



IRVINGTON PUBLIC SCHOOLS
DISTRICT REGISTRATION REQUIREMENTS AND FORMS

Residency Identification - Information Accepted (1 Form Required):

(Documents 1-4 must be dated within the last three (3) months)

1. PSE&G Bill
2. Cable Bill
3. Homeowner's Tax Bill
4. Mortgage Statement
5. Current Signed Lease or Notarized Letter from a Family Member

***Please note: Residency checks will be initiated for any notarized letter from a family member. A family member who signs a notarized letter will be held liable for tuition if it is found that the child does not reside at the address listed on the notarized form. Proof of residency is needed for any person who writes a letter that is notarized.**

Information Not Accepted

1. Credit Cards Bills
2. Income Tax Statement
3. Pay Stubs
4. Home Phone and Cell Phone Bills

Student Records: *(You must have these items along with the residency information noted above)*

1. Original Birth Certificate
2. Immunization/Medical Records
3. Report Cards or Test Scores from Previous School
4. Transfer from Previous School
5. Proof of Guardianship (if applicable)
6. Proof of Legal Guardianship (if applicable)

District/School Forms:

(All forms must be completed before registration is accepted)

1. District Registration Requirements and Forms Sheet (Page 1)
2. District / School Registration Forms (Pages 2-5)
3. Emergency Medical Information (Pages 6-9)
4. District / School Physician(s) Physical Examination Consent Form (Page 10)
5. Request for Student's Records from Previous School (Page 11)
6. Home Language Survey (Pages 12-13)

Special Services Department Forms

1. Authorization to Obtain Information
2. Authorization to Release Information
3. Special Class Pupil's Emergency Information
4. Transfer Permission Form
5. Medicaid Annual Notification Regarding Parental Consent
6. Special Education Medicaid Initiative (SEMI) Parent Consent Form



IRVINGTON PUBLIC SCHOOLS

DISTRICT / SCHOOL REGISTRATION FORM –PLEASE PRINT

<u>OFFICE USE ONLY</u>	<u>COMMENTS</u>
STATE ID # _____	<input type="checkbox"/> Proof of Residency _____
REGISTRATION DATE /ENTRY DATE _____	<input type="checkbox"/> Birth Certificate/Passport _____
GRADE-SECTION _____	<input type="checkbox"/> Proof of Guardianship _____
HOMEROOM TEACHER _____	<input type="checkbox"/> Transfer Card _____
HOME SCHOOL _____	<input type="checkbox"/> Report Card/Transcript _____
SECRETARY’S SIGNATURE _____	<input type="checkbox"/> Immunizations _____
NURSE’S SIGNATURE _____	<input type="checkbox"/> Test Scores _____
GUIDANCE COUNSELOR’S SIGNATURE _____	<input type="checkbox"/> IEP _____

I. STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME ADDRESS: _____ Apt. _____

RENT: _____ OWN: _____ SHARE: _____ SHELTER: _____

PHONE#: _____ CELL#: _____ D.O.B: _____

BIRTHPLACE CITY: _____ AGE: _____ GENDER: _____

DATE OF ENTRY TO US (if applicable) _____

ETHNICITY: _____ **HOME LANGUAGE**
 OTHER LANGUAGE(S) SPOKEN AT HOME: _____
 (by any member of the family)

PREVIOUS SCHOOL ADDRESS: _____

PREVIOUS GRADE: _____ GRADE (S) RETAINED: _____

We have a “Parent Portal” to provide you with online access to grades and assignments, PLEASE be sure to indicate working email addresses, as they are needed for access for this valuable resource.

PARENT/GUARDIAN INFORMATION

Father _____	Address _____	Apt. _____
Home # _____	Cell # _____	Work # _____
Email _____	Resides with student	Yes / No
Mother _____	Address _____	Apt. _____
Home # _____	Cell # _____	Work # _____
Email _____	Resides with student	Yes / No
Guardian _____	Address _____	Apt. _____
Home # _____	Cell # _____	Work # _____
Email _____	Resides with student	Yes / No
PROOF OF GUARDIANSHIP: (Check one)		
<input type="checkbox"/> DCPD PLACEMENT <input type="checkbox"/> FOSTER PLACEMENT <input type="checkbox"/> COURT PLACEMENT <input type="checkbox"/> GROUP HOME <input type="checkbox"/> OTHER		

