



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

# Elementary School

## Registration Packet

1. School Registration Form – Student / Family / Emergency Information
2. Physical Examination & Immunization Requirements
3. Immunization Record
4. Official Records Request Form – Transfer Card

In addition to the Registration Packet please provide the following documentation:

- Primary Proof of Residency in Verona
  - Renting: Signed non-expired lease
  - Homeowner: Current mortgage statement, property tax bill, deed, or HUD settlement statement
- Secondary Proof of Residency
  - Current utility bill, insurance bill
- Proof of Age: An **original** birth certificate must be presented at the time of registration
- Parent/Guardian ID as Proof of Identity (driver's license or passport)
- Current school transcript/school report card
- Custodial documentation, if applicable

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

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

### Home Language Information

1. List all languages used in the student's home:

2. Was the first language used by the student a language other than English: Yes  No

3. Does the student speak or understand a language other than English: Yes  No

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

School Official Signature: \_\_\_\_\_

\* If checked, guardianship papers must be produced for examination

# VERONA PUBLIC SCHOOLS

VERONA, New Jersey

## PHYSICAL EXAMINATION & IMMUNIZATION REQUIREMENTS

### Kindergarten – Grades 12

All of the required information must be submitted prior to the first day of school (or starting date). A student can be refused entry until all requirements are met. If registering in the spring for the next school year, the forms are due June 15. If registering during the summer for September entrance, the forms are due prior to September 1. If registering for the current school year, the immunization record and health history are due before entrance. The physical exam form is due within 30 days of entrance. Exceptions may be granted only for religious beliefs or medical recommendations.

All students entering Kindergarten in the State of New Jersey must have documentation of a completed physical examination by their personal physician before entering the school district. We have provided you with the form. This exam must have been performed within 365 days prior to the first day of school (or starting date) and must state what, if any, modifications are required for full participation in the school program. Dental, hearing and eye examinations are also recommended, but not mandatory. A record of the student's medical history, physical and emotional make-up may be very helpful in handling and teaching the student should problems subsequently develop. Families who do not have a personal physician or access to medical care should discuss this with the school nurse.

In addition to the requirements noted above, TB (Mantoux Testing) may be required for a select group of foreign born students and/or students transferring from a high TB incidence country into the Verona Public Schools. Please consult your school nurse for details.

#### Immunization Requirements for Children Entering Kindergarten & Higher Grades:

##### **DTaP (Diphtheria and Tetanus Toxoids and Pertussis Vaccine)**

Age 5-6 years: A minimum of four (4) doses of DTaP are required. One dose must have been administered on or after the fourth birthday or any five (5) doses.

Age 7-9 years: A minimum of three (3) doses of Td or any previously administered combination of DTP, DTaP and DT to equal three (3) doses.

##### **Tdap (Tetanus and Diphtheria Toxoids and Acellular Pertussis Vaccine)**

One (1) dose for students entering Grade 6, or comparable age level for special education programs.

##### **OPV (Oral Poliovirus Vaccine) or IPV (Inactivated Polio Vaccine)**

Age 5-6 years: A minimum of three (3) doses of poliovirus vaccine is required, providing one dose is given on or after the fourth birthday, or any four (4) doses.

Age 7 and older: Any three (3) doses

##### **MMR (Measles, Mumps, Rubella)**

Administered after the first birthday:

Two (2) doses of a live Measles-containing vaccine One (1) dose of live Mumps-containing vaccine One (1) dose of live Rubella-containing vaccine

##### **Hepatitis B Vaccine**

Three (3) doses are required.

##### **Varicella Vaccine**

One (1) dose administered on or after the first birthday for children born after 1/1/1998

##### **PCV (Pneumococcal Conjugate)**

Two (2) doses - Ages 2-11 months One (1) dose - Ages 12-59 months

##### **Meningococcal**

One (1) dose for students entering Grade 6, or comparable age level for special education programs

##### **HPV (Human Papillomavirus Vaccine) - Optional**

Administer to females, minimum age 9 years, and ages 13 to 18 if not previously vaccinated 1st dose

- Age 11 or 12 years

2nd dose - 2 months after first dose

3rd dose - 6 months after first dose (at least 24 weeks after 1st dose)

