

- New
- Special Attention

Address Change

- Re-admit
- Test ESL Language_____

CLIFTON PUBLIC SCHOOLS
Student Application for Enrollment

This information is to be completed by school staff:

Neighborhood School: _____ Enrolled/Magnet School: _____

Student ID: _____ Grade: _____ Counselor: _____ Hr # _____

Legal proof of Birth Three pieces of identification showing residency Immunization record

Physical exam Signed request for school records or transfer card

If appropriate: Sworn Statement Guardianship document Provisional Enrollment

Signature of school staff: _____ Date: _____

Signature of Nurse _____ Date _____

NJSID# _____ Start Date: _____

Student Name: (Last Name) _____ (First Name) _____ (Middle Initial) _____

Address: _____ Apt. # _____ City: _____

Nine Digit Zip Code _____ - _____ Home Phone #: _____ Sex M F

Birth Date: _____ Birth City _____ Birth State _____

Country of Birth _____ Date entered US (if applicable): _____

Date entered into US School System (if applicable): _____

Language spoken at home: _____

Ethnic Origin*: White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 Amer. Indian/Alaskan Native Asian/Pacific Islander *(This information is optional & for statistical purposes only)

CHECK ONE Pupil lives with: Parents Father Mother Guardian** Self

CHECK ONE Parents Marital Status: Married/Civil Union Separated Widow/er Divorced Single

Father: (Last) _____ (First) _____ Cell #: _____

Employer Name/Address: _____ Work # _____

Email Address _____ Allowed to pick up Student

Mother: (Last) _____ (First) _____ Cell# _____

Employer Name/Address: _____ Work # _____

Email Address _____ Allowed to pick up Student

****Guardian(s)**[if other than child's Natural parent you must attach proof of legal custody or complete *Application for Admission*]

Name: _____ Cell #: _____

Employer Name/Address: _____ Work # _____

Email Address _____

Name: _____ Cell #: _____

Employer Name/Address: _____ Work # _____

Email Address _____

Emergency Contact#1: _____ Phone # _____ Allowed to pick up Student

Emergency Contact#2: _____ Phone # _____ Allowed to pick up Student

Family Doctor Name: _____ Phone #: _____

Family Dentist Name: _____ Phone#: _____

Health Problems (check all that apply):

- Asthma Diabetes Hearing Speech Cardiac Epilepsy Vision Orthopedic
 Other (describe):

Hospitalized or treated within the last year for other than routine medical problems? Yes No
(if yes, describe)

Name & Address of Last School Attended:

Length of time at previous school: _____

Received special services from the previous school district?

Previous home address: Street _____ City _____

Ever attended a Clifton Public School before? Yes No If yes, Last year attended: _____

<u>Siblings: (Brother or sister) Name</u>	<u>Sex</u>	<u>DOB</u>	<u>School Attended (give city if not Clifton)</u>

I certify that the information provided in this form is true and accurate. I understand that misrepresenting myself as a legal resident of Clifton may result in *criminal prosecution or legal attempts to collect tuition*. CHANGES IN INFORMATION (ADDRESS, TELEPHONE NUMBERS, GUARDIAN) MUST BE REPORTED WITHIN 5 DAYS! Depending upon the circumstances of this registration, additional forms may be required.

Signature of Parent/Guardian completing this Record

Date

**Clifton Public Schools
Clifton, NJ
Physical Examination Report**

Name _____
Birthdate _____
Grade _____ Room _____
Height _____ Weight _____
Blood Pressure _____
Nutrition _____
Posture _____
Skin _____
Eyes/Lids _____
Vision Acuity R _____ L _____
Vision with Glasses R _____ L _____
Hearing R _____ L _____
Nose _____
Throat _____
Lymph Nodes _____
Heart _____
Lungs _____
Spine/Joints _____
Scoliosis _____
Feet _____
Nervous System _____
Deformities _____
Tanner Scale _____

Lead Level

Date of Last Test _____
Highest Level _____

DATE OF PHYSICAL EXAMINATION

Telephone Number

Immunizations

DPT/DaPT (Circle Type)
#1 _____ #2 _____ #3 _____
#4 _____ #5 _____ Tdap _____
OPV/IPV (Circle Type)
#1 _____ #2 _____ #3 _____
#4 _____ #5 _____
MMR #1 _____ #2 _____
HIB #1 _____ #2 _____
#3 _____ #4 _____
Hepatitis B #1 _____ #2 _____
#3 _____
Hepatitis A #1 _____ #2 _____
Varivax #1 _____ #2 _____
Pevnar #1 _____ #2 _____
#3 _____ #4 _____
Menactra _____
Gardasil #1 _____ #2 _____ #3 _____

Tuberculin Test

PPD Intradermal Date _____
Date Read _____ Result _____ mm
If Positive, Chest x-ray Date _____ Results _____

REMARKS

Please indicate any known allergies, medical conditions, medications and any restrictions for physical activities.

Full participation in school activities permitted.
Please check box, if applies.

