

Harrison Public Schools

PRE-SCHOOL

Registration

Packet

School Year

2020-2021



Paquete De Residencia
Escuelas Publica De Harrison

NON-DISCRIMINATION NOTICE

"It is the policy of the Board of Education of the Harrison Public Schools not to discriminate in its programs, activities, employment practices or admission policies on the basis of race, color, creed, religion, sex, ancestry, national origin, genetics, affectional and sexual orientation, disability or social or economic status."

Inquiries or complaints regarding affirmative action, discrimination (including Title IX requirements), sexual harassment or equity should be directed to:

**Joan McNichol, AAO/Section 504 Officer/Title IX
Coordinator**

Harrison Public Schools

(973) 482-5050 Ext. 1519

Email: joan.mcnichol@staff.harrisonschools.org



OFFICE OF THE SUPERINTENDENT
HARRISON PUBLIC SCHOOLS
501 HAMILTON STREET
HARRISON, NEW JERSEY 07029
Tel. (973) 483-4627 Fax (973) 483-7484

MAUREEN KROOG

*Acting Superintendent of Schools
Director of Curriculum and Instruction*

JAMES P. DORAN, Ed.D.

*Director of Personnel/Human Resources
Compliance and Crisis Management*

July 2020

Dear Parents and Students,

On behalf of the Harrison Board of Education, I would like to welcome you to Harrison Public School District. I want you to know that it is my goal to provide the students with the best education possible.

In September, 2020, we will be opening a state of the art school which will serve kindergarten, first grade, and one in-district preschool classroom. Kennedy Elementary School will offer students an opportunity to use technology in every room everyday.

Harrison School District is continually updating our curricula opportunities so our students develop the skills they need to be successful. Our elementary and intermediate schools are being taught English Language Arts using Reading and Writing workshops as the backbone for instruction. Grades K - 8 are receiving STEAM instruction weekly and Harrison High School offers a STEAM Academy which offers our students a rigorous course of study which will enable our students to pursue careers in engineering, technology, and medical careers.

Harrison School District offers numerous extra-curricular activities as well as expanded after-school and summer school programs which include students in all grade levels.

During the 2020-2021 school year, our district plans to achieve the following objectives:

- Continue the high quality education program that provides our students with 21st Century Skills and curriculum necessary for academic personal success.
- Continue to implement technology programs that assist parents in monitoring student progress via the district web portal, accessing real-time data on their child's progress, and access to district curriculum via the Harrison Public school's website.
- Continue to work with the Board of Education to provide the resources for the successful After-School and Summer School Enrichment Programs.
- Continue to enhance our already successful academic programs, where a higher number of our students are passing state assessments, making them far more ready for "College and Careers".

In order to achieve the aforementioned goals, we continually provide our teaching staff with comprehensive professional development opportunities which offer "job-embedded" trainings which allow our highly professional staff to be skilled at using the most effective teaching methodologies.

Please be assured of my dedication and commitment to providing your child with a well-rounded education that will enable them to be successful in their future endeavors. As Acting Superintendent, I will always maintain an open door policy; so please do not hesitate to contact me with any concerns.

Sincerely,

A handwritten signature in cursive script that reads "Maureen Kroog".

Maureen Kroog
Acting Superintendent of Schools/
Director of Curriculum and Instruction

ENROLLMENT AT HARRISON PUBLIC SCHOOLS

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- *PSE&G bill, telephone bill, cable bill, paycheck stub, bank statement with CURRENT ADDRESS*
- *Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency*
- *Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location*
- *Court orders, State agency agreements and other evidence of court or agency placements or directives*
- *Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student*
- *Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency*
- *Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate*
- *Documents pertaining to military status and assignment*
- *Any business record or document issued by a governmental entity*
- *Any other form of documentation relevant to demonstrating entitlement to attend school*

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

List of Additional Documents (see page 2 and 3)

