

PRE-K REGISTRATION CHECKLIST

Please bring these items with you to your registration appointment

Students are not considered fully registered until all items are submitted.

A	Original birth Certificate (or Certified Copy) within 30 days of enrollment. Valid Passport *A copy will be made at your registration appointment	[]
B	Proof of residency with the last name noted on the proof (5 items in total). <ul style="list-style-type: none"> • Deed or Lease Agreement, or Landlord Certification form • Must bring appropriate completed residency affidavit (available during on-line pre-registration on the Hillsdale registration website) • Choose three supplemental items such as: tax bills, mortgage, voter registration, vehicle registration, licenses, permits, bank statements, utility bills, credit card bills, phone bills, and cancelled checks. 	[] [] []
C	Universal Child Health Record Form <ul style="list-style-type: none"> • Physical (completed by physician) within last 365 days • Current records must be submitted at time of registration • Report of Dental Examination (Optional) 	[]
D	Immunizations (completed by physician)	[]
E	Health Questionnaire	[]
F	Health Insurance Information Form	[]
G	Speech / Language Information Form	[]
H	Home Language Survey (English/Spanish)	[]

ADMISSION

AFFIDAVIT OF APPLICANT/GUARDIAN
RESIDENT OF HILLSDALE, NEW JERSEY 07642

(Part one)

STATE OF NEW JERSEY:

AFFIDAVIT

COUNTY OF BERGEN:

Note: If applicant is married, this affidavit must
be signed by both husband and wife.

Sworn statement for Right of Non-tuition School Attendance

_____ and _____

of full age and being duly sworn according to law and under oath say/s:

1. My/our domicile (permanent home) is in Hillsdale, New Jersey at _____ (address).
2. I/we am/are supporting gratuitously, as if s/he were my/our child, the child named _____ . The child has resided with me/us since _____.

I/we receive no contributions or payment either in money or in food, clothing, recreation, medical expenses, lodging or any other thing or service of value in connection with the support maintenance and education of the child named above. The gratuitous support of the child named above shall continue for a period longer than merely through the school year.

3. I/we will assume all personal obligations for the child named above with respect to school requirements.
4. The answers, statements, and declaration made in the application for admission of said child are absolutely true in all respects.
5. The affidavit, together with the application for admission, is made specifically to induce the Hillsdale Board of Education to accept the child named above as a legally qualified pupil in the Hillsdale School District public schools and without payment of tuition, knowing that the Hillsdale Board of Education will rely upon the truth of the statements herein contained.
6. I/we agree to furnish any documentation that may be required by the Hillsdale Board of Education and/or its administration to confirm the accuracy of any of my/our representatives.
7. I/we fully understand and agree that any false or fraudulent statements, answers or declarations contained in this affidavit or in the application for admission may render me/us personally liable to the Hillsdale Board of Education for the payment of tuition for the school year which is \$ _____ for the 20 ____ / ____ school year.

ADMISSION (continued)

8. I/we fully understand and agree that, if I/we fraudulently allow the child named above to use our residence and I/we am/are not the primary financial supporter of this child, I/we will have committed a disorderly persons offense. If I/we am/are convicted of such an offense, I/we may be fined up to \$1,000.00 and/or be imprisoned for up to six months.
9. I/we fully understand and agree that any false statements, answers, or declarations contained in this affidavit or in the application for admission may subject me/us to criminal prosecution for the crime of false swearing in violation on N.J.S.A. 2C:28-2. If I/we am/are convicted for such a crime, I/we may be punished by a fine of up to \$7,500.00 and/or be imprisoned for up to 18 months.
10. I/we are owner of or rent the foregoing property. This has been my/our permanent residence since _____. A copy of my/our deed or lease, whichever is applicable, is attached hereto. If I/we do not have a lease, then I/we understand that I/we have to produce a sworn statement from my/our landlord which acknowledges my/our tenancy.

Applicant/Guardian Print

Applicant/Guardian Print

Applicant/Guardian Signature

Applicant/Guardian Signature

Sworn and subscribed
before me on this ____ day
of _____, 20____.

