



## VERONA PUBLIC SCHOOL

121 FAIRVIEW AVENUE, VERONA, NEW JERSEY 07044  
973-571-2029

### Kindergarten Round Up

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 2020-21 school year.

- 1) An **original** birth certificate (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

**PLEASE DO NOT SUBMIT REGISTRATION PACKET UNTIL ALL ITEMS ARE COMPLETE.**



## Verona Public Schools, Office of the Superintendent

121 Fairview Avenue  
PHONE 973-571-2029  
Dr. Rui Dionisio [rdionisio@veronaschools.org](mailto:rdionisio@veronaschools.org)  
Superintendent of Schools  
[www.veronaschools.org](http://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](mailto:rcasale@montclairymca.org).

We will be conducting Kindergarten Round-Up January 6<sup>th</sup> through the 10<sup>th</sup>. 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**

**Brookdale**  
5/21/20–6:30 PM

**FN Brown**  
3/26/20-7:00 PM

**Forest**  
3/11/20–7:00 PM

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

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  
telephone bill  
cable bill  
driver's license

# 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: \_\_\_\_\_

1<sup>st</sup> 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