

**Northvale Public School**  
**441 Tappan Road, Northvale, NJ 07647**  
**Phone: (201)768-8484, ext. 30235 Fax: 201-768-4948**

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**REGISTRATION**

To register a student at the Northvale Public School, the eligibility requirements are as follows. Please furnish the following documents at the time of registration.

1. Physical Form – completed by physician
  - A current physical should be submitted upon registration.
  - If physical was not performed within the 365 days from the start of the school year, a new one must be submitted immediately upon completion.
  
2. Immunization Form – completed by physician
  - A current immunization record must be submitted at registration, regardless of physical exam date.
  - Any subsequent immunization data should also be submitted immediately upon completion.

The following immunizations must be completed by September 1, 2021.

D.P.T.	4 doses with one being at age 4 or 5
Polio	3 doses with one being at age 4 or 5
Measles	2 doses
Mumps	
Rubella	
Varicella	1 dose
Hepatitis B	3 doses

3. **Required Documents:** 3 Proofs of residence must be submitted.
  - a. Deed or Lease
  - b. Utility Bill
  - c. Bank Statement

Child's Birth Certificate  
Parent's Driver License

Please complete and return this form with all the required documents to Mrs. Rudolph, School Secretary when registering your child(ren).

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (C) \_\_\_\_\_  
Phone (W) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (C) \_\_\_\_\_  
Phone (W) \_\_\_\_\_

**REGISTRATION MATERIALS**

**The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 specify that a free public education will be provided to any student between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:**

- Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship.
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency.
- Living with a parent or guardian who is temporarily residing in the district.
- The child of a parent or guardian who moves to another district as the result of being homeless.
- Placed in the home of a district resident by court order pursuant to *N.J.S.A. 18A:38-2*.
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to *N.J.S.A. 18A:38-3(b)*.
- Residing on federal property within the State pursuant to *N.J.S.A. 18A:38-7.7 et seq.*

*Note that the following do **not** affect a student's eligibility to enroll in school:*

- Physical condition of housing or compliance with local housing ordinances or terms of lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment, pursuant to *N.J.S.A. 18A: 36-25.1*.
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, *N.J.A.C. 8:57-4.1 et seq.*
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district.

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**The following forms of documentation may demonstrate a student's eligibility for enrollment in the district.**

**The District requires at least three (3) proofs of residency and at least one (1) document demonstrating proof of the child's identity and date of birth.**

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed notarized letters from landlords and other evidence of property ownership, tenancy or residency.
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Court orders, State agency agreements and other evidence of court or agency placements or directives.
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others, as appropriate.
- Documents pertaining to military status and assignment.
- Any business record or document issued by a governmental entity.
- Any other form of documentation relevant to demonstrating entitlement to attend school.

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

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**Please be aware that any determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.**

***If you experience difficulties with the enrollment process, please see Mr. Michael Pinajian, Superintendent, 441 Tappan Road, NJ 07647, 201-768-8484, ext. 30234.***

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**REGISTRATION FORM**

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Phone (if any): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Proof of Age (check one)  Birth Certificate  Passport

Previous School Attended and Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student lives with  Both Parents  Mother  Father  Grandparents  Stepmother  Stepfather  
 Other (please explain): \_\_\_\_\_

Person Enrolling Student: \_\_\_\_\_

Relationship to Student if other than Parent: \_\_\_\_\_

List All siblings

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_\_

Classification (please check one)

Was child ever classified?  Is child currently classified?  Not applicable

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**THE FOLLOWING INFORMATION IS REQUIRED BY THE STATE:**

Student City of Birth: \_\_\_\_\_ Student State of Birth: \_\_\_\_\_

Student Country of Birth: \_\_\_\_\_ Student Date of Entry into USA: \_\_\_\_\_

Date of First Entry in USA School \_\_\_\_\_ Has Student Attended School Outside of USA \_\_\_\_\_  
If Yes, State Years \_\_\_\_\_

Is Parent/Guardian affiliated with the military?  Yes  No If yes, what is military affiliation? \_\_\_\_\_

**Racial Origin (check all that apply)**

Native Language of Parent/Guardian/Person Enrolling Student: \_\_\_\_\_

If English is not the native language, and if English is spoken and understood by the parent/guardian/person enrolling student, please check here

