

# Roselle Park Elementary Schools

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## CENTRAL REGISTRATION FORM

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This registration form is for all children who are to be enrolled in Kindergarten through the Fifth Grades. Kindergarten students must be 5 years of age on or before October 31, 2012, to enroll in school. Students must be 6 years of age on or before October 31, 2012, to enroll in first grade.

**Sherman Elementary School**  
**375 East Grant Avenue**

**Tuesday, April 24, 2012**  
**8:45 a.m. 2:45 p.m.**

COMPLETED FORMS AND REQUIRED MATERIALS MUST BE BROUGHT WITH YOU  
WHEN YOU REGISTER YOUR CHILD.

Please bring the following with you: (You do not need to bring your child with you when registering.)

1. **Child's Birth Certificate**
2. **Child's History and Physical Assessment Form** filled out, signed and dated by a physician and dental exam form signed and dated by a dentist. The physical exam must be performed within the 12 months prior to the first day of school.
3. **Child's Proof of Immunizations** (school policy requires proof of the following immunizations at the time of Kindergarten registration):
  - A. DPT: (age 1-6 years) 4 doses, with 1 dose given on or after the 4<sup>th</sup> birthday, **OR** any 5 doses.
  - B. Oral Polio (OPV) or enhanced IPV: (age 1-6 years) 3 doses, with one dose given on or after the 4<sup>th</sup> birthday **OR** any four doses given at least 28 days apart.
  - C. Measles: 2 doses of a measles containing vaccine administered after the 1<sup>st</sup> birthday, and separated by an interval of at least 1 month **OR** laboratory evidence of immunity.
  - D. Rubella: 1 dose of live rubella vaccine administered on or after the 1<sup>st</sup> birthday **OR** laboratory evidence of immunity.
  - E. Mumps: 1 dose live mumps vaccine administered on or after the 1<sup>st</sup> birthday **OR** laboratory evidence of immunity.
  - F. Hepatitis B: 3 doses **OR** laboratory evidence of immunity or a physician's written certification of past hepatitis B disease.
  - G. Varicella (Chicken Pox): One dose of varicella vaccine on or after the 1<sup>st</sup> birthday or proof of disease immunity.
  - H. Valid Tuberculin test and results.
4. **Proof of Residency** (All documents must be original – no copies please)
  - A. Driver's license with Roselle Park address / Auto Insurance Card
  - B. Need 2 of the following: Current credit card bill / Comcast Bill / Checking or Bank Statement
  - C. Two Current Utility Bills: Gas / Electric / Water
  - D. **If You Own Your Own Home:** Copy of deed, mortgage statement or payment book, or tax bill  
**If You Rent a House or Apartment:** Copy of lease or notarized letter from landlord establishing all residents living at the house or apartment indicated....All names must be listed

**NEW JERSEY STATE LAW** requires that all necessary medical records **must** be in the school's possession before a child may enter kindergarten.

**NO CHILD WILL BE ADMITTED TO SCHOOL WITHOUT THESE COMPLETED DOCUMENTS!**

***Roselle Park Public Schools***  
***510 Chestnut Street***  
Roselle Park, New Jersey 07204

*“Committed to Excellence”*

Patrick M. Spagnoletti  
Superintendent of Schools  
(908) 245-1197  
FAX (908) 245-1226

Susan M. Guercio  
School Business Administrator/  
Board Secretary  
(908) 245-2103

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Dear Parent/Guardian:

WELCOME to the Roselle Park Public Schools! Each child who enrolls in our schools is accepted at his or her own educational level and then challenged to attain maximum growth and development. Our district provides a quality education for all students.

We strive to instill in each student the capacity for constructive self-direction. Our mission, through a community partnership, is to provide personalized, exemplary learning experiences for the optimal development of students enabling them to become life-long learners and contributing members of a diverse and changing society.

Parental interest in school life enhances student learning. Therefore, you are encouraged to visit our schools, to join the parent/teacher organizations, to attend meetings of the board of education, and to participate in school functions. We appreciate your inquiries and suggestions, your help, and your cooperation. We all look forward to working with you in the education of your child/children.

