



Ridgefield Public Schools

...valuing each and every student

Dr. Letizia Pantoliano
Interim Superintendent of Schools

555 Chestnut Street, Ridgefield, NJ 07657
Phone: 201-945-7747 Fax: 201-313-4582

Altea Qirjako
Business Administrator

GENERAL REGISTRATION INSTRUCTIONS

IN ORDER TO REGISTER A STUDENT FOR RIDGEFIELD SCHOOLS, A PARENT OR GUARDIAN SHOULD

SUBMIT THE FOLLOWING IN PERSON:

1. PROOF OF AGE:
 - a. BIRTH CERTIFICATE-IF CHILD WAS BORN IN THE UNITED STATES or
 - b. PASSPORT OR FAMILY REGISTER
2. PROOF OF RESIDENCE: LEASE OR DEED
3. HOME TELEPHONE BILL WITH NUMBER AND ADDRESS OF SERVICE (PG 1 OF BILL)
(THIS DOES INCLUDE A CELL PHONE if it is your primary telephone)
NO MORE THAN 60 DAYS OLD.
4. PARENT PHOTO ID

IN ADDITION, ANY TWO OF THE FOLLOWING DOCUMENTS (EXAMPLES SHOWN BELOW) CONTAINING A RIDGEFIELD ADDRESS SHOULD BE PRESENTED:

- a. Driver's license (Ridgefield Address), car registration and auto insurance (counts as one proof) (All three)
- b. Current utility bill (PSE&G, United Water, or Time Warner Cable) (Only one)
- c. Official correspondence (bank statement, government correspondence)
- d. Public assistance documents (if applies)
- e. Voter's registration card
- f. Current major credit card bill

b, c, d & f must be current - no more than 60 days old

5. Registration Forms - Part I
6. Part II-Residency Statement-**Notarized**
7. Part III Instructions (If applicable) - Provide 1 of Part III, Section A, B, C or D together with the applicable Notarized Affidavits [each Section specifies the required Affidavits]
 - Residency Affidavit A - Landlord's Affidavit (where no written lease exists)
 - Residency Affidavit B-1 Affidavit Pupils (Parent/Guardian)
 - Residency Affidavit B-2 Affidavit Pupils (Non-Parent Resident)
 - Residency Affidavit C - Resident Providing Temporary Housing for Another Family

All Residency Affidavit forms are provided at the Board of Education.

All Registration will be held at the
Administration Office
555 Chestnut Street

Any Further Questions Call Mrs. Freire, Registrar,
201-945-7747 Option 4 for Registration

PLEASE CALL FOR AN APPOINTMENT BEFORE COMING IN



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REGISTRATION MATERIALS

PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

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 require that a free public education be provided to students 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. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed 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-Please be aware that any initial 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 later 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.



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LEGAL NOTICE

The Policies of the Ridgefield Board of Education require that certain documentation regarding the residency of students' parents and/or guardians be submitted as part of the registration process. This documentation consists of such sworn statements as an Affidavit by the Ridgefield resident parent/guardian. ***Please note that additional information may be required.***

TAKE NOTE THAT under Title ISA of the New Jersey Statutes Annotated (N.J.S.A. 18A-1 et seq.), the Board of Education may choose to contest this documentation before the New Jersey Commissioner of Education. If so, you will be required to prove that your child is legally eligible to attend the local public schools. If your child is enrolled in the local schools and your evidence is found to be insufficient, the Commissioner may assess you a portion or all of a year's annual tuition (subject to the New Jersey Department of Education Review of Per Pupil Costs).

TAKE FURTHER NOTICE THAT any person or persons, including a landlord, who fraudulently allows a child of another person to use his or her residence or address or is not the primary financial supporter of the child and/or any person who fraudulently claims to have given up custody of his or her child to a person in another district may commit a CRIMINAL offense which is punishable under the law.

TAKE FURTHER NOTICE THAT the affidavits and registration forms submitted are **LEGAL DOCUMENTS**. By signing these forms, you are certifying that the information being submitted is true to the best of your knowledge. In the event that any of the information submitted is found to be fraudulent, you may be subject to CRIMINAL and CIVIL penalties and tuition may be assessed for any period of ineligible attendance as stated above.