A Notary Public of the State of New Jersey

My Commission expires _____

(SEAL)

Approved: November 19, 2007
Revised:

ADMISSION

APPLICATION BY A RESIDENT OF HILLSDALE, NEW JERSEY 07642
FOR THE ADMISSION OF A CHILD WHOSE PARENTS ARE NONRESIDENTS

(Part two)

Note: All questions must be answered. If no information can be provided for an item, enter none in the space. If applicant is married, both applicants must sign this application.

Sworn statement for Right of Non-Tuition School Attendance

TO: Principal of _____ School and Board of Education of the Hillsdale Public School District.

I certify that the statements made by me/us in this certification are true and I/we am/are aware that if any statements made by me/us are false that I/we may be subject to civil and criminal penalties.

Signature: _____ (applicant/guardian)

Signature: _____ (applicant/guardian)

Date: _____

QUESTIONS CONCERNIN THE CHILD TO BE ADMITTED TO THE DISTRICT

1. Full name _____
2. Sex _____
3. Date of birth _____
4. Date child moved into the Hillsdale School District address _____
5. a. Has child continuously resided at the Hillsdale Public School District address since that date? _____
b. If not, state the address, length of time, and with whom the child has been residing.

6. State residence and with whom child resided for the past five (5) years immediately preceding the date of this application. _____

7. a. Will the child be claimed as a dependent child on the applicant's Federal Income Tax Return during the time s/he resides with the applicant? _____
- b. If not, set forth the name and address of the person who will claim the exemption of the child.

QUESTIONS CONCERNING THE PARENTS AND FAMILY OF THE CHILD

1. Name and address of parent: _____

2. Occupation, name and address of employer: _____

3. Name and address of parent: _____

4. Occupation, name and address of employer: _____

5. a. Marital status of parents (married, divorced, separated, widowed).
(circle one)
- b. If parent(s) is/are divorced or separated, who has legal custody of the child? _____

- c. Attach a copy of the court order which establishes the custody of the child.
6. Name, address and age of any brother(s) and sister(s) of the child. _____

7. Names and address of the schools each of the brother(s) or sister(s) will attend this year. _____

8. Set forth in detail all reasons why neither parent is capable of caring for the child who seeks admission to the Hillsdale Public School District. _____

QUESTIONS CONCERNING THE APPLICANT(S)

1. Name and address of the applicant(s). _____

2. Date applicant became a resident of the Hillsdale Public School District. _____
If less than five (5) years, set forth all residences of applicant during the past five (5) years.

3. Name, age and address of applicant's children. _____

4. Name and address of school that applicant's children are attending this year. _____

5. a. Number of rooms in applicant's residence. _____
b. Number of bedrooms in applicant's residence. _____

6. Set forth in detail the reason why the child is residing with the applicant and not with the parent or legal guardian. _____

Applicant/Guardian Print

Applicant/Guardian Print

Applicant/Guardian Signature

Applicant/Guardian Signature

Sworn and subscribed
before me on this ____ day
of _____, 20____.

A Notary Public of the State of New Jersey

My Commission expires _____

(SEAL)

Approved: November 19, 2007
Revised:

ADMISSION

SWORN STATEMENT OF NONRESIDENT PARENTS WHO HAVE GIVEN CUSTODY OF
THEIR CHILD TO A RESIDENT OF THE HILLSDALE PUBLIC SCHOOL DISTRICT

(Part three)

STATE OF NEW JERSEY:

AFFIDAVIT

COUNTY OF BERGEN:

_____ and _____
of full age and being duly sworn according to law and under oath say/s:

1. Complete one of the following:

a. We are the parents of the child named _____

b. I am the only living parent of the child named _____
The child's other parent _____ died on or about _____

c. I am the parent of the child named _____. I am separated / divorced (circle one) and I have the legal custody of the said child. A copy of the court order which established the custody of the child is attached.

2. I/We am/are the owners of or rent property located at _____
and have resided at this address since _____

3. I/We have carefully read the foregoing affidavit (Part 1) and the application (Part 2) made by _____
name(s), and the answers, statements, and declarations set forth in said affidavit and application are absolutely true in all respects.