##### **HIB (Haemophilus Influenza Type B)**

One (1) dose annually - Ages 12 months to 59 Months

**VERONA PUBLIC SCHOOLS**  
Verona, New Jersey

State of New Jersey  
**IMMUNIZATION RECORD**

Kindergarten – Grades 12

Immunization Registry Number

Name of Child (Last, First, M.I.)		DOB Mo/ Day/Yr	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian	Name		Telephone No.
	Address		

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

DISEASE	1 <sup>st</sup> Dose Mo/Day/Yr	2 <sup>nd</sup> Dose Mo/Day/Yr	3 <sup>rd</sup> Dose Mo/Day/Yr	4 <sup>th</sup> Dose Mo/Day/Yr	5 <sup>th</sup> Dose Mo/Day/Yr			
DTaP (DIPHTHERIA, TETANUS, PERTUSSIS) or any combination <i>*If Td or DT, indicate in box</i>	/ /	/ /	/ /	/ /	/ /			
Tdap (TETANUS, DIPHTHERIA TOXOIDS, ACELLULAR PERTUSSIS)								
IPV (INACTIVATED POLIOVIRUS) OR OPV (ORAL POLIOVIRUS) <i>If IPV or OPV, indicate in box</i>	/ /	/ /	/ /	/ /	/ /			
MMR (MEASLES, MUMPS, RUBELLA)								
HEPATITIS B								
VARICELLA								
PCV (PNEUMOCOCCAL CONJUGATE)								
MENINGOCOCCAL								
HPV (HUMAN PAPILOMAVIRUS)								
HIB (HAEMOPHILUS INFLUENZA TYPE B)								

Lead Screening	
Test Date	Result

Document below single antigen vaccine receipt, serology titers, or varicella disease history		
	Date:	Titer:
Hepatitis B		
Varicella		
Measles		
Mumps		
Rubella		
Flu Vaccine For Preschool	Date: By December 31st	

Provisional Admission Attached-Date Granted: \_\_\_\_\_

Medical Exemption Attached

Religious Exemption Attached

# VERONA PUBLIC SCHOOLS

Verona, New Jersey

## OFFICIAL RECORDS REQUEST FORM TRANSFER CARD

Please Print

Student Information			
Last Name		First Name	Middle Name
Street		City	State Zip
Date of Birth		Place of Birth [City, State, Country]	
Languages Spoken at Home			
Previous School		Entering School – Send Info to:	
Name of School		Public <input type="checkbox"/>	
		Private <input type="checkbox"/>	
Address [Street, City, State, Zip]		<ul style="list-style-type: none"> <li>▪ <b>Brookdale Avenue School</b>, 14 Brookdale Crt., Verona, NJ 07044</li> <li>▪ <b>FN Brown School</b>, 125 Grove Ave., Verona, NJ 07044</li> <li>▪ <b>Forest Avenue School</b>, 118 Forest Ave., Verona, NJ 07044</li> <li>▪ <b>Laning Avenue School</b>, 18 Lanning Ave., Verona, NJ 07044</li> <li>▪ <b>HB Whitehorse Middle School</b>, 600 Bloomfield Ave., Verona, NJ 07044</li> <li>▪ <b>Verona High School</b>, 151 Fairview Ave., Verona, NJ 07044</li> </ul>	
Telephone		Fax	
Last Date of Attendance		Last Grade Attended	
NJ State ID# (if transferring from a Public School in NJ)			
Records to Be Released			
District Assessments		Is student in an ESL or Bilingual Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State Assessments		Has student ever been referred for a 504? <input type="checkbox"/> Yes <input type="checkbox"/> No Has student ever received intervention or supplemental services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Education Records		Has student ever been referred for Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the specific classification, if any:	
Comments			
Office Use Only			
Requested By	Requested Date	Received By	Received Date

I hereby give my permission for release of the above records and for the school district to contact my child's former district for further information.\*

Signature of Parent/Legal Guardian (circle one)

Signature of Student (18 or above)

Date

\* Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule on Educational Records. Federal Register, June 17, 1976, Vol.41, No. 118, page 24673). The prior District may also release the following mandated records: transcript of grades, health records, attendance records, child study team records and disciplinary records pursuant to N.J.A.C. 6:3-6.5