- *Student Registration Form*
- *Student's Health/Medical Records*
- *Student's Transfer Card/Unofficial Transcripts/Test Scores*
- *Student's Birth Certificate*
- *Custody Papers (if parents are divorced or if person is not parent, but has legal custody)*
- *National School Lunch Program (NSLP) Form*
- *Completed Physical*
- *Insurance Information*
- *Registration Affidavit*
- *Signed Statement of Landlord*

PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and 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 domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

Note that the following do not affect a student's eligibility to enroll in school:

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

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

If you experience difficulties with the enrollment process, please see Harrison Public Schools Residency Office, 620 Frank E. Rodgers Blvd. N., Harrison, New Jersey 07029, Tel. (973) 268-7825/7821, Fax (973) 268-4193 for assistance.

LANDLORD LETTER

DATE: _____

(NAME OF RESIDENT PARENT)

(LEGAL ADDRESS)

I hereby make affidavit for my son(s)/daughter(s)

to attend the Harrison Public Schools.

I, _____, make this Affidavit that I am a legal resident of Harrison, New Jersey, in accordance with N.J.S.A. 18A:38-1 and the Rules and Regulations of the Commissioner of Education.

I, reside at _____, in the Town of Harrison, County of Hudson. My home telephone number is _____.

I understand that I am responsible for the tuition in the amount, which is determined annually by the Harrison Board of Education should the conditions set forth in N.J.S.A., 18A:38-1 be determined to have been violated.

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT AND/OR REPAyment OF TUITION.

(Signature of Custodial Parent)

Sworn and subscribed before me this:

_____ day of _____, 20__

Notary Public

.....
I, _____, being of full age duly sworn according to law, depose on my oath and say that:

I am the **Landlord** of the property located at:

(Address) (Floor) (Apt. #)

and affirm the tenancy of those residing at the address as listed above:

(Signature of Landlord/Homeowner)

(Telephone # Landlord/Homeowner)

Sworn and subscribed before me this:

_____ day of _____, 20__

Notary Public

Harrison Board of Education
District Residency Office

Registration/Residency Information

Note: In Plyler v. Doe, 457 US 202 (1982), the United States Supreme Court held that undocumented children living in the United States could not be excluded from public elementary and secondary schools based upon their immigration status. Accordingly, school districts are prohibited from requiring students to disclose or document their immigration status, making inquiries of students or parents that may expose their undocumented status or engaging in any practices that "chill" or hinder the right of access to public schools. The New Jersey Administrative Code (N.J.A.C. 6A:22-3.3) also prohibits the barring of any student from public elementary and secondary schools on the basis of immigration/visa status, except for students on F-1 visas. School districts should continue to enroll all students between the ages of 5 and 20 who are domiciled in the district or who are otherwise entitled to attend pursuant to N.J.S.A. 18A:38-1, et seq, and the implementing regulations, N.J.A.C. 6A:22-3.2, et seq.

Proof of Eligibility

The board shall accept any of the forms of documentation that are listed in the administrative code when they are presented by persons attempting to demonstrate a pupil's eligibility for enrollment in the district. These documents are listed in Attachment A.

The board shall consider the totality of information and documentation offered by an applicant and may accept other forms of documentation or information presented by a person seeking to enroll a pupil.

The board shall not require or request any information or document protected from disclosure by law or pertaining to criteria that are not legitimate bases for determining eligibility to attend school.

Proof of Age Birth Certificate

At the time of registration, but not later than 30 days of enrolling a child in the district for the first time, parents/guardians shall provide a certified copy of the child's birth certificate or other proof of identity. If parents/guardians refuse to comply with this requirement, the superintendent shall send them written notification that the matter will be referred to law enforcement if proof of identity is not provided within 10 days of the notice.