Sincerely,

Patrick M. Spagnoletti  
Superintendent of Schools

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*“Where Children Come First”*

*Roselle Park Public Schools  
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**RESOLUTION**  
**CENTRAL ASSIGNMENT OF ELEMENTARY STUDENTS**

*WHEREAS*, The Roselle Park Board of Education has undertaken extensive and exhaustive studies regarding Central Office Assignment of Elementary Students; and

*WHEREAS*, The Roselle Park Board of Education has considered the impact of Central Office Assignment of Elementary Students upon the safety of students; and

*WHEREAS*, The Roselle Park Board of Education has considered the impact of Central Office Assignment of Elementary Students upon the maintenance of the family unit within a specific elementary school as well as within the elementary school system; and

*WHEREAS*, The Roselle Park Board of Education has considered the impact of Central Office Assignment of Elementary Students upon the ability of a student to continue and complete his or her elementary education in one or as few elementary schools as possible; and

*WHEREAS*, The Roselle Park Board of Education has considered the impact of Central Office Assignment of Elementary Students upon the continuity of education within the Board's physical and budgetary constraints; therefore, be it

*RESOLVED*, That the Roselle Park Board of Education shall implement Central Office Assignment of Elementary Students at the commencement of the 1983-84 school year; and be it further

*RESOLVED*, That the Roselle Park Board of Education, in implementing said plan, shall at all times consider the safety of all students, will avoid the splitting of families unless otherwise requested, and guarantee that a student shall be transferred no more than one (1) time during his/her elementary school education.

3/8/83



**LEGAL GUARDIAN'S** (Please provide documentation determining the legal custody of the student)

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

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Remarks \_\_\_\_\_

The following questions are for State Report use only:

1. Is the child a citizen of the USA? \_\_\_\_\_

2. If the child is not a citizen, what is the country of origin? \_\_\_\_\_

Date arrived in USA \_\_\_\_\_ Date of SCHOOL ENTRY in USA \_\_\_\_\_

3. What was first language spoken by child? \_\_\_\_\_

The new identification system allows for a choice of more than one ethnicity/race.

**Ethnicity:** (Answer "Yes" or "No"):

\_\_\_ **Hispanic or Latino** - Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

**Race** (Check all that apply) Note that a non-Hispanic student ("No" above) will check off at least one race category below. A Hispanic student ("Yes" above) can have all race categories blank below.

\_\_\_ American Indian – American Indian or Alaska Native

\_\_\_ Asian – Origins from the Far East, Southeast Asia or the Indian subcontinent including, Cambodia, China, India, Japan Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

\_\_\_ Black or African American

\_\_\_ Pacific Islander (i.e., Hawaiian) – Origins from Hawaii, Guam, Samoa, or other Pacific islands

\_\_\_ White – Origins from Europe, the Middle East or North Africa

**Health Related Information** – (Optional)

Does the student have health insurance? (Check one): \_\_\_ Yes \_\_\_ No

If "Yes" – Health Insurance Company: \_\_\_\_\_

Date of Last Medical Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Lead Test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Lead Level \_\_\_\_\_

Date of Initial Polio Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I AFFIRM THE ABOVE FACTS TO BE TRUE.**

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

E-Mail: \_\_\_\_\_

Other adults living in home and relationship: \_\_\_\_\_

If parents are not living together, to whom shall communication be addressed? \_\_\_\_\_

Are there any issues the school should know about regarding:

Elimination ( )    Play ( )    Speech ( )    Attitudes ( )    Sleeping ( )

Special Interest or Abilities – Please Specify \_\_\_\_\_

Has the child any fears or tensions?    No ( )    Yes ( ) Explain: \_\_\_\_\_

Does the child seem happy and well balanced?    No ( )    Yes ( )

Any other information that we should have to help your child: \_\_\_\_\_

***I AFFIRM THE ABOVE FACTS TO BE TRUE.***

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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**TO BE COMPLETED BY SCHOOL PERSONNEL**

VERIFICATION OF DATE OF BIRTH: \_\_\_\_\_

VERIFICATION OF RESIDENCY: \_\_\_\_\_

OTHER: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

# Roselle Park School District

Roselle Park, NJ 07204

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## PARTICIPATION RELEASE FORM

Dear Parents/Guardians:

Throughout the school year, the Roselle Park Board of Education will be using images of students who are involved in certain educational and/or recreational programs.

Your son/daughter's image may be used as part of his/her participation in various school activities. Images may be used for various purposes including, but not limited to, teaching, teacher training, and public information. The purposes for which the images may be used shall not include profit-making ventures. They may also be cablecast over cable TV Channel 34.

