



**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
TO THE PARENTS OF CHILDREN WHO WILL ENTER THE DISTRICT
FOR THE SCHOOL YEAR 2018-2019**

Complete the online portion of your child's registration at www.cwcboe.org then contact Kerry Ryan at keryan@cwcboe.org or 973-228-6979 ext.3009 to set up an appointment to complete your registration in person. If you do not have access to a computer please let us know.

You must present the following documents and information in person to complete your child's registration:

A. Medical Requirements

All students must fulfill specific immunization and physical examination requirements mandated by law (see attached). The following medical documentation must be presented at the time of registration:

1. Official Copy of the Child's Immunizations

The dates of your child's immunizations must include the month, day, and year your child received the vaccines. This information must be provided by the doctor and should be entered directly on the Physical Examination and Immunization Forms included in this packet.

A copy of the child's **Official Immunization Record** from the permanent chart at the doctor's office also will be accepted. The doctor's name and address must appear on the Official Immunization Record.

2. Copy of the Child's Most Recent Physical Examination

3. Health and Medical History Form (to be completed by parent/guardian)

B. Age and Residency Requirements

1. Age Requirements

You must present your child's original birth certificate or current passport as proof of age.

Entrance Ages: According to district policy the following eligibility ages are followed:

Kindergarten: A child is eligible for entrance into Kindergarten who will have attained the age of five years on or before October 1 of the year in which entrance is sought.

First Grade: A child is eligible for entrance into First Grade who will have attained the age of six years on or before October 1 of the year in which entrance is sought.

2. **Proof of Residency**

a. **If you are renting** you must provide the following:

- Completed **Domicile Statement**
- Completed and Notarized **Landlord Statement**
- Copy of current **Lease Agreement**
- **Two** of the following additional items featuring your name and current address:
 - o Utility bill, water bill or cable bill
 - o Telephone/mobile phone bill
 - o Insurance bill
 - o Bank statement
 - o Recent pay stub
 - o Valid NJ driver's license

b. **If you own a home** you must provide the following:

- Completed **Domicile Statement**
- **One** of the following: Deed to the home, property tax bill or mortgage statement
- **Two** of the following additional items featuring your name and current address:
 - o Deed, property tax bill or mortgage statement
 - o Utility bill, water bill or cable bill
 - o Telephone/mobile phone bill
 - o Insurance bill
 - o Bank statement
 - o Recent pay stub
 - o Valid NJ Driver's license

C. **Home Language Survey**

D. Transfer students must complete a **Records Release** form and provide a **transfer card** from their current school district at the time of registration.

Your child's registration is not complete until all of the above requirements are met.

Please note additional forms and information may be provided by the individual schools and must be completed at the respective school prior to the student's first day. For students who plan to participate in the high school athletics program, additional health forms may be required. Please visit the **Athletics** section for additional information and required forms.

If you have any questions or need further information, please contact Kerry Ryan at keryan@cwcboc.org / 973-228-6979 ext. 3009.



**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
DOMICILE STATEMENT**

***This form may be used for more than one child living at the same address.**

***In addition to this form you will need to provide the proofs of residency as outlined in the District's residency requirements.**

Student(s) Name(s): _____

Home address: _____

How long have you lived at this address?: _____ Do you have any intention of moving from this address in the near future? _____. If yes, when and to where are you moving? _____.

Do you maintain residences elsewhere? _____ If yes, where are they located/when do you reside there? _____

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

Is there a court order or written agreement between the parents designating the district for school attendance?

Yes No

If **yes**, where does it require the student attend school? (Please provide a copy of this document.)

Does the student reside with one parent for the entire year? Yes No

If **yes**, with which parent and at what address? _____

If **no**, for what portion of time does the student reside with each parent and at what addresses?

Parent/Guardian Name/Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____



CALDWELL-WEST CALDWELL PUBLIC SCHOOLS STATEMENT OF LANDLORD

To be completed by the landlord of parents/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 residential unit is currently under lease and occupied by – *please list occupants including parent(s)/legal guardian(s) and school-aged children:*

From (date) _____ to (date) _____.

The answers provided above are absolutely true and entitles the child/children of the above named tenant to a tuition-free education in the Caldwell-West Caldwell Public Schools. I understand the above information is being relied upon by the Caldwell-West Caldwell Board of Education to determine a student’s residency in Caldwell or West Caldwell. I fully understand that any false answers provided above are subject, if proven false, to punitive action.

*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

*Subscribed and sworn before me on _____ 20_____.
(date)

Notary Seal

Notary Printed Name

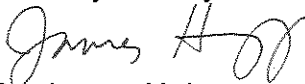
Notary Signature

My Commission Expires: _____

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
NEW STUDENT REQUIREMENTS

Dear Parents/Guardians:

Caldwell-West Caldwell Board of Education policy requires that certain certificates, signed by a health care provider, be furnished for school records in order for your child to attend school. This information must be submitted prior to the student entering school. Please obtain the information checked below making sure the month, day and year of each immunization is listed. Thank you for your co-operation.