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REGISTRATION FORM PART I New Student Registration Form

***ALL AREAS OF THESE FORMS ARE MANDATORY FOR STUDENT'S REGISTRATION.**
****PLEASE COMPLETE A FORM FOR EACH CHILD BEING REGISTERED.**

STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____

Student also known as (American name) _____

Date of Birth _____ Gender (circle one) M/F

Ethnicity (please check) ☐ White ☐ Black ☐ Hispanic ☐ Asian
☐ American Indian/ Alaskan ☐ Hawaiian native/other Pacific Islander

Birthplace: City _____ State _____ Country _____

Country of citizenship _____ Birth Certificate# _____

Date of entry into U.S. _____ Date of entry into U.S. school _____

Primary Language _____ Language spoken at home _____

Is your child military affiliated? No ☐ Yes ☐

If Yes, check one:

☐ Active Duty Forces (Navy, Army, Marines, Coast Guard)

☐ National Guard or Reserve

Is this student displaced? No ☐ Yes ☐

Has the student previously attended Ridgefield School District? Yes ☐ No ☐

-If Yes, School: _____ Grade: _____

List all the schools your child has attended:

(NAME OF SCHOOL)

(CITY & STATE)

(GRADES COMPLETED)

- 1.
- 2.
- 3.

Is your child receiving Special Education Services? No ☐ Yes ☐ _____

(INITIALS)

Does your child have an IEP: No ☐ Yes ☐ (If you checked yes, please provide the IEP information)

**A federal law called the Individuals with Disabilities Education Act (IDEA) requires that public schools create an IEP for every child receiving special education services. The IEP is meant to address each child's unique learning issues and include specific educational goals.

Contact Information

Guardian 1 Name (with whom student resides): _____
Last Name (M) First Name

Mother/Father/ Guardian (Circle One)

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____ Email: _____

Guardian 2 Name _____
Last Name (M) First Name

Mother/Father/ Guardian (Circle One)

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____ Email: _____

(Additional Contact)

Emergency Contact 1 Name: _____
Last Name (M) First Name

Relationship to the child _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____ Email: _____

Emergency Contact 2 Name: _____
Last Name (M) First Name

Relationship to the child _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____ Email: _____

Family Information: School aged siblings

Name _____ Grade _____ School _____

Guardian 1 _____ Date of Birth _____

Name _____ Grade _____ School _____

Guardian 1 _____ Date of Birth _____

Name _____ Grade _____ School _____

Guardian 1 _____ Date of Birth _____

New Jersey Home-Language Survey (HLS)

Purpose: The home language survey is used solely to offer appropriate educational services. This survey is the first of three steps to identify whether a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information

Student Name: _____

Date of Birth: _____

Current Address: _____

Survey Questions:

1. List all languages used in the student's home:

_____	_____
_____	_____

2. Was the first language used by the student a language other than English?

No_____ Yes_____

3. Does the student speak or understand a language other than English?

No_____ Yes_____

4. When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English most of the time?

No_____ Yes_____

5. When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English most of the time?

No_____ Yes_____

6. Has the student recently moved from another school district where he/she was identified as an English language learner?

No_____ Yes_____



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REGISTRATION FORM PART I New Student Registration Form

****PLEASE COMPLETE A FORM FOR EACH CHILD BEING REGISTERED.**

I certify that all information in this application is true under the penalties by the laws of the State of New Jersey and the United States Government. I further understand that it is policy of the Ridgefield Board of Education to prosecute all the cases of fraud to the fullest extent of the law and to recover full tuition cost and legal fees where applicable.

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Ridgefield, New Jersey, 07657

Signature: _____

Date: _____



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SECTION A (DOMICILE)

Complete this section if the **student is living with a parent or guardian whose permanent home is the address given on the Registration Form and is located in the district.** If you are the student's guardian, or will be the guardian of a student from out-of-state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B.

1. I am applying to register my child/ren _____
in the Ridgefield School District.
2. I am aware that in order for my child/ren to enroll in and attend classes in the District that I must be domiciled in the District. I understand that this means that my permanent residence for the foreseeable future is in the Borough of Ridgefield and that my child resides with me.
3. My domicile is: _____
 - a. How long have you lived in this home? _____
 - b. Do you have any present intention of moving from this home? If so, when and where?

 - c. Do you have residences(s) elsewhere, and, if so, where are they and when do you live there?