Please check the appropriate box and send this form back to school. Please understand that your objection to the use of their image may require the **exclusion** of your son/daughter from the activity in some cases. (Example: LAF Assembly – students will receive awards in their classroom instead of in front of the camera at the assembly.)

*This permission slip will be in effect for the remainder of your years here in the Roselle Park School District.*

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### Participation Release Permission Slip

I give permission for my son/daughter's image to be used

I do not want my son/daughter's image used

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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**510 Chestnut Street**  
**Roselle Park, New Jersey 07204**

Patrick M. Spagnoletti  
Superintendent of Schools  
(908) 245-1197  
FAX (908) 245-1226

Marie Mormelo  
Director of Curriculum,  
Technology & Funded Programs  
(908) 245-6665  
FAX (908) 245-6503

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*“Committed to Excellence”*

TO: Parents/Guardians

FROM: Patrick M. Spagnoletti  
Superintendent of Schools

DATE: \_\_\_\_\_

SUBJECT: Language Survey - Roselle Park Students

I am asking your cooperation in helping us complete a very important report that we must file with the New Jersey Department of Education each year. We are required to obtain the following information:

- **Language spoken at home**
- **First language child learned to speak**
- **Number of years child has resided in the United States**

.....

Student's Name: \_\_\_\_\_  
(Please print your name)

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

Language Child First Learned to Speak? \_\_\_\_\_

Language Most Often Spoken in your Home? \_\_\_\_\_

Number of Years Child has Resided in the USA? \_\_\_\_\_

Month / Year Student Entered USA: \_\_\_\_\_

Date started school in USA: \_\_\_\_\_

**Please return this survey at time of registration.**

**Thank you for your assistance.**

# Roselle Park School District

Roselle Park, NJ 07204

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The Internet is a special tool that can help me learn, communicate, and solve problems. Before I can use the Internet at my school, there are some promises that I need to make to my teacher, my classmates, my parents and myself. These promises are made to help keep me safe and to make my time on the Internet fun, interesting, and educational.

When I, \_\_\_\_\_ use the Internet,  
(print name)

I promise to...

- Actively use the information I find on the Internet in my learning;
- Follow all of the instructions my teacher gives and stay only in the areas s/he suggest to me;
- Tell my teacher or another adult immediately if I see something is inappropriate or makes me feel uncomfortable;
- Use appropriate language on the Internet and treat the machines I use with respect;
- Never give out personal information such as my address or telephone number;
- Be aware that there are consequences for choosing not to follow the Internet rules.

I understand that my teacher knows how to keep me safe on the Internet, so it is important for me to follow directions. I understand that there are some things on the Internet that are not meant for children. If I find anything on the Internet that makes me feel uncomfortable, I know it is important to share that with my teacher right away.

***This permission slip will be in effect for the remainder of your years in the Roselle Park School District.*** Please sign below and return to school. If you have any questions, please do not hesitate to contact the school office.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Class \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**LANDLORD VERIFICATION FORM**  
**This form is be completed in the absence of a lease.**

\_\_\_\_\_  
*(Date)*

TO THE ROSELLE PARK BOARD OF EDUCATION:

This is to state that I, \_\_\_\_\_, am the landlord and owner of the property  
located at \_\_\_\_\_

This is to further state that \_\_\_\_\_  
*(List All Family Members)*

\_\_\_\_\_

\_\_\_\_\_

are tenants at the above address.

Sincerely,

\_\_\_\_\_  
*(Landlord's Name & Signature)*

\_\_\_\_\_  
*(Landlord's Phone Number)*

\_\_\_\_\_  
*(Landlord's Address)*

SWORN AND SUBSCRIBED BEFORE  
ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

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

**ORDINANCE NO. 2315**

**AN ORDINANCE AMENDING CHAPTER XL, ARTICLE XVI, OF THE CODE OF THE BOROUGH OF ROSELLE PARK REGARDING REGISTRATION IN PUBLIC SCHOOLS**

**BE IT ORDAINED** by the Mayor and Council of the Borough of Roselle Park, County of Union, and State of New Jersey as follows:

**SECTION 1:**

Section 40-1603, Regulations of General Applications, of Chapter XL, Land Use, Article XVI, Establishment of Districts and Map; General Regulations, of the Code of the Borough of Roselle Park is hereby amended to add the following Section 40-1604, *Registration in Public Schools*.