IF YOUR FAMILY IS LIVING IN ANY OF THE FOLLOWING SITUATIONS (CHECK ALL THAT APPLY):

Shelter Transitional Housing Awaiting foster Care Placement Doubled-Up (ex. Living with friends/relatives)
 Unsheltered (ex. Cars, Parks, Campgrounds Temporary Trailers, Abandoned Building) Hotel/Motel

II. EMERGENCY CONTACTS

Name _____	Relationship _____	Address _____
Home # _____	Cell # _____	Work # _____
Name _____	Relationship _____	Address _____
Home # _____	Cell # _____	Work # _____
Name _____	Relationship _____	Address _____
Home # _____	Cell # _____	Work # _____

III. OTHER MEMBERS OF HOUSEHOLD (Siblings)

NAME SCHOOL/GRADE	DATE OF BIRTH	GENDER	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

IV. EDUCATIONAL HISTORY

GRADE	SCHOOL	DATE OF ATTENDANCE	ADDRESS	TELEPHONE
Elementary School Pre-K – 5	_____	_____	_____	_____
Middle School 6 – 8	_____	_____	_____	_____
High School 9 – 12	_____	_____	_____	_____

Previous Retention: Yes No **If yes, indicate grade/school.** _____

Previous Services: IEP Speech Bilingual/ESL Intellectually Gifted Basic Skills

V. MEDICAL INFORMATION

Indicate below: Physical handicaps, surgery, seizure, elevated lead level, food allergies, hearing/vision/speech problems

Health Care Insurance Provider _____

Family Physician _____ Address _____ Phone _____

School Nurse's Signature _____ Date _____

VI. MEDICAID INFORMATION

Irvington Public Schools (IPS) may give my child's Medicaid number to IPS health care providers so that the providers can bill Medicaid for services they provide my child.

Medicaid No. _____

_____ I do not wish to share my child's Medicaid number with the school.

_____ Does not apply – my child is covered by other insurance.

_____ My child is currently not covered by insurance.

I hereby attest that all of the information on this registration form is correct, and I agree to pay all of the necessary reimbursements to the Board of Education for false documentation in any of the categories.

VII. MILITARY CONNECTED STUDENT INDICATOR

Please check one of the following items:

- 1. Not Military Connected – Student is not military connected.
- 2. Active Duty – Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marines Corps, or Coast Guard.
- 3. National Guard or Reserve – Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- 4. Unknown – It is unknown whether or not the student is military-connected.

Father's Signature _____

Date _____

Mother's Signature _____

Date _____

Guardian's Signature _____

Date _____



IRVINGTON PUBLIC SCHOOLS – MEDICAL OFFICE
EMERGENCY MEDICAL INFORMATION

School _____ School Year _____

Last Name _____ First Name _____ HR _____ Grade _____

Address of Student _____ Tel. # _____

Mother's Name _____ Place of Business _____

Business Address _____ Business Tel. # _____

Cell # _____

Address (if different from student) _____

Father's Name _____ Place of Business _____

Business Address _____ Business Tel. # _____

Cell # _____

Address (if different from student) _____

Legal Guardian Name (if applicable) _____ Place of Business _____

Business Address _____ Business Tel. # _____

Cell # _____

Address (if different from student) _____

In my / or our absence, the following (relative, neighbor, or friend) is authorized to act for me / us on behalf of my / our child. Please be sure the following people have consented to act on your behalf.

1. Name _____ Phone # _____
Street _____ Town _____
Relationship _____

2. Name _____ Phone # _____
Street _____ Town _____
Relationship _____

3. Name _____ Phone # _____
Street _____ Town _____
Relationship _____

Signature of Parent/Guardian _____

Date _____

IRVINGTON PUBLIC SCHOOLS

1 UNIVERSITY PLACE
IRVINGTON, NEW JERSEY 07111

PARENT NOTIFICATION OF STATE MANDATED HEALTH SCREENINGS

The following screenings will be scheduled during the school year

Physical Examination – New Jersey law requires that routine physical examinations are given to students in grades K, 3, 6 and 9, students new to the district without a record of an examination, students in Special Education (every three years), and students who wish to participate in athletics on a school athletic squad. There is no charge for this examination. If parents wish to be present, please contact the school nurse. Parents are notified if a child needs further evaluation.

