

# Ridgefield Park Public Schools

# Kindergarten

## Registration Packet

All materials must be returned to the

Ridgefield Park Public Schools Registration Office  
at Ridgefield Park Junior Senior High School

1 Ozzie Nelson Drive  
Ridgefield Park, NJ 07660

Office Hours:  
8:00 AM-4:00 PM

**Please print clearly!**

Ridgefield Park Public Schools  
Ridgefield Park, New Jersey 07660

**REQUIREMENTS FOR KINDERGARTEN REGISTRATION**

Child's Name \_\_\_\_\_, \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last Name First Name

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address \_\_\_\_\_  
No. Street Apt. No. Town State Zip Code

The following evidence must be presented and approved before the child may be registered and permitted to attend school:

**PROOF OF RESIDENCY:**

\_\_\_ **OWNER OF DWELLING:** Mortgage or Deed, Property Tax Record, any Utility Bill, and a valid New Jersey Driver's License with Photo Identification or NJ State MVC-photo ID...indicating the Ridgefield Park address

\_\_\_ **RENTER OF DWELLING:** Current original lease verifying names and status/duration of lease. Lease must also show landlord's name, address, and phone number. Present a valid New Jersey Driver's License with Photo Identification or NJ State MVC-photo ID...indicating the Ridgefield Park address

\_\_\_ **HEALTH RECORDS:**

- Two doses of Measles, Mumps and Rubella vaccine, given after 1<sup>st</sup> Birthday.
- Four doses of DPT or DTaP, with one dose given on or after the 4<sup>th</sup> birthday or any 5 doses.
- Three doses of polio vaccine, with one dose given after the 4<sup>th</sup> birthday or any 4 doses.
- TB Mantoux test with results.
- History of all contagious diseases, allergies and illnesses must also be supplied.
- An Up-to-Date Physical Examination.

No student can be admitted to the Ridgefield Park School District until health records are approved by a school district nurse.

\_\_\_ **PROOF OF AGE:** Original birth certificate with raised seal.

If original birth certificate is not available, a current passport is acceptable.

\_\_\_ **ADDITIONAL AFFIDAVITS:** Other court orders/agency placement orders may be required.

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**REGISTRATION LEGITIMACY**

Child's Name \_\_\_\_\_, Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last name First name

I, \_\_\_\_\_, affirm that I am the  
Parent/Guardian Name – Please print

Check one:

\_\_\_\_\_ Natural Parent

\_\_\_\_\_ Legal Guardian

\_\_\_\_\_ Affidavit Host

...of the child listed above.

I further affirm that this form and all the documentation I have completed/provided constitute true and accurate proof that the child listed above resides with me in the school district and will continue to do so for the next eleven (11) months.

If the child listed above ceases living with me, or if I move my residence within or outside of Ridgefield Park, I will promptly notify the Ridgefield Park Board of Education in writing...addressed to: Office of the Registrar, Ridgefield Park Public Schools, 1 Ozzie Nelson Drive, Ridgefield Park, NJ 07660 (201-807-2655).

I certify that all the information I have provided is true. I am aware that if any of the information I have provided is false, I may be subject to legal/punitive action.

My signature acknowledges that I have read and understand this document.

Signed \_\_\_\_\_ Relationship to child \_\_\_\_\_

Date: \_\_\_\_\_ Witness \_\_\_\_\_



STUDENT'S NAME \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

School Attended \_\_\_\_\_

School Address \_\_\_\_\_  
No. Street Town State Zip Code

School's Phone Number \_\_\_\_\_ School's Fax # \_\_\_\_\_

Was your child enrolled in any special program (s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Please circle the program(s) the student was enrolled in (circle all that apply).

Honor s      ESL/ELL      Special Education      Basic Skills Improvement      Vocational      Satellite

Parent/Guardian Signature: \_\_\_\_\_

**OFFICE USE ONLY**

N.J. State ID \_\_\_\_\_

Country of Birth Code \_\_\_\_\_ If other than the US: Date of Entry    /   /     
M D Y