Dr. James Heinegg
Superintendent of Schools

- Physical examinations are required for all new entrants to the Caldwell-West Caldwell School District. Physicals must have been performed within 365 days before the date of registering the student.
- 1 dose Haemophilus B (Hib) for those age 12-59 months.
- Pneumococcal vaccine for those age 12-59 months, and an annual Influenza vaccine for those age 6-59 months.
- 4 doses of Diphtheria-Pertussis-Tetanus (one dose must have been given on or after the 4th birthday), or any 5 doses. 1 additional dose of Diphtheria- Pertussis-Tetanus for those students entering Grade 6.
- 3 doses of Polio vaccine (one dose must have been given on or after the 4th birthday), or any 4 doses.
- 1 dose of Measles-Mumps-Rubella vaccine given on or after the first birthday and a second Measles vaccine is required before starting school.
- 3 doses of Hepatitis B vaccine for all students Kindergarten through Grade 12.
- 1 dose Varicella vaccine given no earlier than 12 months but by 19 months of age.
- 1 dose of the Meningitis vaccine is required for students entering Grade 6.
- Mantoux tuberculin test is required for those entering from an area of high tuberculin infection as determined by the New Jersey Department of Health.

01/2019

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
HEALTH AND MEDICAL HISTORY FORM**

TO BE COMPLETED BY PARENT:

NAME:	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH:
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HEALTH INSURANCE: <input type="checkbox"/> NO <input type="checkbox"/> YES	INSURANCE CARRIER:
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HEALTH HISTORY (COMPLETED BY PARENT): If YES, please explain:			
Chronic or recurring illness/condition	No	Yes	_____
Asthma	No	Yes	_____
Diabetes	No	Yes	_____
Epilepsy/Seizures/Blackouts	No	Yes	_____
Cardiac/Heart Disease	No	Yes	_____
Hypertension	No	Yes	_____
Bleeding Disorder	No	Yes	_____
Frequent Headaches	No	Yes	_____
Skin Disorder	No	Yes	_____
Gastrointestinal Disorders	No	Yes	_____
Neuromuscular Disorder	No	Yes	_____
Orthopedic Condition	No	Yes	_____
Respiratory Illness	No	Yes	_____
Mental/Emotional Issues	No	Yes	_____
Dental/Orthodontic Appliances	No	Yes	_____
Hearing Problems	No	Yes	_____
Vision Problems (glasses or contacts)	No	Yes	_____
Hospitalizations/Surgeries	No	Yes	_____
Recent injury, illness, infectious disease	No	Yes	_____
Other _____			_____
_____			_____

OTHER SIGNIFICANT MEDICAL INFORMATION THE SCHOOL SHOULD KNOW ABOUT:

Signature of Parent: _____ Date: _____

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
PHYSICAL EXAMINATION AND IMMUNIZATION FORM**

PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN.

NAME:		<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH:
HEALTH HISTORY:			
ALLERGIES:	List all known allergies:	Describe reaction and management of reaction.	
Medication Allergies: Yes No	_____	_____	
Food Allergies: Yes No	_____	_____	
Insects/Animals: Yes No	_____	_____	
Environmental/ Pollens: Yes No	_____	_____	
MEDICATIONS:	List <u>all</u> medications (prescription, over-the-counter, non-prescription) taken routinely.		
Medication	Dosage/Frequency	Reason for medication	
_____	_____	_____	
_____	_____	_____	
HEIGHT:	WEIGHT:	B/P:	HEART RATE:
		NORMAL	COMMENTS: (EXPLAIN ALL ABNORMAL FINDINGS)
APPEARANCE			
SKIN			
EYES/EARS/NOSE/THROAT			
LYMPH NODES			
HEART			
LUNGS			
ABDOMEN			
GENITOURINARY			
CNS			
NEUROMUSCULAR			
MUSCULO-SKELETAL			
EXTREMITIES			
SPINE			
SEIZURE DISORDER: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____		SCOLIOSIS: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE TREATMENT: _____	
VISION: O.D. 20/ _____ O.S. 20/ _____ O.U. 20/ _____		HEARING: RIGHT _____ LEFT _____	
KNOWN VISION OR HEARING PROBLEM:			
DEVELOPMENT:		SPEECH:	
STUDENT MAY PARTICIPATE IN ALL PHYSICAL EDUCATION ACTIVITIES:			<input type="checkbox"/> YES <input type="checkbox"/> NO
STUDENT MAY NOT PARTICIPATE IN THE FOLLOWING PHYSICAL ACTIVITY(IES):			
PHYSICIAN'S NAME AND ADDRESS (PLEASE PRINT):		PHYSICIAN'S SIGNATURE:	
TELEPHONE NUMBER:		DATE OF EXAMINATION:	

