

East Newark Public School

501-11 North Third Street
East Newark, NJ 07029
(973) 481-6800
Fax# (973) 485-1344

RESIDENCY

The following are the residency requirements for the registration for the students in East Newark Public School.

Renters/Tenants: Form “A” and a Certificate of Continued Occupancy is required for all persons who rent. Form must be signed and notarized by the landlord.

Home Owners: Home Owners must produce a deed or a tax bill from the Borough of East Newark or mortgage papers for that property.

All applicants must supply one (1) original of at least three (3) of the following:

1. Current P.S.E.& G bill
2. Current telephone bill
3. Paycheck stub with current address
4. Bank statement with current address

Additional requirements for all applicants:

1. Parent’s identification (Drivers license, alien registration card, passport, welfare card or some form of government identification.)
2. Student’s birth certificate or some identification showing that student is son/daughter of parent.
3. Custody papers (if parents are divorced or person is not parent, but has legal custody of student.)
4. Health/medical records of student.
5. Transfer card/unofficial transcript from where the student was previously enrolled, if applicable.

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RESIDENCY – SPANISH

Lo siguiente son los requisitos de residencia para la registraci3n de los alumnos a la Escuela P3blica de East Newark.

Inquilinos: Formulario “A” es necesario para todas personas que alquilan. El formulario tiene que ser firmado y notariado por el due1o de la casa.

Due1os de Casa: Due1os de casa tienen que producir el t3tulo de la propiedad o la cuenta de los impuestos del Borough de East Newark o papeles de hipoteca de la propiedad.

Todos solicitantes tienen que probar un (1) original de por lo menos tres (3) de lo siguiente.

1. Cuenta actual de P.S.E.&G 9luz y gas)
2. Cuenta actual de tel3fono
3. Talonario de ingresos con la direcci3n actual
4. Correo oficial (Agencia del Gobierno)
5. Extracto de Cuenta con la direcci3n actual

Requisitos adicionales para todos los solicitantes:

1. Identificaci3n de padre (s) (licencia de conducir, tarjeta extranjera de registro, pasaporte o una forma de identificaci3n del gobierno.)
2. Partida de nacimiento del estudiante (s) o una identificaci3n comprobando que el estudiante (s) es el hijo/a del padre.
3. Papeles de custodia (si los padres est1n divorciados o si la persona no es el pariente pero tiene custodia del estudiante (s).
4. El historial de salud/m3dico del estudiante (s).
5. Papeles de transferencia del colegio donde el alumno estaba matriculado anteriormente (si aplica).

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RELEASE OF INFORMATION

I, the undersigned parent or legal guardian of:

hereby authorize the _____

to release the pupil records of my child to the:

East Newark Public School at the following address:

**East Newark Public School
501-11 North Third Street
East Newark, NJ 07029**

The following records are to be released:

All mandated records and permitted records as specified by the Federal and State Regulations.

Parent or Guardian

Date

East Newark Public School

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Grade _____ Teacher _____ Date _____

Please Print

Child's Name _____ Nickname _____

Address _____ Telephone _____

Emergency Phone _____ Whose Number _____

Date of Birth _____ Birth Certificate Yes No

Birth Place _____ Language Spoken at Home _____

Father's Name _____ Birthplace _____

Place of Employment _____ Address _____

Living _____ Yes _____ No _____ No. of Year in the U.S. _____

Is the child living with both parents _____

Number of older brothers _____ Number of younger brothers _____

Number of older sisters _____ Number of younger sisters _____

School last attended _____

Address of School _____

Note: I hereby grant permission to the respective school officials to either send or receive pertinent information about my son/daughter.