4. I understand that my child/ren is/are entitled to attend school in the District on a tuition free basis **only if I am domiciled therein.**

Signature: _____

Date: _____



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If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) _____

Does the student reside with one parent for the entire year? If so, with which parent and at what address? _____

If not, for what portion of time does the student reside with each parent and at what addresses? _____

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? _____

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or guardian. _____

Please note:

No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

Signature: _____

Date: _____



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Authorization for Records-Academic/Health/Transfer Cards

DATE: _____

NAME & ADDRESS OF PREVIOUS SCHOOL _____

TELEPHONE NUMBER _____ FAX NUMBER _____

RE: STUDENT(S) _____

ENTERED THE RIDGEFIELD PUBLIC SCHOOL ON _____

PARENT/GUARDIAN RELEASE

I hereby authorize the release of all academic, psychological, and original health records of my

child _____ DOB _____
Name

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Please forward the requested records to the address checked below.

Guidance Department
Ridgefield Memorial High School
555 Walnut Street
Ridgefield, NJ 07657
Fax: 201-945-3505
Phone: 201-945-4455

Main Office
Bergen Blvd School
635 Bergen Boulevard
Ridgefield, NJ 07657
Fax: 201-943-8397
Phone: 201-943-1861

Registrar
Board of Education
555 Chestnut Street
Ridgefield, NJ 07657
Fax: 201-313-4582
Phone: 201-945-7747 Option 4

Main Office
Slocum Skewes School
650 Prospect Avenue
Ridgefield, NJ 07657
Fax: 201-943-9527
Phone: 201-943-4299

Main Office
Shaler Academy
455 Shaler Boulevard
Ridgefield, NJ 07657
Fax: 201-313-5779
Phone: 201-313-2476

Child Study Team
Slocum Skewes School
650 Prospect Avenue
Ridgefield, NJ 07657
Fax: 201-945-5743
Phone: 201-943-2682

Please complete one form for each child's last school attended.



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Child Study Team
Slocum Skewes School
650 Prospect Avenue, Ridgefield, NJ 07657
Phone: 201-943-2682 Fax: 201-945-5743

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NAME OF STUDENT (Please Print)

DATE OF BIRTH

CURRENT GRADE

ADDRESS

CITY

STATE

ZIP CODE

IS STUDENT CURRENTLY CLASSIFIED? ____ NO ____ YES, CLASSIFICATION _____

HAS STUDENT EVER BEEN CLASSIFIED? ____ NO ____ YES, CLASSIFICATION _____

WAS STUDENT EVER EVALUATED FOR SPECIAL EDUCATION RELATED SERVICES? ____ NO ____ YES

SUPPORTING DOCUMENTATION ATTACHED (Please check all that apply):

____ IEP ____ IFSP ____ ISP

____ 504

____ EVALUATIONS

____ DOCTOR'S NOTE

____ TEACHER/SCHOOL CORRESPONDENCE

____ OTHER _____

COMMENTS

NAME OF TRANSFERRING SCHOOL

PUBLIC OR PRIVATE SCHOOL

SCHOOL PHONE

ADDRESS OF SCHOOL

CITY

STATE

ZIP CODE

PARENT NAME

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

CELL PHONE

WORK PHONE

OTHER PHONE

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

SIGNATURE OF PARENT

PRINT NAME

DATE



Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date

Parent/Guardian First & Last Name

Student First Name

Student Last Name

School Name

Student Grade

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

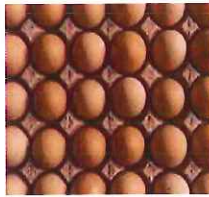
☐ No

☐ Yes. **Check all that apply and list the total number of months worked:**



☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: _____



☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: _____



☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

Total Months Worked: _____



☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

Total Months Worked: _____



☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: _____



☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

Total Months Worked: _____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

☐ No

☐ Yes. **How long have you resided in your current address?**

_____ Years

_____ Months

_____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address

Apt #

City

State

Zip Code

Telephone Number

Best Day of Week & Time of Day to Call

For School Use Only: Please send survey with two **YES** responses to your district migrant liaison.

Student State ID:

Enrollment Date:

District ID:

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Encuesta ocupacional de los padres

Con el fin de servir mejor a su hijo, nuestro distrito escolar quiere identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales, tales como tutoría, materiales escolares, almuerzo gratis o a precio reducido, campamentos de verano y otros servicios. La información proporcionada a continuación será confidencial. Por favor, responda a las siguientes preguntas y devuelva este formulario a la escuela de su hijo.