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
PHYSICAL EXAMINATION AND IMMUNIZATION FORM**

NAME: _____	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH: _____
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IMMUNIZATIONS:	A COPY OF THE IMMUNIZATION RECORD IS ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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DPT/DT/DTAP: _____ _____ _____ _____ _____ _____ TDAP: _____	OPV or IPV (circle): _____ _____ _____ _____ _____	MMR: _____ _____	HIB: _____ _____ _____ _____ _____
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HEPATITIS B: _____ _____ _____	VARIVAX: _____ _____ DISEASE DATE: _____	PNEUMOCOCCAL: _____ _____ _____ _____ _____	MENINGITIS VACCINE: _____
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HEPATITIS A: _____ _____	INFLUENZA VACCINE: _____ _____ PLEASE LIST MOST RECENT.	OTHER: _____ _____ _____	OTHER: _____ _____ _____
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MANTOUX: DATE GIVEN: _____ DATE READ: _____	RESULTS: _____ TREATMENT: _____	LEAD LEVEL: RESULTS: _____ DATE TESTED: _____
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PHYSICIAN'S NAME AND ADDRESS (PLEASE PRINT): TELEPHONE NUMBER: _____	PHYSICIAN'S SIGNATURE:
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Media Consent Form - Caldwell-West Caldwell Public Schools

The Caldwell-West Caldwell Public School District is proud of the many successes that students and staff achieve every day within the District's six area schools, and regularly announces and publicizes achievements, activities, and events. Achievements, activities and events include, but are not limited to, academic presentations, art exhibits, athletic events, awards, community service activities, concerts, contests, district presentations, honors, honor roll(s), music, outstanding academic work, outstanding educational initiatives, plays, special programs, sports, and student(s) of the month.

At various points throughout the school year, or during summer programs, your child may be photographed or videoed for publicity and/or announcement purposes. Achievements, activities, and events are announced through area publicity and media outlets, as well as presentation venues.

Publicity and media outlets include, but are not limited to, printed and/or on-line newspapers and/or magazines, radio and/or television news sites and/or social media platforms, as well as the Caldwell-West Caldwell Public Schools' website, its social media platforms, and/or public presentations or displays in buildings throughout the district and the greater community, such as, but not limited to, your child's school, other district buildings, government buildings and/or area malls and/or universities.

Media Consent grants:

- Permission for a photo/image that includes student without any other personal identifiers to be published on the district and/or school's web site and social media platforms, as well as sent in press releases to area media and publicity outlets and publications, and/or public presentation venues or displays.
- Permission for photo/image, name, and/or school, and/or grade to be published on the district and/or school's web site and social media platforms, as well as sent in press releases to area media and publicity outlets and publications and/or public presentation venues or displays.
- Permission for student name, photo/image, and/or school, and/or grade, as well as images of student's outstanding artwork and/or outstanding academic work to be published on the district and/or school's web site and social media platforms, as well as sent in press releases to area media and publicity outlets and publications and/or public presentation venues or displays.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian, unless as part of an athletic and/or academic team, performing arts group, and/or other public performance-based activity, or as part of a large group photograph submitted without names.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

This Media Consent Form is to both inform you and to request Media Consent permission.

YES, I DO grant permission to acknowledge my child's achievements, activities, and/or event participation, through media, websites, publicity, presentations and/or within school and/or district and community presentation venues.

No, I DO NOT grant permission to acknowledge my child's achievements, activities, and/or event participation, through media, websites, publicity, presentations and/or within school and/or district and community presentation venues. ***I understand that by checking this box my child's name and/or photo will not appear in any of the local or state newspapers, or any other news outlet, for any reason, including honor roll, school events and accomplishments, or other school-related news.***

School: Harrison Jefferson Lincoln Washington Wilson

Student Name: (please print) _____

Grade: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____ Date: _____

Relation to Student: _____

This Media Consent Form is valid from the time of signature until at which time an updated/revised form is received during the years that the student(s) attend a Caldwell-West Caldwell District School.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing.

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS

HOME LANGUAGE SURVEY

Please complete this form if a language other than English is spoken at home.

Student's Name:	Date:
School:	Grade:
Language(s) spoken at home (other than English)	Dialect:
1. _____	1. _____
2. _____	2. _____

Please place an in the box that corresponds to your answer.

	English	Native Language
1. Which language did your child first learn to speak?		
2. Which language do you use most often when speaking to your child at home?		
3. Which language does the child use most often when speaking to his or her parents at home?		
4. Which language does your child use most often when speaking to his or her brothers and sisters?		
5. Which language does your child use most often when speaking to other relatives?		
6. Which language does your child use most often when speaking to friends?		
Signature of Parent:	Date:	

(This survey should be sent to and filed with the Supervisor of English as a Second Language.)