



# **East Rutherford School District**

McKenzie Elementary School  
125 Carlton Avenue  
East Rutherford, NJ 07073  
Ph: 201-531-1235

A.S. Faust School  
100 Uhland Street  
East Rutherford, NJ 07073  
Ph: 201-804-3100

## **STUDENT ENROLLMENT FORM**

**STUDENT'S INFORMATION** School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Entrance into the United States: \_\_\_\_\_

Date of Entrance into first school in United States: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Is ESL needed? Yes No

Name, Address, & Phone Number of School Previously Attended: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

### **FAMILY INFORMATION**

Father/Guardian Full Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_

( ) Check if address is different and should receive correspondence concerning child

Email address: \_\_\_\_\_

Home telephone (if different) \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mother/Guardian Full Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_

( ) Check if address is different and should receive correspondence concerning child

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

Home Telephone (if different) \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Marital Status of Parent(s): Married Single Divorced Widowed

Stepfather's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Stepmother's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

State any family circumstances (divorces, separation, etc.) and/or custodial arrangements that the school should be aware of. A COPY OF THE LEGAL DOCUMENTS WHICH ESTABLISHED THESE ARRANGEMENTS MUST BE PROVIDED TO THE SCHOOL. \_\_\_\_\_  
\_\_\_\_\_

Number of children in household: \_\_\_\_\_ Ages of all brothers and sisters: \_\_\_\_\_  
\_\_\_\_\_

Name and address of Emergency Contact Person: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone Number (home) \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_ Work \_\_\_\_\_

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Has the child ever been evaluated by the Child Study Team? Yes      No  
If yes, are they classified? Yes      No      If yes, please submit documentation.

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The New Jersey State Department of Education and the Federal Government requires the following information. What is the student's racial/ethnic code? Check all that apply.

White, A student having origins of the original people of Europe, The Middle East or North Africa.

Black or African American, A student having origins in any of the black racial groups of Africa.

American Indian or Alaska Native, A student having origins in any of the original people of North and South American (including Central America) and who maintains a tribal affiliation or community attachment.

Native American or Other Pacific Islander, A student having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian, A student having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Hispanic or Latino, A student of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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

\_\_\_\_\_  
Date



**East Rutherford School District**  
**Nursing Department**

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**AUTHORIZATION FOR EXCHANGE IN CONFIDENTIAL INFORMATION**

**Student:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**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 with my child. This consent is valid for the time my child is registered with the East Rutherford School District and is intended to allow the school staff to better serve my child.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



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### **Domicile Form**

#### **PLEASE COMPLETE ONE FORM FOR EACH CHILD**

Complete this section if the student is living with a parent or guardian whose permanent home address is given on the registration form and is located in the district. If you are the student's guardian, or will be the guardian of a student from out of state you will be asked to provide official documentation proving guardianship.

Name of Person Enrolling Student: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

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

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

How long have you lived in this home? (years) \_\_\_\_\_

Do you own this home? Yes    No

If you are a tenant: Do you pay rent? Yes    No  
(If no, you must complete a non-rent paying affidavit.)

Do you have a written lease? Yes    No

Do you have any present intention of moving from this home Yes    No  
If so, when and where? \_\_\_\_\_

Do you have a residence elsewhere? Yes    No  
If so, where and when do you live there? \_\_\_\_\_

SECTION A.1 (DOMICILE) (complete this section if applicable)

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?

Yes \_\_\_ No \_\_\_ (if yes, please provide 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 the year does the student reside with each parent and at what address? \_\_\_\_\_

If the student lives with both parents on an equal time, alternating basis, with which parent did the student reside on the last school day prior to October 16? \_\_\_\_\_

SECTION A.2 (DOMICILE) (Complete this section if applicable)

If you are claiming to be an emancipated minor, are you living independently in your own permanent home in the district? Yes No

If yes, please describe the proof that you will provide in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent/guardian.

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

\_\_\_\_\_  
Date



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### Home Language Survey Form

#### Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with “Question 1” and continue until the HLS is complete. Select the answer for each question and follow the directions.