Age Requirements

Preschool

Any child residing in the district shall be admitted to the early childhood education program provided:

- A. The child will have attained the age of three years on or before October 1 of that school year;
- B. Proof shall be furnished of immunization against the communicable diseases at the time of enrollment or such immunization shall be completed within 30 days of entry into the school;
- C. The child shall have been examined by a private physician or, in the absence of a medical home, by the school physician, and the results shall be furnished to the school on the form provided.

Kindergarten

Any child residing in the district shall be admitted to the kindergarten provided:

- A. The child will have attained the age of five years on or before October 1 of that school year;
- B. Proof shall be furnished of immunization against the communicable diseases at the time of enrollment or such immunization shall be completed within 30 days from date of entry into the school;
- C. The child shall have been examined by either the school or a private physician, and the results shall be furnished to the school on the form provided.

Grade One

Any child residing in the district shall be admitted to grade one provided:

- A. The child will have attained the age of six years on or before October 1 of that school year;
- B. He/she has been in the first grade in another public school or has completed kindergarten in this district or in an approved kindergarten equivalent program elsewhere and been recommended for placement in first grade;
- C. Proof has been furnished of immunization against communicable diseases.

Transfers Into Grades Two through 12

Pupils transferring into the district are expected to present copies of records from the previously attended school (or district) to aid in placement. Also required are proof of immunizations and proof of identity.

Within the time prescribed by law, the superintendent shall request in writing from the school or district of previous attendance, the pupil's records.

Initial placement shall be made on the basis of the records, but adjustment may be made at the discretion of the administration when the state-mandated assessment indicates that such adjustments would be beneficial to the child. Parents/guardians shall be informed of this policy on registration.

Custody Agreement, If Appropriate

When divorced parents/guardians have joint custody of (a) minor child(ren), admission shall be based on the present address of the parent/guardian with whom the child(ren) resided as of the date required by administrative code.

Affidavit Pupils

When there is any doubt as to whether a child is entitled to free public education in the district schools, all procedures of law and code shall be followed.

Nonresidents

The district is obliged to educate children of appropriate age residing in the district. The mere owning of any property whatsoever, does not qualify a parent/guardian to send children to school in this school district.

If it is determined that an applicant for attendance at a school in the district is ineligible to attend, or a student continues to be illegally enrolled after moving from the district, the superintendent shall send a notice of ineligibility on a form that is in accordance with requirements of the administrative code.

However, no student shall be removed from the schools of this district unless his/her parents/guardians have been informed of their rights to a hearing before the board of education. No student shall be removed except by a vote of the board in open session of a regular public meeting.

Homeless Pupils

The district will determine the educational placement of homeless pupils in each child's best interest and respond to appeals concerning them made by parents/guardians or other parties in accordance with New Jersey statutes and administrative code, as well as, pertinent federal law.

Specifically in regard to homeless students, the board shall ensure that:

- A. Homeless children are not segregated in a separate school program based solely on their homeless status;
- B. Homeless students are enrolled immediately, even if parents/guardians are unable to produce the records normally required of non-homeless students for enrollment;
- C. At the request of parents/guardians, transportation is provided for homeless students to and from the school they attended prior to becoming homeless;
- D. The superintendent designates a staff person as liaison for homeless children in the district.