Fecha de hoy

Nombre y apellidos del padre/tutor

Nombre del estudiante

Apellido del estudiante

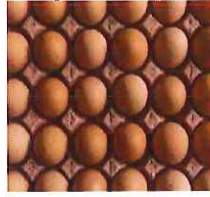
Nombre de la escuela

Grado del estudiante

1. ¿Ha desempeñado usted o un familiar directo alguno de los trabajos que se indican a continuación de forma temporal o estacional, en cualquier parte de Estados Unidos, en los últimos tres años?

☐ No

☐ Sí **Marque todos los que correspondan y enumere el número total de meses trabajados:**



☐ **Agricultura/Trabajo de campo**
(plantar, recoger, clasificar cultivos;
preparar el suelo; regar; fumigar)
Total de meses trabajados: ____

☐ **Procesamiento y envasado** (frutas,
verduras, pollo, huevos, cerdo,
carne de vacuno)
Total de meses trabajados: ____

☐ **Lechería/Crianza de ganado** (alimentación,
ordeño, redondeo)
Total de meses trabajados: ____



☐ **Vivero/Invernadero** (plantar,
plantar, podar, regar, cosechar)
Total de meses trabajados: ____

☐ **Silvicultura** (preparación del suelo,
plantación, corte de árboles;
paisajismo no incluido)
Total de meses trabajados: ____

☐ **Pesca comercial y procesamiento**
(captura, clasificación, embalaje,
transporte)
Total de meses trabajados: ____

2. En los últimos tres años, ¿se ha mudado su familia a otro estado, ciudad, distrito escolar y/o condado?

☐ No

☐ Sí. **¿Cuánto tiempo ha residido en su dirección actual?**

_____ años

_____ meses

_____ semanas

Si ha respondido "Sí" a las preguntas 1 y 2, complete la información que figura a continuación.

Dirección de la casa

Apto.

Ciudad

Estado

Código postal

Número de teléfono

Mejor día de la semana y hora del día para llamar

Para uso exclusivo de la escuela: Por favor, envíe la encuesta con dos respuestas SÍ a su enlace distrital de migrantes.

Identificación del estado de los
estudiantes:

Fecha de inscripción:

Identificación del distrito:

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PART II RESIDENCY STATEMENT

THE FOLLOWING RESIDENCY STATEMENT MUST BE SIGNED AND NOTARIZED FOR THIS APPLICATION TO BE PROCESSED

Student's Full Name _____

I, _____, the parent/guardian of the student listed above hereby affirm that I/we do reside in the Borough of Ridgefield and that we satisfy all residency requirements as established by District policy and regulations.

This Registration Form is submitted for the purpose of inducing the Ridgefield Board of Education to accept my/our child/children as a student(s) in the Ridgefield Public Schools on a tuition-free basis. I/We state that the information contained in this Form is true and accurate and acknowledge the Ridgefield 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/we are aware that I/we are subject to the criminal penalties provided by law for perjury and/or false swearing, and I/we will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child/children in the Ridgefield Public Schools. In addition, I will be responsible for any costs and legal fees incurred by the Ridgefield Board of Education.

Signature of Applicant(s): _____ Date: _____

Signature of Applicant(s): _____ Date: _____

Sworn and subscribed to before me
this _____ day of _____ 20_____

NOTARY PUBLIC OF NEW JERSEY

Name, address, and phone # of Notary _____



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Dear Parents and Guardians:

Each student must show documentation of a physical exam upon entry into the Ridgefield School District. This examination must be done no more than 365 days prior to entry and must state what, if any modifications are required for full participation in the school program. This medical examination must be conducted by a health care provider or advanced practice nurse chosen by the student's parent/guardian. A full report of the examination documented on the approved school district form, dated and signed by the medical provider should be presented to the school.

It is recommended to obtain subsequent examinations at least once during each of the student's developmental stages:

- Early childhood (preschool through grade 3)
- Preadolescence (grades 4 through 6)
- Adolescence (grades 7 through 12)

Please note:

A student participating in the Interscholastic Sports Program in the Ridgefield School District will need a sports physical annually

A student with health concerns such as Asthma, Food Allergies, etc. will require additional medical paper work. You may review these additional forms on the Ridgefieldschools.com website.