Section 40-1604 **REGISTRATION IN PUBLIC SCHOOLS**

A. Registration of Nonresidents Unlawful.

a. It shall be unlawful for any parent or guardian to assist, aid, abet, allow, permit, suffer or encourage a minor to register or enroll in the Borough of Roselle Park School System where the minor is ineligible to attend as a result of the minor's nonresident status.

b. It shall be unlawful for any person to knowingly permit his or her name, address or other residence designating documentation to be utilized in the registration or enrollment of any nonresident student in the Borough of Roselle Park School System unless previous approval has been granted Violations and Penalties.

Any person violating or failing to comply with any of the provisions of this Chapter shall, upon conviction thereof, be liable to the penalties stated in Chapter XL, Article XVI, Section 1604-B.

a. It shall be unlawful for any landlord or entity to permit a child, who he/she is not the legal guardian to use his/her address to enroll in the Roselle Park School System. If the child has already been enrolled using the illegal address, then an additional fine will be assessed as listed.

b. In addition to the fine outlined in 40-1604, sub-paragraph 1B(a) above, any landlord, person, firm or entity that violates any portion of Ordinance 40-1604 shall be assessed an additional fine equal to the cost incurred by the Board of Education of the Borough of Roselle Park for a period not to exceed three (3) years prior to the determination by the Court of the violation. The fine shall be recovered by the Borough of Roselle Park by summary proceedings pursuant to the Penalty Enforcement Law. The proceedings shall be commenced by the Borough of Roselle Park's Municipal Court for enforcement of the penalty herein.

**SECTION 2:** If any section or portion of a section of this Code shall be invalid for any reason, such invalidity shall not affect the validity of the remaining sections or portions of this Ordinance.

**SECTION 3:** All ordinances or parts of ordinances, to the extent that they are inconsistent herewith, are hereby repealed.

**SECTION 4:** This amendment to the Code of the Borough of Roselle Park shall become effective upon publication and in accordance with law.

Introduced: August 19, 2010  
Adopted: August 21, 2010

# History and Physical Assessment

Board of Education  
ROSELLE PARK \* NEW JERSEY \* 07204

Aldene School	245-1521
Sherman School	245-1886
Robert Gordon School	245-2285
Middle School	245-1634
High School	241-4550

Name of CHILD (Last, First, Middle Initial)	Date of Exam
Street Address	Date of Birth
City	Zip Code
Phone	Name of Parent

CHILD STUDY TEAM EVALUATION

**→ TO BE FILLED IN BY EXAMINING PHYSICIAN**

**DATES OF IMMUNIZATIONS:** *Fill out completely for students entering school for first time.  
For students already attending, list only recent immunizations.*

D.P.T.	POLIO	MANTOUX TEST	MMR	MEASLES	MUMPS	RUBELLA
1. _____	1. _____	Date _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	Result _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____		<b>HEP. B</b> 1. _____ 2. _____ 3. _____ <b>VARICELLA</b> _____ TYPE _____ <b>HiB.</b> _____			
4. _____	4. _____		<b>OTHER VACCINES:</b> _____			
5. _____	5. _____					

DISEASE HISTORY			DISEASE HISTORY			DISEASE HISTORY					
Diagnosis	Yes	No	Date of	Diagnosis	Yes	No	Date of	Diagnosis	Yes	No	Date of
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Strep Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Otitis Media	<input type="checkbox"/>	<input type="checkbox"/>	_____								

KNOWN VISUAL PROBLEMS	KNOWN HEARING LOSS	LEAD SCREENING
<b>Wears Glasses</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Wears Contacts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Visual Acuity</b> _____	<b>Hearing Aide:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATE:</b> _____ <b>RESULTS:</b> _____
		<b>GENERAL CONDITION</b>
		_____

PRESCRIBED MEDICATION	ALLERGIES
_____ _____ _____ <b>Name of Drug</b> <b>Dosage</b> <b>Time(s) Taken</b>	_____ _____ <b>Type</b>

INJURIES	SURGERY
_____ _____ <b>Type</b> <b>Date</b>	_____ _____ <b>Type</b> <b>Date</b>

