grade_____

Address_____ Date of Birth_____

Male_____ Female_____

Mother's Name_____ Father'sName_____

Address_____ _____

_____ _____

Home Phone Number_____ _____

Cell Phone Number _____ _____

Does the Child have any history of: Asthma or Bronchitis_____

What Medication does he/she take for this?_____

Diabetes_____ Medication and dosage for this _____

Seizures_____ Heart/Blood Disorders_____

Chronic Ear Infections _____ Vision or Hearing Problems_____

Does Child wear glasses _____ hearing aides _____

Allergies_____ List _____

_____ _____

List all medications taken::

_____

_____

The school nurse should be informed of any medical problems your child has that are not listed above.

PLEASE SEE SCHOOL NURSE FOR NECESSARY FORMS FOR DOCTOR TO FILL OUT SO MEDICATION (IF NECESSARY) CAN BE ADMINISTERED DURING SCHOOL HOURS.

Parent Signature and Date_____

To be completed by Physician

HEALTH APPRAISAL and PHYSICAL EXAM

This form must be returned at REGISTRATION TIME.

NAME: _____ DOB: _____ REG. DATE_____

Address_____

MALE_____ FEMALE_____

ALLERGIES (check one):_____ none ____ food_____ insects ____ seasonal _____ medication _____

LIFE-THREATENING _____

List allergies here: _____

List any Medications: _____

List any Health Conditions/Diseases:_____

VISION; without glasses: right _____ left _____ with glasses: right _____ left _____

Dental Screening (PreK only): DATE_____DENTIST_____

HEARING: right _____ left _____

HEIGHT: _____ WEIGHT: _____ BMI: _____ BP: _____

	NORMAL	ABNORMAL	COMMENTS
GENERAL APPEARANCE			
SKIN			
HEAD			
EYES			
EARS			
NOSE,THROAT,TEETH			
LUNGS			
HEART			
ABDOMEN			
GENITALIA			
MUSCULOSKELETAL			
NEUROLOGICAL			
TANNER	I II	III IV	V
SCOLIOSIS	NEG	POSITIVE	
OK for PHYSICAL EDUCATION/SPORTS	YES	NO	
RESTRICTIONS	YES	NO	
OTHER			

Print Providers Name: _____ Date: _____

Providers Signature: _____ Place Provider stamp here:

Address & Phone Number_____

_____

PLEASE RETURN FORM BY:

_____

CHECK WHICH APPLIES TO YOUR CHILD: BUS#_____WALKER_____

Webster School
EMERGENCY CONTACT SHEET
Webster School 2017-2018

ALL INFORMATION MUST BE CURRANT AND ACCURATE. ALL NUMBERS SHOULD BE RELIABLE. CHANGES TO ANY INFORMATION HANDED IN, MUST BE REPORTED TO THE OFFICE IMMEDIATELY.

Teacher'sName_____GR._____Rm_____
Student's Name _____
Address _____Apt._____
_____

PRIMARY PHONE NUMBER / EMAIL ADDRESS: THIS WILL BE THE NUMBER THAT ALL IMPORTANT CALLS WILL GO TO. (ROBO CALLS FOR EMERGENCY SCHOOL CLOSING, AND SCHOOL NOTIFICATIONS).

Phone Number:_____
Email Address_____

PARENT INFORMATION:

MOTHER'S NAME_____
ADDRESS_____
BEST CONTACT NUMBER_____
2ND CONTACT NUMBER_____
WORK NUMBER_____

FATHER'S NAME _____
ADDRESS_____
BEST CONTACT NUMBER_____
2ND CONTACT NUMBER_____
WORK NUMBER_____

EMERGENCY CONTACTS: THERE MUST BE TWO EMERGENCY CONTACTS. THEY MUST LIVE IN NEW JERSEY AND WITHIN 30 MINUTES . PLEASE INCLUDE DAY CARE INFORMATION, BABYSITTER AND NANY"S.

CONTACT #1: NAME_____

RELATIONSHIP_____

ADDRESS_____

_____

CELL **PHONE**_____**HOME PHONE**_____

CONTACT #2: NAME_____

RELATIONSHIP_____

ADDRESS_____

_____

CELL PHONE_____HOME PHONE_____

DAY CARE INFORMATION:

NAME OF DAY CARE_____

ADDRESS_____

_____

PHONE NUMBER_____

NAME OF CONTACT PERSON / DIRECTOR:

_____

BABY SITTER / NANNY:

NAME:_____

ADDRESS_____

PHONE NUMBER_____

NJ STATE HEALTH INFORMATION

ES STUDENT HAVE INSURANCE, INCLUDING NJ FAMILY CARE, MEDICARE, PRIVATE OR OTHER?
YES_____IF YES, NAME OF INSURANCE COMPANY_____
NO _____ NJ FAMILY CARE PROVIDES FREE OR LOW-COST INSURANCE TO UNINSURED CHILDREN & CERTAIN LOW – INCOME PARENTS. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply on line.
YOU MAY RELEASE MY NAME & PHONE NUMBER FOR NJ FAMILY CARE TO CONTACT ME:
Written consent is required pursuant to 20 U.S.C. & 1232(b)(1) and 34 C.F.R. 99.30(b).

