

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.)		Date of Birth (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 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th 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 PAPILLOMAVIRUS)								
HIB (HAEMOPHILUS INFLUENZA TYPE B)								

Lead Screening	
Test Date	Result

Document below single antigen vaccine receipt, serology titers, or varicella disease history		
Hepatitis B	Date:	Titer:
Varicella	Date:	Titer:
Measles	Date:	Titer:
Mumps	Date:	Titer:
Rubella	Date:	Titer:
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 <input type="checkbox"/>
Place of Birth [City, State, Country]		Date of Birth	
		Languages Spoken at Home	
Previous School		Entering School – Send Info to:	
Name of School	Public Private	<ul style="list-style-type: none"> ▪ Brookdale Avenue School, 14 Brookdale Ct., Verona, NJ 07044 ▪ FN Brown School, 125 Grove Ave., Verona, NJ 07044 ▪ Forest Avenue School, 118 Forest Ave., Verona, NJ 07044 ▪ Laning Avenue School, 18 Lanning Ave., Verona, NJ 07044 ▪ HB Whitehorn Middle School, 600 Bloomfield Ave., Verona, NJ 07044 ▪ Verona High School, 151 Fairview Ave., Verona, NJ 07044 	
Address [Street, City, State, Zip]			
Telephone	Fax		
Last Date of Attendance	Last Grade Attended <input type="checkbox"/>		
NJ State ID# (if transferring from a Public School in NJ) <input type="checkbox"/>			
Records to Be Released			
District Assessments	<input checked="" type="checkbox"/> student in an ESL or Bilingual Program? Yes No		
State Assessments	Has student ever been referred for a 504? Yes No Has student ever received intervention or supplemental services? Yes No		
Special Education Records	Has student ever been referred for Special Education? Yes 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