Attachment A

- (a) The Harrison Board of Education shall accept a combination of any of the following or similar forms of documentation from persons attempting to demonstrate a student's eligibility for enrollment in the school district:
1. Property tax bills; deeds; contracts of sale; leases; mortgages; signed letters from landlords; and other evidence of property ownership, tenancy, or residency;
 2. Voter registrations; licenses; permits; financial account information; utility bills; delivery receipts; and other evidence of personal attachment to a particular location;
 3. Court orders; State agency agreements; and other evidence of court or agency placements or directives;
 4. Receipts; bills; cancelled checks; insurance claims or payments; and other evidence of expenditures demonstrating personal attachment to a particular location or to support the student;
 5. Medical reports; counselor or social worker assessments; employment documents; unemployment claims; benefit statements; and other evidence of circumstances demonstrating family or economic hardship, or temporary residency;
 6. Affidavits, certifications, and sworn attestations pertaining to statutory criteria for school attendance from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others, as appropriate;
 7. Documents pertaining to military status and assignment; and
 8. Any other business record or document issued by a governmental entity.
- (b) The Harrison Board of Education may accept forms of documentation not listed in (a) above, and shall not exclude from consideration any documentation or information presented by an applicant.
- (c) The Harrison Board of Education shall consider the totality of information and documentation offered by an applicant, and shall not deny enrollment based on failure to provide a particular form or subset of documents without regard to other evidence presented.
- (d) The Harrison Board of Education shall not condition enrollment on the receipt of information or documents protected from disclosure by law, or pertaining to criteria that are not a legitimate basis for determining eligibility to attend school. They include, but are not limited to:
1. Income tax returns;
 2. Documentation or information relating to citizenship or immigration/visa status, except as set forth in N.J.A.C. 6A:22-3.3(b);
 3. Documentation or information relating to compliance with local housing ordinances or conditions of tenancy; and
 4. Social Security numbers.
- (e) The Harrison Board of Education may consider, in a manner consistent with Federal law, documents or information referenced in (d) above, or pertinent parts thereof if voluntarily disclosed by the applicant. However, the district board of education may not, directly or indirectly, require or request such disclosure as an actual or implied condition of enrollment.

Harrison Public School District
Office of Early Childhood Education

401 Warren Street
Harrison, New Jersey 07029
973 268 5851

MAUREEN KROOG
Acting Superintendent/ Director of
Curriculum and Instruction

JO ANN DIGNAZIO-BOTCH
Director of Early Childhood Programs

JAMES P. DORAN, Ed.D.
Director of Personnel/Human Resources
Compliance and Crisis Management

April 1, 2020

Dear Parents and Guardians:

The Harrison Public School District offers a pre-school program that has been authorized and approved by the New Jersey Department of Education. Unlike many day-care operations which focus principally on play time, our program has an academic component that is both intensive and of a high quality. It has the express intention of substantially increasing our children's later school achievement and their eventual economic success as adults.

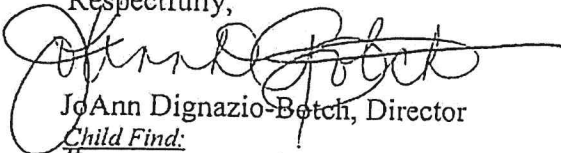
In order for our students to derive these benefits their consistent attendance in our program is essential. We therefore encourage parents to be particularly vigilant that children enrolled in any of our pre-school centers attend class on a daily basis and avoid absences whenever possible.

In addition to the need for regular participation in our program, it would be beneficial to any student to continue attending the same center for the entire school year. Because the district has waiting lists of parents hoping to enroll their children at certain centers, we cannot guarantee continued enrollment at the same center to current students who are excessively absent.

As a result, children who have been absent or are leaving the country for ten (10) or more consecutive school days will be considered as having left the district permanently. Their center assignment will be offered to the next child on that center's waiting list, and there is no guarantee that a spot will be available for the child at the same center later in the year or for the following school year. In addition, the family whose child had been attending pre-school and left for ten or more consecutive days will have to re-enroll the child upon return to the district. This entails proving residency anew and completing all the usual paperwork required for first-time enrollment.

As always we welcome you and your children to our Early Childhood program. We hope that you will derive the maximum benefit it offers by seeing to your child's regular attendance at the center.

Respectfully,



JoAnn Dignazio-Botch, Director

Child Find:

If you are concerned your preschool child is developing or learning differently, you can call the school district to request an evaluation for preschool special education and related services. For more information call: 973-483-2128.