The school medical director may accept the report of a private doctor in lieu of the school physical examination. If a parent wishes to have his or her child examined privately at the parent's own expense, the school will make available the Board approved forms to be completed by the private examining physician. These forms are available in each school health office.

IMPORTANT: Private medical examinations for this school year must be done after August 1st. The medical form should be returned to the school nurse by the end of September in that same year.

Tuberculosis Skin Testing – State law requires testing for tuberculosis infection. A Mantoux Intradermal Tuberculin test shall be given to all Kindergarten and 8th grade students, all transfer students in any grade from another state or country who do not have a valid record of a Mantoux Tuberculin Test within the past six months, and all new students from another New Jersey public school required to test eighth grade pupils who do not have a history of having received a Mantoux Tuberculin test since entering school.

Scoliosis Screening – (to detect abnormalities of the spine) for students in grades 5 – 12 and Special Education students 10 – 18 years of age will be conducted each year.

Vision Screening – is conducted each year for all students in grades K – 8

Audiometric Screening – (for hearing) shall be conducted for pupils enrolled in pre-school programs, students in grade K – 4, 6, 8, and 10th, and students entering the district with no record of recent hearing screening. Students at risk for hearing impairments, students referred to the Child Study Team for evaluation, and special requests from a teacher, a parents or a pupil will also be receive audiometric screenings.

If a parent prefers to take his/her child to a private doctor/clinic, **at the parent's own expense**, a signed letter must be sent to the school nurse. If the school does not receive a report from a private doctor by September 30th, the student will be screened in school.

Child's Last Name **First Name** **D.O.B.** **School**

Address (number, street, city, zip code) **Tel. phone #**

Father's Name **Mother's Name** **Guardian**

Did your child ever attend an Irvington Public School? Yes _____ No _____

Last school attended: _____

When did your child last have a physical examination? Date _____

Name of Physician/Clinic _____ **Telephone #** _____

Routine Check-Up Illness/Injury Specify reason _____

Is your child subject to (please circle yes or no)?

Frequent Colds	Yes – No	Running Ears	Yes – No
Bronchitis	Yes – No	Chronic Cough	Yes – No
Frequent Sore Throats	Yes – No	Vision Loss	Yes – No
Speech Difficulties	Yes – No	Poor Posture	Yes – No
Earaches	Yes – No	Emotional Problems	Yes – No
Allergies	Yes – No	Weight Problems	Yes – No

List Allergies: _____

Does your child have, or has he/she been treated for, any of the following health problems?

Anemia	Yes – No	Heart Condition	Yes – No
Asthma	Yes – No	Kidney Disease	Yes – No
Diabetes	Yes – No	Rheumatic Fever	Yes – No
Elevated Lead Level	Yes – No	Seizures	Yes – No
Food Allergies	Yes – No	Sickle Cell Anemia	Yes – No
Fracture	Yes – No	Vision Deficiencies	Yes – No
Head Injury	Yes – No		
Hearing	Yes – No		

Other _____

Does your child take medication? Name of medication(s) _____ Epipen Yes/No Inhaler Yes/No

Has your child had:

Poor eating habits	Yes – No	Difficulty Sleeping	Yes – No
Eye Disease	Yes – No	Eye Injury	Yes – No
Head Injury	Yes – No	Eye Glasses Prescribed	Yes – No
A Severe Fall	Yes – No	Hearing Loss	Yes – No

Development: Age began walking _____ Age began talking _____

Family History: (please circle)

Tuberculosis
Diabetes
Cancer

Kidney Condition
Heart Disease
Allergies

Asthma
Deafness
High Blood Pressure

Does your child have a history of: (please circle – give dates if possible)

Allergy
Asthma
Chickenpox
Diabetes
Enuresis (bed wetting)
Heart Disease
Hepatitis
Fractures

High Fever
Mononucleosis
Pneumonia
Rheumatic Fever
Scarlet Fever
Seizures
Tonsillitis

Tuberculosis
Operations:
Appendectomy _____
Hernia _____
Tonsils Removed _____
Ear Operation _____
Other _____

Has your child been hospital for any reason since birth? Yes or No

Explain _____

Please list other childhood diseases, accidents, problems or medical tests

Are there any problems in the home which might affect your child's learning?

Explain _____

Is there anything more about your child's health that you believe is important for us to know?