Physician's Signature

Physician's Name printed or use stamp

Clifton Public Schools
Clifton, NJ

STUDENT HEALTH INVENTORY

Name _____ Grade _____
Last First
Sex _____ Birth date _____ School _____

Parent's Names: Father _____

Mother _____

Student's Medical Doctor _____

Is your child under the care of an orthodontist? Yes ___ No ___ If yes,

Orthodontist's Name _____

DOES YOUR CHILD HAVE:

1. Allergies: Yes ___ No ___ If yes, to what _____
2. Does he/ she takes medication routinely? Yes ___ No ___ If yes, what Medication _____
3. Asthma: Yes ___ No ___ Medication used _____
4. Diabetes: Yes ___ No ___ Take insulin? _____ How often? _____
5. Frequent ear infections: Yes ___ No ___ Explain _____
6. Frequent sore throats: Yes ___ No ___ Explain _____
7. Frequent headaches: Yes ___ No ___ Explain _____
8. Epilepsy or convulsions: Yes ___ No ___ Explain _____
9. Heart murmur / condition: Yes ___ No ___ Explain _____
10. Orthopedic problem: Yes ___ No ___ Explain _____
11. Muscular problem: Yes ___ No ___ Explain _____
12. Drug sensitivities: Yes ___ No ___ Explain _____
13. Congenital Defects: Yes ___ No ___ Explain _____

HAS YOUR CHILD HAD :

1. Chicken pox Yes ___ No ___ Date _____
2. Measles Yes ___ No ___ Date _____
3. Mumps Yes ___ No ___ Date _____
4. German measles Yes ___ No ___ Date _____
5. Bronchitis Yes ___ No ___ Date _____
6. Pneumonia Yes ___ No ___ Date _____

- 7. Tuberculosis Yes_____No_____Date_____
- 8. Rheumatic Fever Yes_____No_____Date_____
- 9. Mononucleosis Yes_____No_____Date_____
- 10. Hepatitis Yes_____No_____Date_____
- 11. Serious illness Yes_____No_____Date_____

Explain_____
- 12. Serious injury Yes_____No_____Date_____

Explain_____
- 13. Operations Yes_____No_____Date_____

Explain_____

DOES YOUR CHILD:

- Wear glasses ? Yes_____ No_____
- Have contact lenses ? Yes_____ No_____
- Have trouble seeing close work? Yes_____ No_____
- Have trouble seeing at a distance? Yes_____ No_____
- Have trouble hearing? Yes_____ No_____
- Wear a hearing aid ? Yes_____ No_____
- Have difficulty with speech? Yes_____ No_____
- Have tendency to bleed easily ? Yes_____ No_____
- Have frequent nosebleeds ? Yes_____ No_____
- Have frequent vomiting or diarrhea? Yes_____ No_____
- Occasionally wet his/ her pants? Yes_____ No_____
- Occasionally have bowel movements

in his/ her pants ? Yes_____ No_____
- Take daily medication ? Yes_____ No_____

What for?_____
- Take emergency medication ? Yes_____ No_____

What for?_____
- Have a condition, which prevents participation in regular physical education activities?

Yes_____ No_____

Explain_____

Any other Health Problems of which we should be aware? Yes_____ No_____

Explain_____

Parent's Signature_____Date_____

PLEASE NOTIFY THE SCHOOL NURSE of any medical problems, serious illnesses, or communicable diseases that arise while the student is enrolled at this school.

PLEASE NOTIFY THE SCHOOL NURSE of any immunizations received by your child.

09/07

BILINGUAL/ENGLISH AS A SECOND LANGUAGE

CLIFTON PUBLIC SCHOOLS

HOME LANGUAGE SURVEY

Name of Student: _____

Age of student: _____ Highest grade completed: _____

Last school attended: _____ (please include location)

Please respond to each of the questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language(s) did your child learn when he/she first began to talk?

2. Which language(s) do you use most often at home? _____

3. What language(s) did/do the child's parents/guardians use to speak to the child most of the time?

4. What language(s) is/are spoken most often by adults (parents, guardians, grandparents, or any other adults) in your home?

5. In what language do you prefer to receive correspondence from the school?

6. What language(s) was used at your child's school? _____

7. What language(s) can your child read and write in? _____

8. Do you have a report card from your child's previous school? (please include with your child's records) _____

- The person(s) completing this survey must sign and date this document below.
- This survey must remain in the student's permanent file.
- If any language other than English is mentioned on this survey, the student must be referred to a qualified ESL specialist for additional language assessment.
- Submit an additional copy of this survey to the attention of the Supervisor of Bilingual/ESL at School 6.

Parent/Guardian:

Print Name

Signature

Date

**Clifton Public Schools
745 Clifton Avenue
Clifton, New Jersey 07013**

AFFIDAVIT OF LANDLORD

STATE OF NEW JERSEY)
SS:
COUNTY OF PASSAIC)

I _____ of full age, and being duly sworn upon his or her oath, according to law, deposes and says:

1. I am the owner of property located at _____
in the City of Clifton

2. _____ is a tenant and has been a tenant at the above premises since _____ (month/day/year. A copy of this tenant's lease, if same is in written form, is attached hereto. In the event that tenant does not have a written lease the pertinent terms of said lease are as follows:

A. Circle one of the following: Month to Month/Year to Year

B. Rental amount \$ _____ per _____

C. The names of permissible tenants are as follows:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

3. I am making this affidavit knowing that the Board of Education of the City of Clifton will rely on same in determining whether _____ will be considered a pupil who is entitled to an education free of charge.

I understand that if any of the above statements made by me are willfully false I may be subject to legal action.

(LANDLORD)

Sworn and subscribed before
Me this _____ day of _____

(A Notary Public)