4. On the _____ day of _____, 20____ I/we gave custody of my/our child to _____
name(s)), hereinafter referred to as the guardian(s).
My/Our child is presently residing with the foregoing person(s) at _____
My/Our child is not residing with the foregoing person(s) for the sole purpose of receiving a free public education in the Hillsdale Public School District.

5. I/We am/are not capable of supporting or providing care for my/our child due to a family or economic hardship for the following reasons: _____

I/We will make no contribution or payment, either in money or in kind for food, clothing, recreation, medical expense, lodging, or anything or service of value, or other costs and expenses in connection with the support, maintenance or education of the said child.

6. The said guardian(s) _____ (name(s)), will keep and support the said child gratuitously as if the said child were their own with no contributions or payment, either in money or in kind for food, clothing, recreation, medical expense, lodging, or anything or service of value, or other costs and expenses in connection with the support, maintenance or education of the said child.

- 7. The said child **will not** be claimed as a dependent child on my/our Federal or State Income Tax Return during the time the child resides with the guardian(s).
- 8. This affidavit, together with the application for admission (Part 2) and affidavit of applicant guardian resident of _____ (Part 1), is made specifically to induce the Hillsdale Board of Education to accept the child named as a legally qualified pupil in the Hillsdale District public schools and without payment of tuition, knowing that the Hillsdale Board of Education will rely upon the truth of the statements contained herein.
- 9. I/We fully understand and agree that any false or fraudulent statements, answers, or declarations contained in this affidavit or in the application for admission may render me/us personally liable to the Hillsdale Board of Education for the payment of tuition for the school year, which is \$_____ for the 20___/___ school year.
- 10. I/We fully understand and agree that:
 - a. If I/we fraudulently claim to have given up custody of my/our said child to the said guardian(s), I/we will have committed a disorderly persons offense and upon conviction thereof, I/we may be punished by a fine of up to \$1,000 and/or be imprisoned for up to six (6) months.
 - b. I/We have read and understand the affidavit and application of the applicant/guardian (Parts 1 and 2), and any false statements, answers or declarations contained in this affidavit (Part 3), or in the affidavit and/or application of the applicant/guardian (Parts 1 and 2), may subject me/us to criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2, and upon conviction thereof, I/we may be punished by a fine of up to \$7,500 and/or be imprisoned for up to 18 months.
 - c. I/We agree to furnish any documentation that may be required by the Hillsdale Board of Education and/or its administration to confirm the accuracy of my/our representations.

In all references herein to any parties or persons, the use of any particular gender or the plural of singular number is intended to include the appropriate gender or number as the test of the within instrument may require.

Applicant/Guardian Print

Applicant/Guardian Print

Applicant/Guardian Signature

Applicant/Guardian Signature

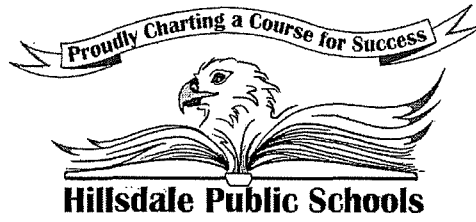
Sworn and subscribed
before me on this ____ day
of _____, 20____.

A Notary Public of the State of New Jersey

My Commission expires _____

(SEAL)

Approved: November 19, 2007
Revised:



HEALTH QUESTIONNAIRE

(Preschool)

TODAY'S DATE: _____

STUDENT'S NAME: _____ DOB: _____

Address: _____ Home Phone #: _____

PARENT'S NAME: _____ Occupation: _____

Address: _____ Work Phone #: _____

Mobile Phone: _____ Email Address: _____

PARENT'S NAME: _____ Occupation: _____

Address: _____ Work Phone #: _____

Mobile Phone: _____ Email Address: _____

SIBLINGS (Please specify name, gender, and age):

OTHERS LIVING IN HOUSEHOLD (Please state name and relationship):

LANGUAGE(S) SPOKEN IN THE HOME:

Primary _____ Secondary _____

PRE- and POST-NATAL HISTORY:

Pregnancy (Please check one): Full-term _____ Premature _____

Labor & Delivery (Please check one): Vaginal _____ C-Section _____

Complications: _____ Birthweight: _____ lbs. _____ ounces

PARENT/SIBLING HISTORY:

Do the student's parents or siblings have any significant medical problems, illnesses, or allergies?