Signature Print Name Date

IST ANY MEDICAL/SURGICAL CARE YOUR CHILD HAS RECEIVED:

NY RESTRICTIONS:_____
OCTOR_____ADDRESS_____PHONE_____
IST NAME OF ANY MEDICATIONS_____
LLERGIES_____ALLERGIC REACTION DATE_____
MMUNIZATION/TETANUS_____
AST DENTAL EXAM_____LAST EYE EXAM_____

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE OFFICIALS OF NEW JERSEY PUBLIC SCHOOLS TO CONTACT DIRECTLY HE PERSONS NAMED ON THIS FORM & DO AUTHORIZE THE NAMED PHYSICIANS TO RENDER SUCH TREATMENT AS MAY E DEEMED NECESSARY IN AN EMERGENCY, FOR THE HEALTH OF SAID CHILD. IN THE EVENT THE DOCTOR OR OTHER ERSONS NAMED ON THIS FORM OR PARENT CANNOT BE CONTACTED, THE SCHOOL OFFICIALS ARE HEREBY UTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSSRY IN THEIR JUDGMENT, FOR THE SAKE AND HEALTH OF AID CHILD.
WILL NOT HOLD THE WEEHAWKEN SCHOOL DISTRICT FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE / OR RANSPORTATION FOR SAID CHILD.

SIGNATURE PRINT NAME DATE

Daniel Webster School

Home Language Survey*
Parent/Guardian Language Questionnaire

Name:_____ Age: _____
[first] [middle] [last]

Date of School Entrance_____

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

Directions: Check or write in the correct response for each of the following questions about your child.

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

   English_____ Other [specify]_____

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

   English_____ Other [specify]_____

3. What language does the parent [guardian] speak to the child most of the time?

   English_____ Other [specify]_____

4. What language does the child speak to his/her parent [guardian] most of the time?

   English_____ Other [specify]_____

5. What language does the child speak to her/her brothers and sisters most of the time?

   English_____ Other [specify]_____

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

   English_____ Other [specify]_____

7. In which language do you wish to receive school communication?

   English_____ Other [specify]_____

Signature:_____ Date:_____
[person completing the survey]

*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

Weehawken School District

53 Liberty Place
Weehawken, N.J. 07086
(201) 422-6125
www.weehawken.k12.nj.us

Media Release Form

Throughout the school year students participate in class projects, programs, activities, field trips and events along with normal classroom routines that support their education, promote community service or encourage positive behavior.

Occasionally, staff, parents, and local media may cover these events by taking photographs or video. This may include newspaper, television, websites or other media production. This also includes our school's website and classroom and club web pages.

By signing below, you agree that you have been notified of the possibility that your son / daughter may be included in photographs or video and authorize the use for public print, display, or broadcast.

_____I give permission for my child's photograph or video to be used for school-related public media and the school's website.

_____I do not give permission for my child's photograph or video to be used for school-related public media or the school's website. (Student will still be allowed to attend the activity or program.)

_____

Student Name (Print clearly)

_____ _____

Parent / Guardian Signature Date

This Media Consent Form is valid from the time of signature until at which time an updated/revised form is received during the years that the student(s) attends the Weehawken School District.

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Dr. Robert R. Zywicki
Superintendent of Schools

Anna Rudowsky
Daniel Webster School Principal

REQUEST FOR STUDENT RECORDS

Anna Rudowsky
Principal

Phone: 201-422-6150
Fax: 201-422-6158

Date _____

Student's Name _____ **DOB** _____

Name of last school _____

Address _____

_____

Phone Number _____ **FAX** _____

The above student has enrolled in Webster School and we are requesting all records including:

- **Academic**
- **Original Health Record**
- **Scholastic Test Scores**
- **Copies of latest report card**
- **Referral Information (CST)**
- **Basic Skills/ESL/Speech Reports**
- **All other pertinent information**

Please fax to the above number to the attention of Mrs. Stahl, School Secretary.

Parent's Signature _____