County Code Resident: Bergen -03 Other \_\_\_\_\_

District Code of Resident RP-4380 LF-2710 Other: \_\_\_\_\_

School Code of Resident: HS -050 Grant - 060 Lincoln - 070 Roosevelt -080

District Entry Date:    /   /     
M D Y

County Code Attending Bergen -03 Other: \_\_\_\_\_

District Code Attending: 4380

School Code Attending: HS -050 Grant -060 Lincoln -070 Roosevelt -080

School Entry Date:    /   /     
M D Y

Grade Level: \_\_\_\_\_

Program Type: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

**HEALTH INFORMATION:**

Health Insurance: Yes or No If yes, Health insurance provider: \_\_\_\_\_

Date of last Lead Test:    /   /    Lead Level: \_\_\_\_\_  
M D Y

**Ridgefield Park Public Schools  
Ridgefield Park, New Jersey 07660**

**REQUEST FOR SCHOOL RECORDS**

Grant School  
104 Henry St.  
201-641-0441

Lincoln School  
712 Lincoln Ave  
201-994-1830

Roosevelt School  
508 Teaneck Rd.  
201-440-0808

Date \_\_\_\_\_

The child named below has enrolled in one of our schools. The parent/guardian has given permission (see below) for academic, attendance, health, and disciplinary records to be sent to the school circled above as soon as possible.

Full name of previous school \_\_\_\_\_

School Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

School Telephone # (\_\_\_\_\_) - \_\_\_\_\_ School Fax # (\_\_\_\_\_) - \_\_\_\_\_  
(Area Code) (Area Code)

Thank you for your cooperation.

Thank you.

Sincerely,

Mr. Bill Morton, Registrar-Ridgefield Park Public Schools  
(201) 807-2655

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I hereby give permission to release all academic, attendance, health, and disciplinary school records to the school circled above for:

Child's Name \_\_\_\_\_ Present Grade \_\_\_\_\_  
Last Name, First Name

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medication**

Child's Name \_\_\_\_\_, \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last Name First Name

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**A child must not bring to school  
any prescribed or over-the-counter medication...not one single dose!  
Any such products must be brought to the school nurse by a parent/guardian  
with directions for use from a physician.  
Only a school nurse may administer the medication.**

\_\_\_\_ By my signature, I certify that my child does not need to take any prescribed or  
over-the-counter medication during the school day.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

There are few exceptions to this rule.

Permission may be granted to your child for self-administration of medication for asthma or other potentially life threatening conditions if the school receives written permission from a parent/guardian and authorization by a physician. Even in this case, we may require that the medication be self-administered in the presence of the school nurse.

\_\_\_\_ By my signature below I give permission for my child to self-administer the medication indicated by the physician. I understand that Ridgefield Park Public Schools shall incur no liability as a result of any injury arising from the self-administration of medication by my child and I shall indemnify and hold harmless the Ridgefield Park Board of Education and its employees and agent against any claims arising as a result of the self-administration of medication by my child.

The following section must be completed by a physician:

Diagnosis for which the medication has been prescribed: _____	
Name of medication: _____	
Form of medication: _____	
Dose: _____	<i>Physician's Signature</i> and <b>STAMP</b>
Time: _____	
How soon the dose can be repeated: _____	
List of significant side effects: _____	Physician's Name _____
Length of time this treatment is recommended: _____	Address _____
	Telephone Number _____

The above mentioned child has asthma and/or other life threatening condition and has been instructed in and is capable of self-administering the medication noted above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Ridgefield Park Public Schools  
Ridgefield Park, New Jersey 07660**

## ALLERGIES/REACTIONS

Child's Name \_\_\_\_\_, \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last name First name

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone #: \_\_\_\_\_  
M D Y

If your child has no allergies/reactions please check here\_\_ and sign below.

Item	Yes	No	Type of reaction experienced	Medication taken	Actions to be taken
Dairy Products					
Eggs					
Peanuts					
Other foods: Specify _____					
Bees					
Other Animals: Specify _____					
Penicillin					
Erythromycin					
Other Meds: Specify _____					
Seasonal Allergies Season _____					
Other Allergies: Specify _____					

Comments/Additional Information: \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Ridgefield Park Public Schools  
Ridgefield Park, New Jersey 07660

**STUDENT NETWORK/COMPUTER USER CONTRACT**

(Print) Student Name \_\_\_\_\_ School \_\_\_\_\_

Today's Date:      /      /       
                  M    D    Y

Date of Birth:      /      /       
                  M    D    Y

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Since your child of course is **UNDER** 18 years old, then a parent/guardian must read and sign this agreement.)

**PARENT/GUARDIAN COMPUTER NETWORK RESPONSIBILITY CONTRACT**

As the parent/guardian of this child, I agree that my child must abide by the terms and conditions of computer use (Network Computing and Telecommunications) of the Ridgefield Park Public School District. I understand that the terms and conditions are designed for educational purposes and that the Ridgefield Park Public School District has taken and will continue to update precautions to eliminate controversial materials. However, I also recognize that it is impossible for the District to restrict access to all controversial materials. Therefore, I will not hold the District responsible for materials acquired on the network (i.e., Internet).