Primary Language spoken by the Student: \_\_\_\_\_ Other Language: \_\_\_\_\_

- American Indian or Alaska Native (having origins in any of the original people of North and South America [including Central America] and who maintains a tribal affiliation or community attachment).
- Asian (having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American (having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander (having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands)
- White (of the original peoples of Europe, the Middle East or North Africa)

**Ethnicity (Check ONE only)**

- Non-Hispanic/Latino
- Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish

**DO NOT WRITE BELOW -- FOR OFFICE USE ONLY**

Proof of residency received: \_\_\_\_\_ Proof of age verified: \_\_\_\_\_ Academic records requested: \_\_\_\_\_  
Health & medical records received: \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Youngest in family (check one)  Yes  No State Student ID# \_\_\_\_\_ Original date of entry: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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**Northvale Public School District**  
**Owner/Landlord Affidavit**  
**(To be completed only if you rent a home or an apartment)**

Owner/Landlord Information
Last Name _____ First Name _____
Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone _____ Alternate Phone _____
Tenant Information
Last Name _____ First Name _____
Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone _____ Alternate Phone _____
Leasing Information
When did tenant(s) move in? _____ How long is the lease Agreement? _____
Relation to Renter: <input type="checkbox"/> None <input type="checkbox"/> Family Member <input type="checkbox"/> Friend
Type of rental agreement: <input type="checkbox"/> Yearly <input type="checkbox"/> Month-to-Month <input type="checkbox"/> Rent-to-Own
List Names of All Persons Living in the Above-Named Residence
1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

I attest that to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner/Landlord

\_\_\_\_\_  
(A Notary Public of New Jersey)

\_\_\_\_\_  
Date

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**Northvale Public School**  
**Home Language Survey Form**

**Introduction**

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with "Question 1" and continue until the home language survey is complete. Select the answer for each question and follow the directions.

**Student Information**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Survey Questions**

**Question 1**

What was the first language used by the student?

A language other than English. Go to question 2a	English go to question 2b
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**Question 2a**

At home does the student hear or use a language other than English more than half the time?

**Question 2b**

At home, does the student hear or use a language other than English more than half time?

Yes Go to question 7	No Go to question 4	Yes Go to question 4	No Go to question 3
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**Question 3**

Does the student understand a language other than English?

Yes Go to question 4	No <b>STOP Language survey is complete</b>
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**Question 4**

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes Go to question 7	No Go to question 5
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**Question 5**

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time? Answer and go on to question 6.

Yes	No
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**Question 6**

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner? Answer and complete 7.

Yes	No
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**7. List home languages:**

**Language survey is complete**

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**ACKNOWLEDGEMENT**

This registration form is submitted for the purpose of inducing the Northvale Board of Education to accept my child as a student in the Northvale Public School on a tuition-free basis. I state that the information contained in this form is true and accurate and acknowledge the Northvale Board of Education's reliance upon the truthfulness and accuracy of this information. If any of the statements contained in this registration form are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the Northvale Public School as well as any related costs and/or fees, including attorneys fees, incurred as a result of such ineligible attendance.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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**NORTHVALE PUBLIC SCHOOL**  
**Physical Examination Form**

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

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

**PHYSICAL REPORT:**

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ B.P. \_\_\_\_\_ Eyes R20/\_\_\_\_\_ L20 \_\_\_\_\_ Hearing R \_\_\_\_\_ L \_\_\_\_\_

Ears: \_\_\_\_\_ Neurological: \_\_\_\_\_

Respiratory: \_\_\_\_\_ Cardiovascular: \_\_\_\_\_

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

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

**RECOMMENDATIONS:**

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

**IMMUNIZATIONS: Insert date:** \_\_\_\_\_

DPT      DPT      DPT      DPT      DPT      BOOSTER

IPV/O    IPV/O    IPV/O    IPV/O    IPV/O      HIB      HIB      HIB      HIB

MMR      MMR      HEP B      HEP B      HEP B      VARIVAX

MENINGITIS      HEP A      OTHER (PLEASE SPECIFY)

PPD \_\_\_\_\_ RESULT \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

DOCTOR'S STAMP: