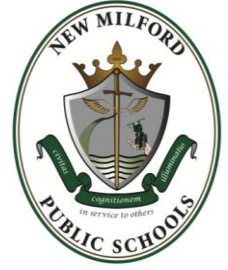


## NEW MILFORD BOARD OF EDUCATION NEW MILFORD, NEW JERSEY



**Welcome to the New Milford Public School District.** Enclosed please find registration information to register your child in the school district. Complete all required forms and contact the main office to schedule an appointment.

### **Berkley Street Elementary School (201) 262-0191, Ext. 4000**

(\*Families who live on or south of Monmouth and River Edge Avenues)

### **B.F. Gibbs Elementary School (201) 261-0939, Ext. 5000**

(\*Families who live north of Monmouth and River Edge Avenues)

\*The New Milford Public School District reserves the right to place a child at either elementary school based on enrollment.

**Please note: Kindergarten registrants must be 5 years of age on or by October 1<sup>st</sup> of the current school year.**

- Completed Registration Form
- Completed Home Language Survey
- Child's birth certificate (original or a "certified to be true" copy with a raised seal)
- Proof of Residency:**

As per the New Jersey Department of Education, The New Milford Public School District shall accept a variety and combination of documents in order to show where a student lives and is entitled to attend school. Specific examples of documents that can be used include:

- Deed or Lease, if you do not have a deed or a lease, affidavits are available at each school's main office
- Property tax bill
- Letters from landlord
- Voter registration
- Driver license
- Cancelled check
- Utility bill

- Medical Information:**  
Immunization Records (refer to Requirements for Entering School)

We look forward to meeting you and, once again, welcome to the New Milford Public School District!



# NEW MILFORD PUBLIC SCHOOL DISTRICT STUDENT REGISTRATION



Student ID# \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Student's Cell Phone # \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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

**ETHNIC BACKGROUND**

- White       Black       Hispanic       American Indian  
 Asian       Pacific Islander       Multi Racial (if Multi Racial, please check all applicable)

Previous School Attended \_\_\_\_\_

Previous School Address \_\_\_\_\_

Student Resides With \_\_\_\_\_  
 Mother       Father       Both       Guardian (Name)

Required Official Court Document:    Joint Custody    Sole Custody    Guardianship    Restraining Order

**Parent # 1 Name** \_\_\_\_\_  
Last First

**Relationship to Student:**    **Mother**    **Father**    **Guardian**

Birthplace \_\_\_\_\_       Living       Deceased       Separated       Divorced

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Parent # 2 Name** \_\_\_\_\_  
Last First

**Relationship to Student:**    **Mother**    **Father**    **Guardian**

Birthplace \_\_\_\_\_       Living       Deceased       Separated       Divorced

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Guardianship Information:**    Step-parent       Grandparent       Legal Guardian

Name of Guardian \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Is the student a dependent of a full-time, active duty member of the Armed Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard):**    **Yes**       **No**

Student's Doctor \_\_\_\_\_

Telephone # \_\_\_\_\_

Student's Dentist \_\_\_\_\_

Telephone # \_\_\_\_\_

Major Medical Conditions/Allergies \_\_\_\_\_

Person(s) to be notified (**other than parent/guardian**) in case of emergency:

Name of Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Name of Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

<u>Siblings Name(s)</u>	<u>Date of Birth</u>	<u>Grade/School</u>	<u>Items for Special Attention</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has student ever been referred for a Special Education evaluation?  Yes  No

Has student ever been evaluated by a Special Education Child Study Team?  Yes  No If yes, year \_\_\_\_\_

Has student ever been classified for Special Education and related services or for speech services?  Yes  No

Has student ever had an IEP or ISP?  Yes  No

Do you have any reason to suspect that student may have a learning, emotional or physical issue?  Yes  No

Has student ever had a 504 plan?  Yes  No

The New Milford Public School District reserves the right to place a child at either Berkley or Gibbs Elementary School based on enrollment number.

I, \_\_\_\_\_, affirm that I am the parent/guardian of the student above. I further state that this form and the attached documentation constitute true and accurate proof that the student listed above resides within the Borough of New Milford and will continue to do so for the next twelve (12) consecutive months. If the student listed above is no longer a resident of the Borough of New Milford, within that twelve (12) month period, I will promptly notify the Board of Education in writing.