Thank You,

The Ridgefield School District Nurses



Ridgefield Public Schools

MEDICAL HISTORY QUESTIONNAIRE

**** (TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN) ****

Please complete the following:

CHILD'S NAME: _____

1. Has your child been medically advised not to participate in any sports or activity? _____ Yes _____ No

If yes, Why? _____

2. Recently been or currently under a physician's care? _____

For what Reason? _____

3. Experienced loss of consciousness after an injury? _____

4. Experienced a fracture or dislocation? _____

Please describe _____

5. Undergone any recent surgery? _____ Date: _____

Please describe _____

6. Takes any medication on a regular basis? _____

Name of Medication _____

Reason for medication _____

7. History of allergies, including hives, food allergies, bee stings, etc. _____

Please describe _____

8. History of asthma? _____ Yes _____ No -- Please describe - _____

9. Experience frequent chest pains or palpitations? _____ Yes _____ No

10. Had a recent history of fatigue and undue tiredness? _____ Yes _____ No -- Please describe _____

11. Had a history of fainting with exercise? _____ Yes _____ No

12. Had a recent history of a family member having a sudden death? _____

13. Does your child wear glasses? If yes, in which situations? _____

14. Does your child have any hearing loss? _____

15. Are there any other medical situations of which the school should be aware? _____

SIGNATURE OF PARENT _____

DATE _____



Ridgefield Public Schools

...valuing each and every student

555 Chestnut Street, Ridgefield, NJ 07657
Phone: 201-945-7747 Fax: 201-945-7830

Dear Parents/ Guardians:

To provide proper health care for your child in school, it is necessary that the school nurse be informed of any medication your child is receiving.

Student's Name: _____

Is he/she presently taking any medication? YES ____ NO ____

If yes, please complete the following:

Name of Drug	Dosage	Times Taken	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Signature

Date

If your child should be placed on medication during the school year, please notify the nurse immediately.
******State law prohibits students from having medication in their possession and from self-administration. If the School Nurse is to administer the medication, parental permission and a written prescription from the physician are required. Please note that a new prescription is needed each year.**



Ridgefield Public School District

PRE-K- GRADE 12

FORM TO BE FILLED OUT BY YOUR CHILD'S PHYSICIAN:

The examining physician is responsible for informing the school of any physical condition which may hinder this child from full participation in the school's health and/ or physical education program.

Child's Name _____ Date of Birth _____ Grade _____

Address _____ Phone Number _____

Mother's Name _____ Father's Name _____

HEALTH HISTORY: Ears- Hearing: R _____ L _____ Known Hearing Problem _____
Eyes- Visual Acuity without Glasses: R _____ L _____ Visual Activity with Glasses: R _____ L _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

ANY SPECIAL PROBLEMS or PHYSICAL LIMITATIONS?

Is the child taking any MEDICATION regularly?

If yes, please LIST MEDICATIONS AND DIAGNOSIS _____

KEY: N=Normal X=Apparently Not Normal XX=Condition needs Medical Attention O= Correction of Defect

Teeth-Mouth _____ Nutrition _____ Hemoglobin/ Hematocrit _____ **ALLERGIES** _____
Nose _____ Speech _____ Nervous System _____
Tonsils _____ Heart _____ Is Murmur Present? Yes _____ No _____
Urinalysis _____ Skin _____ Lungs _____ Clear _____ Asthma _____ Other _____
Glands (Specify) _____ Orthopedic: Back _____ Feet _____ Posture _____
General Condition _____

DISEASE HISTORY: Give AGE IN MONTHS OR YEARS student had any of the following

Allergies	Congenital Defects	Heart/Rheumatic	Mononucleosis
Asthma	Diabetes	Hepatitis	Neuromuscular
Chicken Pox	Drug Sensitivities	Lyme Disease	Otitis Media/Strep

SURGERY or SERIOUS INJURY (Specify) _____ OTHER _____

VACCINES		Primary Series			Boosters		
Vaccine Type REQUIRED	Disease MM/DD/YY	1st Dose MM/DD/YY	2nd Dose MM/DD/YY	3rd Dose MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria & Tetanus (DTP and/or Td)							
Polio-indicate OPV or IPV Salk acceptable if given after 12/31/67							
MMR							
Measles							
Mumps							
Rubella							
Hep B							
Influenza							
Meningococcal							
Pneumococcal							
Varicella							
Other							
Other							
HiB							
HPV							
Tetanus Toxoid							
Other							

Date of Last Mantoux Test _____ Result _____ Date of Last Lead test _____ Result _____

Doctor's Signature _____ Doctor's Stamp _____ DATE OF EXAM _____
Address _____ City, Zip _____ Phone _____



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MEDICATION POLICY

Dear Parent/Guardian:

The goal of the Ridgefield School district is to promote health and wellness. In accordance with this goal, school policy allows for the administration of medicine by the school nurse "during school hours when failure to take such medication would jeopardize the health of the student. Or, the student would be unable to attend school if the medication were not available during school hours".

