



Forest Avenue School

118 Forest Avenue
Verona, NJ 07044

Phone: 973-571-6754

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Jeffrey Monacelli, Principal

Kindergarten Round Up – January 6-10, 2020

Please bring completed School Registration form, along with the following documentation to your home school during round up week (January 6-10, 2020) between the hours of 7:45 am-3:45 pm. Your child must be 5 years of age on or before 10/1/2020 to enroll in kindergarten for the 2020-2021 school year.

- 1) An original birth certificate or passport (copy will be made)

- 2) Primary proof of Residency in Verona
 - Renting: signed, non-expired lease
 - Homeowner: current mortgage statement, property tax bill, deed or HUD settlement statement

- 3) Secondary Proof of Residency
 - Current utility bill, insurance bill

- 4) Parent/Guardian Proof of Identity
 - Driver's license or passport



Verona Public Schools, Office of the Superintendent

121 Fairview Avenue
PHONE 973-571-2029
Dr. Rui Dionisio rdionisio@veronaschools.org
Superintendent of Schools
www.veronaschools.org

Verona, New Jersey 07044
FAX 973-571-6779
Cheryl Nardino
Business Administrator/Board Secretary

KINDERGARTEN ROUND-UP FOR SEPTEMBER 2020

Dear Pre-School Parents:

The Verona Public Schools offer a kindergarten program for all youngsters who are five years of age on or before October 1, 2020. This program is designed as a child's first introduction to public school. A full academic curriculum—including media skills, formal art, music, and physical education is offered during the school day. Kindergarten is also a time for students to form new friendships, to work cooperatively in groups, and to learn fundamental academic skills.

The kindergarten session runs from 8:30 am to 2:45 pm. The Montclair YMCA offers an aftercare program between 2:45 and 6:00 pm. Information about this program is available from Rob Casale at 973-415-6117 or rcasale@montclairymca.org.

We will be conducting Kindergarten Round-Up January 6th through the 10th. The purpose of Round-Up is to identify students eligible for September's class and to begin the formal registration process. Enclosed please find an Enrollment Form or click on the following website to obtain the necessary paperwork. <https://www.veronaschools.org/domain/754>. Please complete this form during Round-Up week and return it to the school office. The school offices are open from 7:45 am to 3:45 pm Monday through Friday. At that time, please bring your child's **original birth certificate** with raised seal (original will be returned to you), **proof of residency** (see below) and parent/guardian proof of identity (driver's license or passport). When you register you will be given a packet of health forms and a Pre-Kindergarten Questionnaire. All forms must be completed by your child's kindergarten screening date (in the spring).

Please note that parents of children attending the Verona Preschool Program should register their child in the child's neighborhood school and complete the screening process in that school. If your child receives special education services their information will be subsequently forwarded to the appropriate school, as per his or her IEP.

The importance of completing early registration cannot be stressed enough. The formation of kindergarten classes and orientation meetings require an accurate forecast of student numbers.

In the interest of balancing class sizes across the district, parents may request to send their child to one of the three other elementary schools. Should this be the case, parents should send a written request to the Office of the Superintendent as soon as possible. Requests of this nature will be decided in April or May of 2020. If the enrollment of the requested school becomes too high, the decision may be reversed. Should you not be registering a kindergarten student at this time, please pass this information to a neighbor or friend in Verona. If you know of someone whose child is eligible for kindergarten yet did not receive this packet, please ask the parents to call or visit the school office.

Thank you for your timely attention to these requests. Our principals and teachers look forward to meeting and working with you to help prepare your child for a positive school experience.

Please mark your calendars for the following important events:

Kindergarten Parent Orientation Dates

<u>Brookdale</u>	<u>FN Brown</u>	<u>Forest</u>	<u>Laning</u>
5/21/20-6:30 PM	3/26/20-7:00 PM	3/11/20-7:00 PM	3/23/20- 7:30 PM

Saturday Pre-Kindergarten Experiences:

The Saturday morning Pre-Kindergarten experiences are organized by the SCA in each school. They will be held from 10-11 AM on Feb. 1, March 7, April 4, and May 2. For information and to sign up, please contact the following people:

Brookdale:	Sarah Ford	973-518-4278	safford09@gmail.com
	Kate Cichocki	201-780-8254	katie.lenox@gmail.com
F N Brown:	Catherine Crevoiserat	201-446-4146	catherine@crevoiserat.com
	Sharon Stanisci	973-768-0683	jaysha26@aol.com
	Rachel Klansky	908-770-5934	rachelsklansky@yahoo.com
Forest:	Casey McCartney	201-417-2124	caseydepalma@yahoo.com
Laning:	Kristina Oliver	973-615-2217	kristinaoliver7@aol.com