Parent: _____

Parent: _____

Siblings: _____

MEDICATIONS:

Does your child take any medications or need access to epinephrine for allergic reactions?

Daily medications: _____

Medications needed at school: _____

Epinephrine auto-injector (please indicate yes or no): _____

Last time used: _____

STUDENT ALLERGY HISTORY:

Reaction to Allergen

Food(s): _____

Environmental: _____

Insect Stings: _____

Latex: _____

Medications: _____

INJURIES/SURGERY:

Fractures: _____ Surgery: _____

Head Injuries: _____ Sutures: _____

Has your child ever visited the Emergency Room? Yes _____ No _____

How many times? _____ Reason: _____

Other: _____

ILLNESSES (Please check if applicable):

Asthma _____ Epilepsy/Convulsions _____ Respiratory Infections _____

Chicken Pox _____ Febrile Seizures _____ Skin Problems _____

Diabetes _____ Mononucleosis _____ Strep Throat _____

Ear Infections _____ Adrenal Insufficiency _____ Other _____

SPECIAL CONSIDERATIONS:

Hearing Problems _____ Hearing Aid _____

Vision Problems _____ Glasses/Contacts _____

Bowel/Bladder Problems _____

Physical Therapy _____ Occupational Therapy _____

Speech Difficulties _____ Speech Therapy _____

Emotional Issues _____

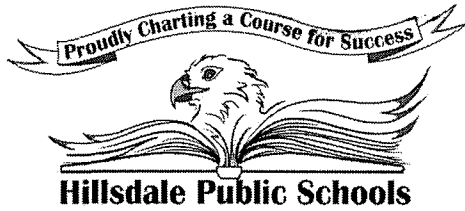
Other _____

DID YOUR CHILD RECEIVE EARLY INTERVENTION SERVICES? _____

PRE-SCHOOL AND/OR PLAYGROUP EXPERIENCE: _____

IS THERE ANY ADDITIONAL INFORMATION (health status, home situation, or behavior) that you feel would be helpful in planning your child's school year?

Completed by: _____ Date: _____



HEALTH INSURANCE INFORMATION FORM

STUDENT'S NAME: _____

Grade: _____ Homeroom: _____

Does child have Health Insurance?

Yes _____ If Yes, name of insurance
company _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children
and certain low income parents.

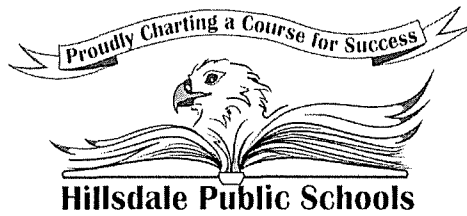
For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health
insurance.

Signature _____ Printed Name: _____

Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).



SPEECH/LANGUAGE INFORMATION FORM

As part of the screening process, your child's speech/language will be assessed.

The screening will provide the classroom teacher with information on overall receptive and expressive language skills, along with listening skills and following directions.

The section below is for your input. If you feel your child has speech or language areas which concern you, please tell us about them.

Please return this page with the registration packet.

Name of Child: _____ Date of Birth: _____

My child speaks English: Yes [] No []

My child speaks another language. It is _____

Describe your child's speech or language skills: _____

List any information you could share which might be relevant to development of speech, such as birth or milestone history. Use the back of page if necessary.



Child's Name: _____

Home Language Survey

Q- #1 What was the first language used by the student? _____

Q- #2 At home, does the student hear or use a language other than English more than half of the time? **Yes or No**

Q- #3 Does the student understand a language other than English? **Yes or No**

Q- #4 When interacting with his/her parents or guardians, does this student use a language other than English more than half of the time? **Yes or No**

Q- #5 When interacting with caregivers other than his/her parents or guardians, does the student use a language other than English more than half of the time? **Yes or No**

Q- #6 Has the student recently moved from another school district where he/she was identified as an English language learner? **Yes or No**

List home language(s) spoken: _____

