



# Nutley Public Schools

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## Student Registration Information

The following information is provided to assist you with the registration of your child. Please read this information carefully.

New Jersey law requires that the Nutley Public Schools provides a free public education to any student between the ages of 5 and 20 who is:

- Living with a parent or guardian whose permanent home is located within the district or who is temporarily living in the district.
- Living with a person, other than a parent or guardian, who resides in the district and who 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, other than a parent or guardian, who resides in the district when the parent is a member of the New Jersey National Guard or the reserve component of the United States Armed Forces and has been ordered to active military service in time of war or national emergency.
- The child of a parent or guardian who is homeless.
- Placed in the district by court order.
- A child of a parent or guardian who resided in the district prior to being called to active military duty in time of war or national emergency.
- Residing on federal property within the district.

The information and documentation offered will be considered in evaluating an application, and, unless required by law, the student will not be denied enrollment based on inability to provide certain documentation where other acceptable evidence is provided.

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



# Nutley Public Schools

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## Registration Checklist

The following is a checklist of the documents needed to register your child/children into the Nutley Public School system. All documents must be completed and submitted to register. Failure to produce any of the documents may delay your student's school entry.

- (1) Registration packet must be completed in its entirety.
  
- (2) Proof of Residency
  - **Renters must have** a notarized Landlord Statement Form (form included in packet) and a current valid lease **PLUS** three current supporting items from (2A) below.
  - OR
  - **Home owners must have** the most recent quarterly or monthly mortgage statement or tax bill **PLUS** three current supporting items from (2A) below.

(2A) The three proofs of residency must include items from the following categories: cable bill, telephone bill, PSE&G bill, cell phone bill, insurance bill, water bill, bank statement, New Jersey Driver's license, or recent paycheck/stub.

- (3) Birth certificate for child/children
  
- (4) Up-to-date immunization record and Universal Child Health Record.
  
- (5) Custody/Adoption papers (if applicable).
  
- (6) Court orders or state agency agreements (if applicable).

### **Transfer Students – Must provide all the above and note the following:**

- (7) Transfer students must be signed out of prior school at time of registration.
  
- (8) Transfer students must provide an unofficial transcript and report card. Students coming from a public school in NJ must obtain a transfer card with the State Identification number from prior school.
  
- (9) If your child has special needs and has an IEP or Section 504 Accommodation Plan, appropriate documentation must be included with registration paperwork.



# Nutley Public Schools

## Nutley, NJ 07110

Internal Use Only

School ID # \_\_\_\_\_

School \_\_\_\_\_

### Registration Form

**Student Information**

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

Student: \_\_\_\_\_  
First Name
Middle Name
Last Name

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Student's Place of Birth: \_\_\_\_\_  
City
State
Country

Immigrant or Temp Resident: \_\_\_\_\_ First Entry Date into US School System: \_\_\_\_\_

**Parent/Guardian Information**

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Parent's or Guardian's Physical Address: \_\_\_\_\_

Main Telephone (including area code): \_\_\_\_\_

Cell Telephone Number (including area code): \_\_\_\_\_

E-mail 1: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

My student resides with: \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ legal guardian  
 \_\_\_\_\_ other (please explain) \_\_\_\_\_

**Student History**

Please list the (3) most recent schools attended:

School Name	Address	Dates attended

Has this child ever been tested or attended Nutley Public Schools? Yes No

If yes, please explain. \_\_\_\_\_



# Nutley Public Schools

## Registration Statement

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

The student(s) residing at the above address include:

<u>NAMES (PRINT)</u>	<u>AGE</u>	<u>GRADE IN SCHOOL</u>	<u>SCHOOL OF ATTENDANCE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

I \_\_\_\_\_ affirm that I am the custodial parent or legal guardian of the student(s) listed above. I further state that this form and the attached documentation constitute true and accurate proof that the student(s) listed reside with me within the Township of Nutley. If any student listed above moves elsewhere or if my residency changes, I will promptly notify the Board of Education in writing.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I am subject to punitive action. (N.J.S.A. 2C:28-2 and Nutley Municipal Ordinance #2876)

**NOTE:** Below to be signed and dated at the time of registration.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Domicile Statement

*This form must be completed by the custodial parent/guardian.*

How long have you lived in this house? \_\_\_\_\_

Do you have any present intention of moving from this home? If yes, when and to where?