Very truly yours,

Dr. Rui Dionisio
 Superintendent of Schools
 RD:cs

**Acceptable documents for proof of residency:
 ONE FROM EACH LIST**

Proof of domicile
 Current lease
 Deed
 Property Tax Bill

Proof of attachment to address
 utility bill driver's license
 telephone bill
 cable bill

VERONA PUBLIC SCHOOLS

SCHOOL REGISTRATION

School _____ Grade _____ Entry Date _____ Student ID # _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Nickname: _____ Student Email (Grades 6-12): _____ Gender: M F Home

Address [Street] _____

If Renting, Date Lease Expires: _____ Home Telephone: (____) _____

Ethnicity (**must check one**): Hispanic Non-Hispanic

Race (**must check at least one, or all that apply**):

White Black/African American Asian Native Hawaiian/Pacific Islander American Indian/Alaskan Native

Date of Birth: _____ City, State, Country of Birth: _____

If student was born outside of the US, please provide the following information:

US School Entry Date: _____

1st Language Spoken: _____ Primary Language Spoken at Home: _____

Proficient in English: Yes No All Languages Spoken: _____

Names, Dates and Grades of Previous Schools of Attendance (including Pre-K):

School and Address	Grades Attended	First Date of Enrollment	Last Date of Enrollment	Public or Private

NJ State ID # (if transferring from another NJ Public School): _____

Is the student's legal parent/guardian name(s) on the deed, mortgage, or lease? ___ Yes ___ No

Move in date? _____ How long do you plan on living at this residence? _____

Previous address: _____

How long did you reside at the previous address? _____

Last school attended: _____ City: _____ State: _____

FAMILY INFORMATION

1 - Home Where the Child Lives

Relationship to Student: Mother Father Parent Guardian * Affidavit Other

Last Name: _____ First Name: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Dr. Email Address: _____

Cell Phone: () _____ Business Phone: () _____ Occupation: _____

Employer Name/Address: _____

2 - Home Where the Child Lives

Relationship to Student: Mother Father Parent Guardian * Affidavit Other

Last Name: _____ First Name: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Dr. Email Address: _____ Cell

Phone: () _____ Business Phone: () _____ Occupation: _____

Employer Name/Address: _____

* If checked, guardianship papers must be produced for examination

#3 – Non-Custodial Parent

No Contact Allowed: Receives Extra Mailing:

Relationship to Student: Mother Father Parent Guardian * Affidavit Other

Last Name: _____ First Name: _____ Middle Name: _____

Home Address [Street]: _____ [City, State, Zip] _____

Title: Mr. Mrs. Ms. Dr. Email Address: _____

Home Phone: () _____ Cell Phone: () _____ Business Phone: () _____

Employer/Address: _____ Occupation: _____

4 – Student Resides at More than One Address:

Receives Extra Mailing:

Relationship to Student: Mother Father Parent Guardian * Affidavit Other

Last Name: _____ First Name: _____ Middle Name: _____

Home Address [Street]: _____ [City, State, Zip] _____

Title: Mr. Mrs. Ms. Dr. Email Address: _____

Home Phone: () _____ Cell Phone: () _____ Business Phone: () _____

Employer/Address: _____ Occupation: _____

Please answer **ALL** of the following questions:

Is this student's home address a temporary living arrangement? ___ Yes ___ No

Is this a temporary living arrangement due to loss of housing or economic hardship? ___ Yes ___ No

Is this student in temporary or emergency foster care placement? ___ Yes ___ No

Is the student not living with a parent or legal guardian? ___ Yes ___ No

FAMILY INFORMATION (Continued)

Where is the student currently living?

- With more than one family in a house or apartment
- Temporary/emergency foster home
- In a motel/hotel- Name of motel/hotel: _____
- Transitional Housing – Name of transitional housing: _____
- Group Home – Name of group home: _____
- Moving from place to place or a location not designed for sleeping accommodations (example: car, park, or campsite)

SIBLING INFORMATION

Name	Birthdate	Grade	Gender	Relationship	School	Resides w/Student

EMERGENCY INFORMATION

In the case of an emergency or early dismissal the parent/guardians will be contacted, Please list the individuals to whom the school may entrust your child if parent/guardians are unreachable. **DO NOT** list a parent or guardian as Emergency Contact. No student shall be released from school unless accompanied by an adult designated by the parent.

Please check if your child may ONLY be released to parent:

Contact Name (Not parent/guardian)	Relationship	Address	Home Phone	Work Phone	Cell Phone
1					
2					
3					

PHYSICIAN/INSURANCE INFORMATION

My child's medical care is provided by: _____
(name of Doctor, Clinic, or HMO) (Telephone)

My child has Health Insurance: Yes No

If Yes, please provide name of Insurance Company: _____

The school has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

Parent/Guardian Signature: _____ Date: _____

School Official Signature: _____ Date: _____

* If checked, guardianship papers must be produced for examination