Signature of Parent or Guardian
Firma de Padre o Guardián

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Child's Medical History

Is there a history of diabetes in the child or parents? _____

Hearing Loss? _____

Injuries to the mother during pre-natal period? _____

Illness of mother during pre-natal period? _____

Any medication taken during pregnancy? _____

Was this child full term? _____ If premature, number of months _____

Weight at birth? _____ Length _____

Rheumatic Fever _____ Measles _____ Chicken Pox _____ German Measles _____

Scarlet Fever _____ Mumps _____ Blood Disorders _____ Convulsions _____

Seizures _____ Heart Problems _____

Allergies: Foods _____ Medications _____

Operations _____

Orthopedic Defects _____

Is the child taking any medication at this time? _____

If, yes name of medication _____

Bladder or Kidney Disease? _____

Earaches _____ Frequent _____ Draining _____

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Child's Medical History (continued)

Vision Problems _____ Corrective Glasses _____ Surgery _____

Patch _____ Hearing Problems _____ Speech Problems _____

Accident or Injuries? _____

Bed Wetter? _____

Family Physician _____

Address _____

Telephone Number _____

Please list any other pertinent medical history _____

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EMERGENCY CONTACT INFORMATION FORM

Student Name: _____ Grade: _____

Parent's Name: _____

Address: _____

Telephone Number: _____

Mothers Business # _____ Fathers Business # _____

If you cannot be reached, please furnish us with the name of the person to be called:

1. _____
Name Address Phone#

2. _____
Name Address Phone#

To enable us to care for your child in an emergency when you cannot be reached, please furnish us with the name of your doctor.

Name Address Phone#

If neither parent can be contacted, and emergency measures are deemed necessary, I authorize the school to do so.

Date

Signature of Parent/Guardian

Please indicate below any allergies or recent changes in your child's medical history.

Please write the names and grades of any other children you have in the East Newark School or Harrison High School.

If any telephone number is changed during the school year, please inform us immediately so we have the proper information for your child.

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Dear Parents:

On the form below please indicate if your child will be staying in school for lunch or going home. Please note that if you indicate he/she will be staying in school for lunch, and there is a time you want him/her to come home, you must provide a note to the teacher stating your child has your permission to leave the school building and we are not responsible for them during lunch time. If we do not receive a note from you, your child will not be allowed to leave the building.

Sincerely,

Superintendent/Principal

Student's Name

Grade

_____ My child will be coming home for lunch every day.

_____ My child will be eating lunch in school, if I want him/her to come home I understand I will have to write a note to the teacher that my child is allowed to leave the building and I assume all responsibility.

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(973) 481-6800

School Nurse
(973) 481-6804

Student's Name

Physical Examinations are recommended by the New Jersey Department of Education and the Department of Health & Senior Services.

Your child will receive a physical examination this school year by our School Physician, Dr. P. Palmiery. This exam will not require your child to get undressed. If you wish to be present during the physical exam, please notify the school in writing.

Your authorization will remain in place as long as your child remains a student in the District. If you would like to make a change in your decision, please notify the school nurse at (973) 481-6804.

Please check one:

_____ Yes, I wish to have my child examined by the School Physician

_____ No, I do not wish for my child to have a physical exam by the School Physician.

Date

Parent/Guardian Signature

Enfermera Escolar

Nombre de Alumno

Exámenes Físicos son recomendados por el Departamento de Educación del Estado del Nueva Jersey y el Departamento de Salud.

Su hijo/a recibirá un examen físico durante este año escolar por el Médico de la Escuela, Dr. P. Palmiery. Este examen no requiere que su hijo/a se desvista. Si usted desea estar presente durante el examen físico, por favor de notificar a la escuela por escrito.

Su autorización se quedará en lugar hasta que su niño sea un estudiante en el Distrito. Si usted querría hacer un cambio en su decisión, por favor de notificar a la enfermera de la escuela al (973) 481-6804.

Por favor de seleccionar uno:

_____ Sí, deseo tener mi niño examinado por el Médico de la Escuela

_____ No, yo no deseo que mi niño tenga un examen físico por el Médico de la Escuela.

Fecha

Firma de padre/Guardián

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School Nurse
(973) 481-6804

DENTAL AUTHORIZATION FORM

I authorize my child _____ in the _____ Grade to be seen by the School Dentist. I also authorize the School Dentist to perform a dental examination and polishing qualified by his license issued by the State of New Jersey.