NEED FOR LIMITED PHYSICAL ACTIVITY	RESTRICTIONS / CONSIDERATIONS
[ No <input type="checkbox"/> Yes <input type="checkbox"/> (Please Explain)] _____ _____ _____	_____ _____ _____

→ ( Please Complete Both Sides ) →

# Physical Examination Form

→ TO BE SIGNED BY EXAMINING PHYSICIAN

Name of Child (Last)		(First)	(MI)	<u>Sex</u>	Grade	Date of Birth	
Weight	<u>Height</u>		Blood Pressure		Pulse		
					Normal	Abnormal	Not Examined
<b>EARS</b>	*Infection	*Gross Hearing Loss	*Eardrum Perforation				
<b>EYES</b>	Assess for Jaundice		Contacts_____	Glasses_____			
<b>LYMPH NODES</b>							
<b>NECK</b>	Assessment To Determine:	*Range of Motion	*Pain	*Thyroid			
<b>NOSE</b>	Deformity Affecting Endurance						
<b>MOUTH</b>	*Pharynx	*Condition Of Teeth					
<b>HEART</b>	*Murmurs	*Note Rate/Rhythm					
<b>LUNGS</b>	*Percussion	*Auscultation					
<b>ABDOMEN</b>	<b>Presence of:</b>		*Scars *Heptamegaly *Splenomegaly *Abnormal Masses				
<b>TESTES</b>	Determination of:		*Hernia *Presence/Descent of Both Testes *Masses *Configurations				
<b>BACK</b>	Assessment Determining:		*Range of Motion *Abnormal Curve of Spine				
<b>CHEST</b>	Contour Assessment						
<b>EXTREMITIES</b>	Determine:		*Abnormal Mobility/Immobility *Muscle Weakness *Deformity *Instability *Scars *Atrophy *Varicosities				
<b>SKIN</b>	*Purpura	*Scars	*Trauma	*Jaundice	*Presence of Infection		
<b>PHYSICAL MATURATION ASSESSMENT</b>							
<b>NEUROLOGICAL EXAM</b>	Presence of:		*Balance/Coordination *Abnormal Reflexes				
SPEECH							
Comments _____							
→ THIS IS TO CERTIFY THAT THE ABOVE CHILD HAD BEEN EXAMINED AND IS PHYSICALLY ABLE TO PARTICIPATE IN ALL SCHOOL ACTIVITIES.							
Physician's Signature				Date of Exam		Telephone No. ( )	
Physician's Name (Please Print)				Street Address			
City				State		Zip Code	
SCHOOL PHYSICIAN'S COUNTER-SIGNATURE						Date	

*Roselle Park Public Schools*  
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*Roselle Park, New Jersey 07204*  
*(908) 245-1197 ~ Fax (908) 245-1226*

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“Committed to Excellence”

Please have this form filled out by your Dentist on your next visit

NAME: \_\_\_\_\_

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

BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

The above named child has received the necessary dental care.

\_\_\_\_\_  
Dentist's Name

\_\_\_\_\_  
Dentist's Signature Date

*“Where Children Come First”*

**NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)  
CONSENT TO PARTICIPATE**

<b>CHILD INFORMATION (please print)</b>	<b>PARENT / GUARDIAN INFORMATION</b>
Name	Name
Date of Birth	Relationship
Address	Address

I have read the information about the New Jersey Immunization system (NJIIS) and understand that the purpose of this program is to keep a central record of my child's immunization history and to remind me when immunizations are due. I understand that I can obtain a copy of my child's record from my medical provider, my local health department, or my child's school nurse.

There is no cost to participate in this program.

Yes I would like to participate in this program.

No, I do not wish to participate in this program.

Signature of Parent / Guardian	Date
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**New Jersey Department of Health and Senior Services  
Vaccine Preventable Diseases Program  
PO Box 369  
Trenton, NJ 08625-0369**

**PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL NURSE WITHIN 7 DAYS**

# FREE IMMUNIZATIONS AND PHYSICALS



WESTFIELD REGIONAL HEALTH DEPT.  
425 East Broad Street  
Westfield, NJ 07090

Any child living in Roselle Park who is not covered by a health insurance plan OR who has a plan that will not pay for immunizations and/or well care is eligible for services provided by the

**Westfield Regional Health Department**

Please call the  
**Public Health Nurse**  
**(908) 789-4070 ext 4073**

To Make an Appointment