Explain _____

Siblings' Name (s): _____ **Age:** _____ **School:** _____

Parents/Legal Guardian's Signature

Date



IRVINGTON PUBLIC SCHOOLS

District / School Physician(s) Physical Examination Consent Form

To Parents/Guardians:

While your child attends the Irvington Public Schools, he/she will be examined at specified intervals by one of our school physicians, as well as such time when the building principal requests a physical examination because it is suspected that a physical defect may be interfering with your child’s academic progress.

As it is your choice to be present at your child’s district physical examination(s), we would like to know whether or not you wish to be present when the examinations are given. If you do not want to be present, the school physician will report results upon request or if a medical condition is identified. Please fill out the form below, and forward it to your child’s school nurse within ten days of receipt. A permanent notation of your choice will be made on your child’s medical record.

Be reminded that the notice below must be returned to your child’s school nurse within ten days of receipt.

(Tear off – Complete and return within 10 days of receipt)

To the School Nurse:

_____ I do not wish to be present _____ I do wish to be present when my child, _____ is examined by the school doctor. Any future change to this decision will be submitted to the nurse’s office in writing.

Signature of Parent/Guardian

Date

Child’s name

Grade

Homeroom



**IRVINGTON PUBLIC SCHOOLS
REQUEST FOR STUDENT RECORDS**

School: _____

Principal: _____

Phone No.: _____ Fax No.: _____

Due to the registration of the following student, please forward his/her records as soon as possible:

Name: _____ Homeroom/Grade: _____ DOB: _____

√ CUMULATIVE ACADEMIC AND BEHAVIOR RECORDS

√ ATTENDANCE RECORDS

√ STANDARDIZED TEST SCORES

√ CHILD STUDY TEAM EVALUATIONS

√ INDIVIDUALIZED EDUCATION PROGRAM

√ MEDICAL RECORDS

√ DISCIPLINE RECORDS

√ OTHER _____

I give permission to release my child's records to _____.

Parent/Guardian's Signature _____ Date _____

NOTE: Federal Law 99.2: No parent signature is required for educational records sent to another educational agency.

First Request Date _____

Second Request Date _____

Third Request Date _____

Date Received _____

Please send requested information via:

Fax (973) _____

Mail _____

Phone Irvington, New Jersey 07111

E-mail (973) _____ ext. _____

E-mail _____ @ irvington.k12.nj.us



IRVINGTON PUBLIC SCHOOLS
HOME LANGUAGE SURVEY

Encuesta de los idiomas hablados en el hogar
Etude des langages pries a la maison

1. **Student** _____
Estudiante First Name / *Nombre* / *Prenom*
Etudiant _____
Last Name(s) / *Apellidos* / *Noms de Famille*

2. **Date of registration** _____
Fecha de inscripcion month / *mes* / *mois* day / *dia/jour* year / *alio* / *annee*
Date d'enregistrement

3. **Language(s) spoken by the child** _____
Idioma(s) hablados por el nino
Langage(s) pries par l'enfant

4. **Date of Birth** _____
Fecha de nacimiento month / *mes* / *mois* day / *dia/jour* year / *alio* / *annee*
Date de naissance

5. **City & Country of birth of the child** _____
Ciudad y Pais de nacimiento del nino
Ville & Pays natal de l'enfant

6. **Language spoken in the home by any member of the family**
Idiomas hablados en el hogar por cualquier miembro de la familia
Languages parks dans la maison par tout membre de la famille

7. _____, **Irvington, NJ 07111**
Address of residence / *Dirección de la residencia* / *Adresse de residence*

8. _____
Names of parents/guardians / *Nombres de los padres/encargados* / *Noms de parents/tuteurs*

9. _____
Emergency Phone Number / *Numero de telefono* / *Nombre de telephone*

FOR OFFICE USE ONLY:

This information is completed by school staff only:

Student Identification Number: _____

District Attendance Zone: _____

Center/School: _____

Level/Grade (*circle one*): UN P3 P4 1 2 3 4 5 6 7 8 9 10 11 12

NOTES OF IMPORTANCE OR SPECIAL CIRCUMSTANCES:

In compliance with NJDOE a Home Language Survey must be on file for all students in district. If a second language is spoken at home the child must be tested for English Proficiency by a certified ESL Teacher using the appropriate district and state approved Diagnostic tests.