Please be advised that the School Dentist cleans, examines and notifies the parent (s) of exactly what was found during the examination and any recommendation he may have.

Your authorization will remain in place as long as your child remains a student in the District. If you would like to make a change in your decision, please notify the school nurse at (973) 481-6804.

Parent/Guardian Signature

Date

Yo autorizo a mi hijo/a _____ en el _____ grado ser visto por el Dentista de la Escuela. Yo también autorizo al Dentista de la Escuela que lleve a cabo un examen y pulido dental calificado por su licencia publicada por el Estado de Nueva Jersey.

Por favor de ser avisado que el Dentista de la Escuela limpia, examina y notifica al padre (s) de exactamente lo que fue encontrado durante el examen y cualquier recomendación que él tenga.

Su autorización se quedará en lugar hasta que su niño sea un estudiante en el Distrito. Si usted querría hacer un cambio en su decisión, por favor de notificar a la enfermera de la escuela al (973) 481-6804.

East Newark Public School Background Information

Entering Grade _____

Date Registered _____

Date Entered _____

Please Print All Information

_____ Male ____ Female ____
Last Name First Middle

_____ Home Phone Number
Address City

_____ U.S. Citizen
Place of Birth (City-State) Date of Birth ____ Yes ____ No

Language Spoken at Home _____

If foreign born, when did you arrive to the USA? _____

Did you have knowledge of English before entering the USA? _____

Marital Status (Check One)

Presently: Married ____ Separated ____ Widowed ____ Remarried ____

_____ Is father Living?
Father's Name Ethnic Background ____ Yes ____ No

_____ Is Mother Living?
Mother's Name Ethnic Background ____ Yes ____ No

_____ Telephone #
Stepfather or Stepmother Name and Address of Employer

_____ Telephone #
Occupation of Father Name and Address of Employer

_____ Telephone #
Occupation of Mother Name and Address of Employer

Do you live with mother and father? ____ Yes ____ No

If no, with whom do you live with? _____

Does the student have sibling? Name Relationship
____ Yes ____ No If yes, how many? ____ Older ____ Younger

_____ Location
Former School

Former home address if transferring from another school _____

_____ Date
Parent/ Guardian Signature

East Newark Public School

Medical Department

Physical Examination Form

Student's Name _____ Age: _____

Height: _____ Weight: _____ Blood Pressure: _____

Scoliosis Exam: _____ Nervous System (Reflexes): _____

Heart: _____ Lungs: _____ Abdomen: _____

Vision: Right _____ Left _____ Glasses: _____ To be worn: _____

Ears: _____ Throat: _____ Nasal Passages: _____

Skin: _____ Allergies: _____ Type: _____

Asthma: _____ Medication: _____

Hemoglobin: _____ Urinalysis: _____

Genitals: _____ Hernia: _____ Skeletal System: _____

History of Fractures? _____ History of Positive TB Reaction? _____

Is there any condition or history that we should be aware of? _____

Are there any limitations for Physical Education? _____

Date of Examination

_____, M.D.
Signature of Physician
Physician's Stamp (Required)

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Applicable for Rental Certificate of Continued Occupancy

Property Address: _____

Rental Apt. No. _____ Floor _____ Application Date: _____

Owners Name: _____ Telephone No. _____

Owners Address: _____ City/State/Zip: _____

Tenant's Name: _____ Telephone No. _____

| <u>Habitable Rooms</u> | <u>Indicate Number of Each</u> | <u>Name of occupant (s) relationship</u> | <u>Age of Children</u> |
|----------------------------|------------------------------------|--|----------------------------|
| Living Room | _____ | 1. _____ | _____ |
| Dining Room | _____ | 2. _____ | _____ |
| Kitchen | _____ | 3. _____ | _____ |
| Bedrooms | _____ | 4. _____ | _____ |
| Bathroom (s) | _____ | 5. _____ | _____ |
| Other | _____ | 6. _____ | _____ |
| <u>Total:</u> | _____ | | |

Owners Signature

Date