Si le preocupa que su hijo de edad preescolar se este desarrollando o aprendiendo en forma diferente, puede llamar el distrito escolar para solicitar una evaluación para educación especial preescolar y servicios relacionados. Para obtener mas informacion llame: 973-483-2128

Harrison Public School District
Office of Early Childhood Education

401 Warren Street
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April 1, 2020

**HARRISON EARLY CHILDHOOD EDUCATION PROGRAM
SY 2020-21**

NOTICE TO PARENT/GUARDIAN REGISTERING A PRESCHOOL STUDENT

This notice is to inform parents/guardians registering a Preschool student that your child may be transferred between Providers at some point during the 2020-21SY. This transfer would be at the discretion of the Director of Early Childhood Education.

Child's Name: (Please print)_____

Parent/Guardian Signature:_____

Relationship to child:_____

Date: _____

Child Find:

If you are concerned your preschool child is developing or learning differently, you can call the school district to request an evaluation for preschool special education and related services. For more information call: 973-483-2128.

Si le preocupa que su hijo de edad preescolar se este desarrollando o aprendiendo en forma diferente, puede llamar el distrito escolar para solicitar una evaluación para educación especial preescolar y servicios relacionados. Para obtener mas informacion llame: 973-483-2128

SCHOOL INFORMATION

INFORMACION DE ESCUELA

HARRISON SCHOOL DISTRICT HARRISON, NEW JERSEY PARENT/GUARDIAN INFORMATION

Father's Name: _____ Living: Yes/No
 Last First Middle
 Home Address: _____
 Street Address Floor Apt. # City State Zip Code

Home Telephone #: _____ Cell/Emergency Telephone Number: _____

Name of Employer: _____

Address: _____
 Street Address City State Zip Code
 Telephone Number: _____ Occupation: _____

Mother's Name: _____ Living: Yes/No
 Last First Middle
 Mother's Maiden Name: _____
 Home Address: _____
 Street Address Floor Apt. # City State Zip Code

Home Telephone #: _____ Cell/Emergency Telephone Number: _____

Name of Employer: _____

Address: _____
 Street Address City State Zip Code
 Telephone Number: _____ Occupation: _____

If child is living with Stepparent or Guardian, please fill out the information below:

Name of Stepparent or Guardian: _____
 Last First Middle
 Home Address: _____
 Street Address Floor Apt. # City State Zip Code

Home Telephone #: _____ Cell/Emergency Telephone Number: _____

Name of Employer: _____

Address: _____
 Street Address City State Zip Code
 Telephone Number: _____ Occupation: _____

HARRISON SCHOOL DISTRICT HARRISON, NEW JERSEY EMERGENCY CONTACTS

**Listed below are persons authorized to pick-up my
child/children from School**

1. Name: _____
 Last First Middle

Home Address: _____
 Street Address Apt. #

 City State Zip Code

Home/Cell Telephone: _____ Relationship to Child: _____

2. Name: _____
 Last First Middle

Home Address: _____
 Street Address Apt. #

 City State Zip Code

Home/Cell Telephone: _____ Relationship to Child: _____

3. Name: _____
 Last First Middle

Home Address: _____
 Street Address Apt. #

 City State Zip Code

Home/Cell Telephone: _____ Relationship to Child: _____

Doctor's Name: _____
Address: _____
Telephone Number: _____
Hospital: _____

**Language
Survey
Must be
completed**



ARABIC

**OFFICE OF THE SUPERINTENDENT
HARRISON PUBLIC SCHOOLS
501 HAMILTON STREET
HARRISON, NEW JERSEY 07029
Tel. (973) 483-4627 Fax (973) 483-7484**

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الصفحة الرئيسية دراسة اللغة PRESCHOOL

يرجى طباعة تاريخ الدخول إلى المدرسة _____

اسم الطفل: _____ تاريخ الميلاد _____
(أول وسط أخير)