Furthermore, I understand that the inappropriate use of the network by my child will result in the revocation of computer access rights as well as other consequences determined by a school administrator. In addition, I understand that the school district will comply with the proper authorities to give them access to and provide them with information as requested. I accept full responsibility for any materials acquired on the network by my child outside the school setting (i.e., at home).

Finally, I accept responsibility for any school related impacts, damages, or injuries due to the misuse of a computer or the network by my child either inside or outside the school setting.

With these understandings, I hereby give my permission for my child to use school computers and the network.

Print Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**EXPECTATIONS FOR THE BEHAVIOR OF KINDERGARTNERS**

**All students have the right to a safe as well as a thorough and efficient education!**

1. **In CLASSROOMS** kindergartners are expected to:
  - Demonstrate respect toward the teacher or substitute teacher at all times.
  - Demonstrate respect toward all other students at all times.
  - Participate positively in all class activities.
  - Use restrooms in the same manner of positive conduct as required elsewhere in school.
  
2. **In ASSEMBLIES** kindergartners are expected to:
  - Give full attention and respect to presenters.
  - Enter and exit in a safe and orderly manner as directed.
  
3. **In the LUNCHROOM** kindergartners are expected to:
  - Use the same manner of positive conduct as required elsewhere in school.
  - Walk at all times.
  - Join the end of food service lines.
  - Use their own lunch identification (envelope) or money.
  - Clear the space of their table seat and floor.
  - Enter and exit in a safe and orderly manner as directed.
  
4. All kindergartners are expected to come to school everyday-on time!
  
5. All kindergartners are expected to respect the property of all personal, private, and school property.

**I have read the expectations for my kindergartner's behavior and fully understand them. I also understand that failure of a kindergartner to abide by them will likely result in consequences to be determined by the principal.**

(Print) Student  
Name \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_

\_\_\_\_\_ Date

**STUDENT RELEASE FROM SCHOOL FORM**

There may be one or more times when someone other than you, the parent/guardian, may need to sign your child out of school during the school day. Therefore, please complete the information below. Note that the people you are giving permission to pick up your child (during the school day) must be at least 18 years old and will be able to present photo identification upon request.

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone numbers where you may be reached during the school day:

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

**THE FOLLOWING PEOPLE HAVE MY PERMISSION TO SIGN MY CHILD  
OUT OF SCHOOL AND MAY BE ASKED TO PRESENT PHOTO ID:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



APPROVED SCHOOL AND ATHLETIC EXAMINATION FORM

Lower Grades (K through 4)

GRADE \_\_\_\_\_

NAME (last) \_\_\_\_\_ (first) \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICAL REPORT:

Grade \_\_\_\_\_ Age \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_

Eyes \_\_\_\_\_ R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_; Ears \_\_\_\_\_ Hearing R \_\_\_\_\_; L \_\_\_\_\_

Respiratory \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Abdomen \_\_\_\_\_ Genitalia \_\_\_\_\_

Musculoskeletal \_\_\_\_\_ Skin \_\_\_\_\_

Neurological \_\_\_\_\_

LABORATORY: Urinalysis \_\_\_\_\_ HGB/HT \_\_\_\_\_ Other \_\_\_\_\_

COMMENTS:

RECOMMENDATIONS:

Yes No

- 1. Any defect of vision, hearing or speech that the school could compensate for by proper seating, etc.?
2. Any conditions limiting - Classroom activity? - Physical education?
3. Any significant allergies?
4. Any condition which may result in a classroom emergency
5. Any emotional, mental or physical condition requiring periodic medical observation?

COMMENTS:

IMMUNIZATIONS

(Insert dates)

Complete for new students. Otherwise only those since last report.

Table with immunization records for DPT, TET, OPV, MEASLES (LIVE), MUMPS, RUBELLA, TB PPD, MANTOUX, RESULTS, Hepatitis B.

Phone \_\_\_\_\_

M.D.

**RIDGEFIELD PARK PUBLIC SCHOOLS EMERGENCY INFORMATION FORM**

**Homeroom:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**PUPIL'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENTS' OR GUARDIANS' NAME:** \_\_\_\_\_

**FATHER'S BUSINESS PHONE:** \_\_\_\_\_

**FATHER'S CELL PHONE:** \_\_\_\_\_

**MOTHER'S BUSINESS PHONE:** \_\_\_\_\_

**MOTHER'S CELL PHONE:** \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_

**To be notified in emergency if parent cannot be contacted:**

**1) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**2) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_