School policy mandates that before any medication is administered during school hours, the written request of the parent/guardian and the child's physician, which will give permission for such be obtained and releases the school board and their employees from liability for administration of medication.

You indicated that your child needs medication to be administered by the school nurse during school hours. Please have the prescribing physician complete the physician's portion of the medication order. The parent must sign the upper portion with child's name, date of birth and sign the form granting permission of the school nurse to administer the medication.

For children with doctor's orders for Asthma meds, Epinephrine and Benadryl the last section must be filled out by the parent regarding if the medication can be self-administered by the child and if the child is properly trained to administer the med. Please know that we can train the child to self-administer the medication.

Please note the both parent and physician must complete their sections of the medication Administration form **BEFORE** the medication can be administered by the school nurse. All medications must be in the original container with the child's name on it. All controlled medication need to be brought in by the parent.
(Examples: Ritalin, Adderall), but if you are unable to do so, please call the school nurse to make other arrangements.

If your child requires pain medication that contains a narcotic it is requested that your child remains home until his/her pain is controlled with a non-narcotic pain reliever. Children whose cough can only be controlled with a narcotic containing prescription cough syrup should remain home.

Duplicate medication forms may be obtained via our website: www.ridgefieldschools.com. Click on the tab Registration which can be found on the top line on the website. The drop down will show more titles. Click on Medical forms. Click on the title "Ridgefield Public School District Medication Authorization". Print out the form.

Depending on your child's medical condition, you and your child's doctor may have to fill out an action plan also. If so, it has been included in this packet. The doctor must fill out, sign and STAMP the form. **YOU MUST ALSO SIGN THE FORM GIVING ME PERMISSION TO GIVE THE MEDICATION IN SCHOOL. MEDICATION WILL NOT BE ACCEPTED WITHOUT THE PAPERWORK COMPLETED.**

PLEASE PICK UP THIS YEARS' MEDICATION ON THE LAST SCHOOL DAY THAT THE CHILDREN ARE IN SCHOOL. ANY MEDICATIONS THAT ARE NOT PICKED UP BY THE LAST DAY WILL BE DISCARDED AS PER NEW JERSEY STATE HEALTH GUIDELINES.

If you have any questions regarding this policy, please call 201-943-1861.
I wish your family a happy and healthy summer.

Sincerely,

The Ridgefield School District Nurses



Ridgefield Public School District Medication Authorization

Child's Name _____ Date of Birth _____

I request that the prescribed medication be administered by the school nurse as ordered by my child's physician. I shall provide the prescribed medication in the original pharmacy labeled container.

Parent/Guardian Signature: _____ Date: _____

Physician's Statement

In order to protect the health of _____ it is necessary for him/her to have the following medication during school hours.

Diagnosis/ Purpose of Medication: _____

Name of Medication: _____

School Dosage: _____

Total Daily Dosage: _____

Time Administered: _____

Adverse Effects: _____

I authorize the school nurse to administer the above medication. Date: _____

Physician Signature _____ Physician Stamp _____

Only Complete Below for Asthma Medication, Epinephrine, and Benadryl

History of known Anaphylactic Reaction: No _____ Yes _____ When _____

Student has been properly instructed and can self administer the above prescribed medication
Yes _____ NO _____

In order to protect the health of _____, I _____ Parent/Guardian
Do hereby authorize self administration of medication for my child under guidelines specified in Board Policy 5330.1. I have completed and submitted all necessary forms, namely, "Request from Parent" and "Request from Physician's Order for Dispensing Medication" and do furthermore agree that the Ridgefield School District and its employees or agents shall incur NO liability as a result of any injury arising from the self-administration of medication. This form, signed and dated by me, indemnifies and holds harmless the Ridgefield School District and its employees or agents against any injury or claims that arise as a result of my child's self-administration.

I give consent that a properly trained/employee/delegate of the district can administer a pre-filled single dose auto injector mechanism containing Epinephrine to my child when the school nurse is not physically present at the scene.

Parent/Guardian Name: _____ Signature: _____