الشخص الذي يكمل الاستطلاع: [] الأم [] الأب [] الجد [] الوصي [] آخر

من فضلك أخبرنا عن طفلك

1. ما هي اللغة التي تعلمها الطفل عندما بدأ / تتحدث لأول مرة؟ _____
2. ما هي اللغة التي تتحدث بها العائلة في المنزل معظم الوقت؟ _____
3. ما هي اللغة (اللغات) التي يتحدث بها مقدمو الرعاية الرئيسيون للطفل معظم الوقت؟ _____
4. ما هي اللغة (اللغات) التي يتحدث بها الطفل مع مقدم الرعاية (ق) الأساسي في معظم الوقت؟ _____
5. ما هي اللغة (اللغات) التي يتحدث بها الطفل مع إخوته وأخواته معظم الوقت؟ _____
6. ما هي اللغة التي يتحدث بها الطفل مع أصدقائه / معظم الوقت؟ _____
7. يرجى ذكر أي برنامج (برامج) لمرحلة ما قبل المدرسة حضره طفلك قبل القدوم إلى برنامجنا _____
8. بأي لغة ترغب في تلقي معلومات من المدرسة؟ _____
9. ما الاسم الذي تستخدمه لطفلك (إذا كان مختلفًا عن أعلاه)؟ _____



Chinese

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HARRISON PUBLIC SCHOOLS
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Tel. (973) 483-4627 Fax (973) 483-7484

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学前家庭语言调查

请打印入学日期: _____

孩子的名字: _____ 出生日期: _____
(第一) (中) (最后)

完成调查的人: 母亲父亲祖父母监护人其他

请告诉我们您的孩子:

- 1.孩子第一次开始说话时会学什么语言? _____
- 2.家庭大多数时候在家里说什么语言? _____
- 3.主要照顾者大多数时候会用哪种语言与孩子交谈? _____
- 4.孩子大多数时候会和主要监护人说哪种语言? _____
- 5.孩子大多数时候会用什么语言与兄弟姐妹说话? _____
- 6.孩子大部分时间会用什么语言与朋友交谈? _____
- 7.请列出您的孩子参加我们的课程之前参加的所有学前教育课程:

- 8.您希望以哪种语言从学校获得信息? _____
- 9.您为孩子使用什么名字(如果与上面不同)? _____



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MAUREEN KROOG
*Acting Superintendent of Schools/
Director of Curriculum and Instruction*

JAMES P. DORAN, Ed.D.
*Director of Personnel/Human Resources/
Compliance and Crisis Management*

PRESCHOOL HOME LANGUAGE SURVEY

PLEASE PRINT

Date of school entrance: _____

Child's name: _____ Date of birth: _____
(first) (middle) (last)

Person completing the survey: []Mother []Father []Grandparent []Guardian []Other

Please tell us about your child:

1. What language did the child learn when he/she first began to talk? _____
2. What language does the family speak at home most of the time? _____
3. What language (s) does the primary caregiver (s) speak to the child most of the time?

4. What language (s) does the child speak to his/her primary caregiver (s) most of the time? _____
5. What language (s) does the child speak to his/her brothers and sisters most of the time?

6. What language does the child speak to his/her friends most of the time? _____
7. Please list any preschool program(s) your child attended before coming to our program:

8. In which language do you wish to receive information from the school? _____
9. What name do you use for your child (if different from above)? _____



French

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ENQUÊTE SUR LE LANGAGE À DOMICILE PRÉSCOLAIRE

VEUILLEZ IMPRIMER Date d'entrée à l'école: _____

Nom de l'enfant: _____ Date de naissance: _____

(premier milieu dernier)

Personne qui a répondu au sondage: Mère Père Grands-parents Tuteur Autre

Parlez-nous de votre enfant, s'il vous plaît:

1. Quelle langue l'enfant a-t-il appris quand il / elle a commencé à parler? _____
2. Quelle langue la famille parle-t-elle le plus souvent à la maison? _____
3. Quelle (s) langue (s) le principal responsable parle-t-il à l'enfant la plupart du temps?