\_\_\_\_\_

Do you have residence(s) elsewhere, and, if so, where are they and when do you live there?

\_\_\_\_\_

\_\_\_\_\_

I am providing the following four proofs of residency (as listed on page 3) to demonstrate that the information given on the Registration Statement is my current address or permanent home.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*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, which parent and at what address? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

**Health Office - Student Emergency Reference Card – 20\_\_\_\_/20\_\_\_\_School Year**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Birth Date \_\_\_\_\_ Bus # \_\_\_\_\_ Home Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (Town) (Zip Code)

Mother/Guardian Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother/Guardian Workplace \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father/Guardian Workplace \_\_\_\_\_ Work Phone # \_\_\_\_\_

List any operations, illnesses, and inoculations that your child has had this year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please contact the school if your child is absent. Each absence requires a note from you stating the reason why your child was absent. Thank you.*

**In the event that I (the parent or guardian) cannot be reached, I have arranged for the following people to assume temporary care of my child in the event of an emergency. The people should reside locally.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Please be advised that the information in your child's health folder is confidential. Your permission is required to share ONLY information pertinent to your child's health with his or her teachers (for example, allergies, diabetes, asthma). By signing this form, you are granting your permission to have this information shared with the appropriate people.

In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I authorize the school to call the physician named above and follow his or her instructions. If it is impossible to contact this physician, the school may take whatever actions necessary.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# Nutley Public Schools

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## Medical History (Parent/Guardian Form)

**Dear Parent or Guardian – Please complete the information below.**

Child's Name: \_\_\_\_\_  
Last First

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Indicate Date of any Illness:**

_____ Allergies (see below)	_____ Asthma	_____ Otitis Media
_____ Drug Allergies (see below)	_____ Chicken Pox	_____ Rheumatic Fever
_____ Lyme Disease	_____ Seizures	_____ Strep Infections
_____ Hepatitis	_____ Diabetes	_____ Mononucleosis
_____ Pneumonia	_____ Heart Disease	_____ Other

**Describe other Conditions:**

Operations: \_\_\_\_\_

Serious Injuries: \_\_\_\_\_

Orthopedic Problems: \_\_\_\_\_

List All Allergies: \_\_\_\_\_

List any medications that your child takes: \_\_\_\_\_

**List any conditions or information that you would like to share with the school nurse:**

As parent/guardian of the above named student, I hereby authorize the release of pertinent medical information (medical conditions, allergies, and/or medication regimes) to be exchanged among appropriate professional staff involved in the care of the above named student. This consent is valid so long as my child is enrolled in the Nutley Public Schools System. If my child's medical history changes, I will notify my child's appropriate School Nurse.

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

\_\_\_\_\_  
Date

APPENDIX H

**UNIVERSAL  
CHILD HEALTH RECORD**

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

**SECTION I - TO BE COMPLETED BY PARENT(S)**

Child's Name (Last)		(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name		Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -	
Parent/Guardian Name		Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>				
Signature/Date			This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER**

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)

<b>IMMUNIZATIONS</b>	<input type="checkbox"/> Immunization Record Attached
	<input type="checkbox"/> Date Next Immunization Due: _____

**MEDICAL CONDITIONS**

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

**PREVENTIVE HEALTH SCREENINGS**

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	



**NUTLEY PUBLIC SCHOOLS**  
**HOME LANGUAGE SURVEY**

Family (Last) Name: \_\_\_\_\_ First (Given) Name: \_\_\_\_\_

School:  Nutley High School  Spring Garden Elementary School  
 John H. Walker Middle School  Radcliffe Elementary School  
 Lincoln Elementary School  Yantacaw Elementary School  
 Washington Elementary School

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female

Date of School Entrance: \_\_\_\_\_ US entry date (if applicable): \_\_\_\_\_

Person completing survey:  Mother  Father  Grandparent  Guardian  Other

**Directions:** Check the correct response for each of the following questions about your child and move to the next question as indicated.

