



**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS  
TO THE PARENTS OF CHILDREN WHO WILL ENTER  
THE DISTRICT IN SEPTEMBER 2019**

To begin your child's registration go to [www.cwcboe.org/registration](http://www.cwcboe.org/registration) and complete the online portion in the Genesis portal. If you do not have access to a computer please let us know.

You must present the following documents and information in person on the day of 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. Official copy of the child's most recent physical examination**

**3. Health and medical history form (to be completed by parent/guardian)**

**B. Age Requirements**

**Proof of Age:**

**Present the original and one photocopy for our records** of your child's 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.

## C. Residency Requirements

### Proof of Residency:

1. **If you rent your residence** you must provide the following:

- Completed **Domicile Statement**
- Completed and Notarized **Landlord Statement**
- Copy of **current Lease Agreement**
- **Original and one copy for our records** of **two** of the following additional items featuring your name and current address:
  - o Utility, Water or Cable bill
  - o Telephone/mobile phone bill
  - o Insurance bill
  - o Bank statement
  - o Recent pay stub
  - o Valid NJ driver's license

2. **If you own your residence** you must provide the following:

- Completed **Domicile Statement**
- **Original and one copy for our records** of **one** of the following: Deed to the home, property tax bill or mortgage statement
- **Original and one copy for our records** of **two** of the following additional items featuring your name and current address:
  - o Deed to the home, property tax bill, mortgage statement
  - o Utility, Water or Cable bill
  - o Telephone/mobile phone bill
  - o Insurance bill
  - o Bank statement
  - o Recent pay stub
  - o Valid NJ driver's license

## D. Additional Forms and Information

1. Registrants in grades 1-12 will need to complete a records release form to obtain records from your child's previous school.

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

If you have any questions or need further information, please contact Kerry Ryan at [keryan@cwcboc.org](mailto:keryan@cwcboc.org) or 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**

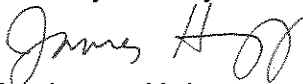
\_\_\_\_\_  
**Notary Signature**

**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 4<sup>th</sup> 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 4<sup>th</sup> 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  
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:			
<b>ALLERGIES:</b>		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	_____	_____
<b>MEDICATIONS:</b> 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			
<b>SEIZURE DISORDER:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<b>SCOLIOSIS:</b> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE TREATMENT:	
VISION: O.D. 20/ O.S. 20/ O.U. 20/		HEARING: RIGHT LEFT	
<b>KNOWN VISION OR HEARING PROBLEM:</b>			
<b>DEVELOPMENT:</b>		<b>SPEECH:</b>	
<b>STUDENT MAY PARTICIPATE IN ALL PHYSICAL EDUCATION ACTIVITIES:</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STUDENT MAY NOT PARTICIPATE IN THE FOLLOWING PHYSICAL ACTIVITY(IES):</b>			
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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<b>DPT/DT/DTAP:</b>  _____ _____ _____ _____ _____ _____ <b>TDAP:</b> _____	<b>OPV or IPV (circle):</b>  _____ _____ _____ _____ _____	<b>MMR:</b>  _____ _____	<b>HIB:</b>  _____ _____ _____ _____ _____
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<b>HEPATITIS B:</b>  _____ _____ _____	<b>VARIVAX:</b>  _____ _____  <b>DISEASE DATE:</b> _____	<b>PNEUMOCOCCAL:</b>  _____ _____ _____ _____ _____	<b>MENINGITIS VACCINE:</b>  _____
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<b>HEPATITIS A:</b>  _____ _____	<b>INFLUENZA VACCINE:</b>  _____ _____  PLEASE LIST MOST RECENT.	<b>OTHER:</b> _____  _____ _____	<b>OTHER:</b> _____  _____ _____
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<b>MANTOUX:</b>  DATE GIVEN: _____  DATE READ: _____	RESULTS: _____  TREATMENT: _____	<b>LEAD LEVEL:</b>  RESULTS: _____  DATE TESTED: _____
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PHYSICIAN'S NAME AND ADDRESS (PLEASE PRINT):          TELEPHONE NUMBER: _____	PHYSICIAN'S SIGNATURE:          
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**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS  
HEALTH AND MEDICAL HISTORY FORM**

**TO BE COMPLETED BY PARENT:**

<b>NAME:</b>	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	<b>DATE OF BIRTH:</b>
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<b>HEALTH INSURANCE:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	<b>INSURANCE CARRIER:</b>
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<b>HEALTH HISTORY (COMPLETED BY PARENT):</b> 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 _____			_____
_____			_____

<b>OTHER SIGNIFICANT MEDICAL INFORMATION THE SCHOOL SHOULD KNOW ABOUT:</b>

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_