#### Student Information

Student name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_

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

#### Survey Questions:

**Question 1:** What was the first language used by the student?

A language other than English (Proceed to question 2a)

English (Proceed to question 2b)

**Question 2a:** At home, does the student hear or use a language other than English more than half of the time?

Yes. (Proceed to question 7)

No. (Proceed to question 4)

**Question 2b:** At home, does the student hear or use a language other than English more than half of the time?

Yes. (Proceed to question 4)

No. (Proceed to question 3)

**Question 3:** Does the student understand a language other than English?

Yes. (Proceed to question 4)

No. (Proceed to 9)

**Question 4:** When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?      Yes (Proceed to question 7)      No (Proceed to question 5)

**Question 5:** When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?      Yes      No

**Question 6:** Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?      Yes      No

**Question 7:** What are the home languages spoken?

1.
2.
3.
4.

**Home Language Survey is complete.**



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## Nursing Department

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### **Health Appraisal**

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: F \_\_\_ M \_\_\_ School: \_\_\_\_\_

### **SIGNIFICANT HEALTH HISTORY**

**Has your child had any of the following diseases? Give dates.**

Allergy \_\_\_\_\_

Asthma \_\_\_\_\_

Convulsions \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Diabetes \_\_\_\_\_

Ear infection/fluid \_\_\_\_\_

Eczema/contact dermatitis \_\_\_\_\_

Heart disease \_\_\_\_\_

Rheumatic fever \_\_\_\_\_

Kidney/bladder problems \_\_\_\_\_

Lyme Disease \_\_\_\_\_

Meningitis \_\_\_\_\_

Pneumonia \_\_\_\_\_

Scarlet fever \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Whooping cough/pertussis \_\_\_\_\_

Other(specify) \_\_\_\_\_

Accidents \_\_\_\_\_

Operations \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Dental treatment \_\_\_\_\_

Has your child traveled out of the country? Yes \_\_\_ No \_\_\_

If Yes, Where? \_\_\_\_\_

Place of birth \_\_\_\_\_

Does your child have any handicapping conditions?

Congenital deformities \_\_\_\_\_

Hearing \_\_\_\_\_

Vision \_\_\_\_\_

Orthopedic \_\_\_\_\_

Birth injury/defect \_\_\_\_\_

### **GROWTH AND DEVELOPMENT**

Did your child have a normal birth? \_\_\_\_\_ Cesarean section? \_\_\_\_\_

Weight at birth \_\_\_\_\_ Age of walking \_\_\_\_\_ Age of first words \_\_\_\_\_ Age of first sentence \_\_\_\_\_

Does your child have brothers and/or sisters? Names and ages \_\_\_\_\_

Did your child have any special growth and/or developmental problems in the pre-school years? Is so, explain.



Does your child show good coordination? \_\_\_\_\_

Does your child show preference for his right or left hand? \_\_\_\_\_

Does your child understand and respond to directions and questions? \_\_\_\_\_

Does your child understand and/or speak a language other than english? \_\_\_\_\_

Has your child had high fevers and/or frequent illnesses? \_\_\_\_\_

What medications (prescribed or over the counter) have been or are currently given to your child? \_\_\_\_\_

What medical treatment, if any, is your child presently receiving? \_\_\_\_\_

Does your child have any of the following: bed wetting, disturbed sleeping patterns, special fears, nightmares, finger sucking, nail biting, nervous tendencies, sensitive, over active, cries easily, poor eating habits, rocking, pattern, temper tantrums, other? Please comment on those conditions that pertain to your child. \_\_\_\_\_

Physician's name: \_\_\_\_\_

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

Has your child had his/her speech/language/hearing evaluated? \_\_\_\_\_ When? \_\_\_\_\_

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

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

Has your child seen a psychiatrist or psychologist? \_\_\_\_\_ When? \_\_\_\_\_

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

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

In your opinion, is your child healthy? \_\_\_\_\_

Is there any other information that would be helpful in planning for your child's school experience? \_\_\_\_\_

Indicate the number of a relative, neighbor or friend nearest your home who could be contacted in case of an emergency.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

\_\_\_\_\_  
Date