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

\_\_\_\_\_

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

**YES** (go to question 3)  **NO** (go to question 3)

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

**YES** (go to question 4)  **NO** (go to Result C)

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?

**YES** (go to question 5)  **NO** (go to question 5)

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?

**YES** (go to Result B)  **NO** (go to Result C)

**Results [For Internal Use Only]:**

Did they answer "Yes" to either Question #4 or Question #5?

- No (Go to *Result C*)
- Yes (Go to *Result B*)

Result B:

The student is a *possible* ELL. Reviewer should proceed to Step 2 of Identification Process: Conduct Records Review Process.

Result C

The student is *not* an ELL. Reviewer should not proceed to Step 2: Identification Process is complete.



# Nutley Public Schools

## Statement of Landlord

(To be completed by the landlord of parents or guardians who are providing proof of residency for a rental.)

I, \_\_\_\_\_, am the lawful owner or legal representative of the residential property located at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This residence or residential unit is currently under lease from and occupied by

\_\_\_\_\_

for a period of (dates) \_\_\_\_\_ to \_\_\_\_\_.

The answers provided above are absolutely true and entitles the child/children of the above tenant to a tuition-free education in the Township of Nutley. I understand the above information is being relied upon by the Nutley Board of Education to determine a student's residency in Nutley. I fully understand that any false answers provided above are subject, if proven false, to punitive action. (N.J.S.A. 2C:28-2 and Nutley Municipal Ordinance #2876)

**\*This document must be notarized by a Notary Public of the State of New Jersey. (See Below)**

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City State

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

\*Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_



## Nutley Public School District

### *Student Media Release Form*

Nutley Public School District has a proud tradition of celebrating student accomplishments by sharing them with our community. For us to do so, we periodically submit press releases which include students' names and photographs to the local media or post such information on our district website, district sponsored publications, or displays at school functions. Our intent is to be informative and recognize our students' achievements. We understand, however, concerns may arise in regards to a student's right to privacy. To allow the Nutley Public School District to publish, post or distribute your child's name and/or photograph or other information related only to his/her achievement (e.g. academic, athletic, award) on the district's public internet site or to be published in any newspaper, magazine or other media source please circle YES below. However, if you DO NOT grant permission to allow the Nutley Public School District to publish, post or distribute your child's name and/or photograph or other information related only to his/her achievement (e.g. academic, athletic, award) or to be published in any press outlet including newspapers, magazines or other media source please circle NO below. Please make a copy of this letter for your reference.

**Please circle YES or NO for both permission options below, complete, sign, and return this form to your child's school.** By signing and returning this form to my child's school, I formally state that:

**YES / NO - I/We GRANT** permission for my child's name and/or photo/image to be published on the school and/or district's public internet site.

**YES / NO - I/We GRANT** permission for my child's name and/or photo/image to be published in any press outlet including newspapers, magazines, or other media source for publicity and/or recognition purposes.

Student's Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

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

Signature or Parent/Guardian: \_\_\_\_\_

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

# *Nutley Public Schools*

## *Parent/Guardian Technology Acceptable Use Agreement*

Nutley Public Schools is pleased to offer access to the district computers, networks, application platforms, e-mail and to the Internet. There are specific rules that ALL users must follow. Users agree to the following:

1. The computers, networks, and Internet connectivity are provided for the educational use of students, staff, faculty and other authorized users. Work of a commercial nature is not permitted. Supplies and equipment are to be used only for academic purposes.
2. The use of the computers, networks, application platforms, and Internet connectivity is a privilege that will be revoked for inappropriate use. The system administrator has the authority to enforce this agreement.
3. Your computer account and password should be protected as you would protect your locker and combination. Therefore, you should not consider anything that you say or store as private. The system administrators may spot check to insure adherence to these rules.
4. If you notice any security problem on the Internet or on our network, it must be reported to the system administrator immediately. Do not demonstrate the problem for anyone else. Any user identified as a security risk or having a history of problems with other computer systems may be denied access.
5. Vandalism will not be tolerated. Vandalism is defined as any malicious attempt to harm or destroy data or the physical hardware. Violators will be subject to the board discipline code.
6. Network etiquette is expected. Students should:
  - a) Be polite. Do not be abusive in your messages to others.
  - b) Use appropriate language. Do not swear, use vulgarities or any other inappropriate language. Illegal activities are strictly forbidden.
  - c) Do not reveal the address, phone number, or other personal information of yourself, other students, or colleagues.
  - d) Note that electronic mail (e-mail) and the World Wide Web are not guaranteed to be private. People who operate the system do have access to all e-mail. Messages relating to or in support of illegal activities will be reported to the authorities.
  - e) Do not use the network in such a way that you would disrupt the use of the network by other users.
  - f) All communications and information accessible via the network should be assumed to be private property and will be subject to copyright laws.
7. The viewing, downloading, and distribution of pornographic and/or obscene materials are prohibited.
8. The unlicensed copying and distribution of copyrighted software is prohibited. The installation of unauthorized software is prohibited.
9. Nutley Public Schools makes no warranties of any kind, whether expressed or implied, for the service it is providing. Nutley Public Schools will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. Nutley Public Schools specifically denies any responsibility for the accuracy or quality of information obtained through its services.
10. Permission is granted for the Nutley Public Schools to post photographs, images, and works of art or other material created by students or staff on the district website without specific written authorization.
11. Bring Your Own Device (BYOD) students will be allowed to bring in their own devices to be used in selected classrooms under the direct supervision of their teacher. For BYOD, a "device" is a privately owned laptop, tablet computing device, netbook, notebook, e-Reader, iPod touch (or similar), or cell/smart phone. For the purposes of this program, the term "device" also includes any similar product owned by Nutley Public Schools and provided for student use.

**Access:** wireless connection to Nutley Public Schools' Internet connection. This **does not** include access to Nutley Public Schools' network resources, such as file shares or printers. Any and all access through the wireless network may be monitored and/or recorded for the purposes of network security and student safety.

- In order to utilize Nutley Public Schools' services (specifically Internet access) and participate in the BYOD program, students and a parent or legal guardian must review and sign the Acceptable Use Policy. This will be considered a legally binding agreement.
- The student is fully responsible, at all times, for the personally owned device brought to school. Nutley Public Schools is not liable for any loss/damage/theft of a personally owned device. Mobile device insurance policies are available through third party insurance providers (see [www.nutleyschools.org](http://www.nutleyschools.org) for more information).
- The student is responsible for the condition of the device brought to school, including updates, antivirus software, and repair.
- Personal devices should be charged and recharged outside of school, unless specific permission is granted. Personal devices should be capable of lasting a full day without recharging.
- Device use is limited exclusively to classrooms participating in the BYOD Pilot Program. Outside these classrooms all electronic devices should be turned off and should not be visible.
- Students may not use any device or service for non-educational purposes during school hours, unless granted permission by the building administration.
- No device, personal or otherwise, may be used to record, store, or transmit any type of image, sound, or video from Nutley Public Schools, except for approved projects with the express permission of the teacher.
- If reasonable belief exists that the student has violated the terms of this agreement, or other school policy, the student's device may be inspected and/or confiscated. Subsequent or additional disciplinary action involving misuse of technology may extend to loss of technology privileges or further action as determined by the building administration.

### **PARENT OR GUARDIAN (If student is under 18)**

As the parent or guardian of this student, I have read the Acceptable Use Agreement. I understand that this access is designed for educational purposes. Nutley Public Schools has taken precautions to limit controversial material. However, I also recognize it is impossible for Nutley Public Schools to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Student Name: \_\_\_\_\_  
First Name Last Name

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID: \_\_\_\_\_

Parent / Guardian Name (please print clearly): \_\_\_\_\_  
First Name Last Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_