I certify that the foregoing statements made by me are true and accurate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

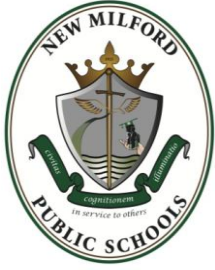
**FOR OFFICE USE ONLY:**

**MUST HAVE A COPY OF ORIGINAL OR CERTIFIED BIRTH CERTIFICATE** verified by \_\_\_\_\_

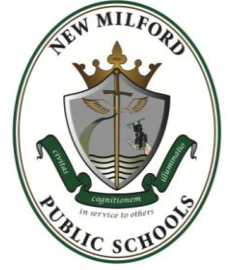
- Receipt of:
- Immunization Records
  - Physical Examination Report
  - Emergency Card
  - Custody/Court Documents
  - Transfer
  - Reports from Sending District: Requested \_\_\_\_\_ Received \_\_\_\_\_  
(Date) (Date)

Proof of Residency:  Deed  Lease  Utility Bills  Affidavit  Other: \_\_\_\_\_  
 Homeowner Proof of Ownership  Parent Proof of Residency

ASSIGNED TO:	<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Berkley	<input type="checkbox"/> Gibbs
GRADE: ____	HOMEROOM TEACHER: _____		HOMEROOM #: _____	
ADMISSION DATE: _____				



**NEW MILFORD BOARD OF EDUCATION  
145 MADISON AVENUE  
NEW MILFORD, NEW JERSEY**



**HOME LANGUAGE SURVEY**

Student's Name: \_\_\_\_\_  
(First) (Last)

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. What date did your child enter/arrive in the United States? \_\_\_\_\_

2. What date did your child first begin school in the United States? \_\_\_\_\_

3. Has your child ever been enrolled in an E.S.L. program?  Yes  No

If yes, name of school district: \_\_\_\_\_ Grade Level: \_\_\_\_\_

4. What language(s) do you speak at home? \_\_\_\_\_

5. What language do you consider your primary language? \_\_\_\_\_

6. What language did your child first learn to speak? \_\_\_\_\_

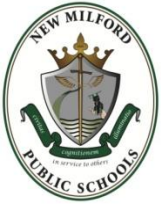
7. What language do you speak to your child most often? \_\_\_\_\_

8. What language does your child speak to you most often? \_\_\_\_\_

9. If you are fluent in a language other than English, would you be willing to be included on a list of volunteer interpreters?  Yes  No Language: \_\_\_\_\_

10. Are you interested in volunteering for the English as a Second Language Parent Advisory Committee?  Yes  No

**For Office Use Only**  
Date: \_\_\_\_\_  
Grade: \_\_\_\_\_  
E.S.L.: ?  Yes  No



# NEW MILFORD BOARD OF EDUCATION NEW MILFORD, NEW JERSEY



## REQUIREMENTS FOR ENTERING SCHOOL

In accordance with the New Jersey Department of Health, the New Milford Board of Education requires the following as a prerequisite for students entering the district:

### 1. Proof of Immunizations, including:

- **DTP/DT/Td** 4 doses with one given on or after the 4<sup>th</sup> birthday **OR**  
3 doses in a child over the age of seven starting the series
- **Tdap** 1 dose before entering Sixth Grade
- **Polio Vaccine** 3 doses with the last dose given after the 4<sup>th</sup> birthday **OR** any 4 doses;  
3 doses in a child over the age of seven starting the series
- **Measles** 2 doses given after the 1<sup>st</sup> birthday
- **Mumps** 1 dose after the 1<sup>st</sup> birthday
- **Rubella** 1 dose after the 1<sup>st</sup> birthday
- **Hepatitis B** Completed series of 3 doses; if 11-15 years of age and has not received the 3 prior doses, then should receive 2-dose Hepatitis B adolescent formulation
- **Meningococcal** 1 dose before entering Sixth Grade
- **Varicella** 1 dose after the 1<sup>st</sup> birthday **OR** proof of the disease
- **HIB & PCV** Minimum 1 dose after 1<sup>st</sup> birthday for every child 12-59 months in **preschool**
- **Influenza** 1 dose annually between September & December for every child 6-59 months in **preschool**. If entering school after December 31 until March 31 must receive 1 dose
- **Lead Testing** Required of all **preschool** children prior to entering/must be a numerical level

2. **Physical Exam** Must be completed prior to entering school

3. **Mantoux Test** Must receive test if entering USA for the first time, or transferring into NJ Schools from a high TB incidence country

**Failure to provide this information within 30 days from the date of entrance may cause the student to be excluded from school until proper proof of the required health information is received.**

The parent/guardian has the responsibility of notifying the School Nurse if their child has any medical condition(s) including those which necessitate the use of medication either at home or at school.