4. Quelle (s) langue (s) l'enfant parle-t-il à son / ses principal (s) fournisseur (s) de garde la plupart du temps? _____
5. Quelle (s) langue (s) l'enfant parle-t-il la plupart du temps à ses frères et sœurs?

6. Quelle langue l'enfant parle-t-il le plus souvent à ses amis? _____
7. Indiquez le ou les programmes préscolaires auxquels votre enfant a participé avant de participer à notre programme: _____
8. Dans quelle langue souhaitez-vous recevoir des informations de l'école? _____
9. Quel nom utilisez-vous pour votre enfant (si différent de ci-dessus)? _____



Hindi

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PRESCHOOL गृह भाषा सर्वेक्षण

कृपया विद्यालय के प्रवेश की प्रिंट तिथि: _____

बच्चे का नाम: _____ जन्म तिथि: _____
(प्रथम मध्यम अंतिम)

सर्वेक्षण पूरा करने वाला व्यक्ति: माँ पिता दादा दादी अभिभावक अन्य

कृपया हमें अपने बच्चे के बारे में बताएं:

1. जब उसने पहली बार बात करना शुरू किया तो बच्चे ने कौन सी भाषा सीखी? _____

2. घर में ज्यादातर समय परिवार किस भाषा में बात करता है? _____

3. प्राथमिक देखभाल करने वाले (बच्चे) किस भाषा में सबसे अधिक बार बच्चे से बात करते हैं?

4. अधिकांश समय बच्चे अपनी प्राथमिक देखभाल करने वाले (बच्चे) को कौन सी भाषा बोलते हैं?

5. बच्चे किस समय अपने भाइयों और बहनों से सबसे अधिक भाषा बोलते हैं? _____

6. बच्चा ज्यादातर समय अपने दोस्तों से किस भाषा में बात करता है? _____

7. कृपया हमारे कार्यक्रम में आने से पहले आपके बच्चे ने किसी पूर्वस्कूली कार्यक्रम को सूचीबद्ध किया है:

8. आप किस भाषा में स्कूल से जानकारी प्राप्त करना चाहते हैं? _____

9. आप अपने बच्चे के लिए किस नाम का उपयोग करते हैं (यदि ऊपर से भिन्न हो)? _____



JAPANESE

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プレスクールホーム言語調査

印刷してください入学日: _____

子供の名前: _____ 生年月日: _____
(最初) (中) (最後)

調査を完了する人: 母父祖父母保護者その他

あなたの子供について教えてください:

- 1.子供が最初に話し始めたとき、子供はどの言語を学びましたか? _____
- 2.ほとんどの場合、家族はどの言語を家で話しますか? _____
- 3.ほとんどの場合、主介護者はどの言語を子供に話しますか? _____
- 4.ほとんどの場合、子供はどの言語を主介護者と話しますか? _____
- 5.ほとんどの場合、子供はどの言語を兄弟姉妹に話しますか? _____
- 6.ほとんどの場合、子供はどの言語で友達と話しますか? _____
- 7.プログラムに参加する前に、お子様が参加した保育園プログラムをリストしてください:

- 8.どの言語で学校から情報を受け取りたいですか? _____
- 9.子供の名前は何か(上記と異なる場合)。 _____



MARATHI

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मुखपृष्ठ मुख्यपृष्ठ सर्वेक्षण

कृपया प्रिंट शाळा प्रवेशाची तारीख: _____

मुलाचे नाव: _____ जन्म तारीख: _____
(प्रथम) (मधला) (शेवटचा)

सर्वेक्षण पूर्ण करणारी व्यक्ती: आई पिता आजोबा पालक इतर

कृपया आम्हाला आपल्या मुलाबद्दल सांगा:

१. मुलाने / तिने प्रथम बोलण्यास सुरुवात केली तेव्हा कोणती भाषा शिकली? _____

२. कुटुंब बहुतेक वेळा घरात कोणती भाषा बोलतो? _____

The. प्राथमिक काळजीवाहक बहुतेक वेळा मुलाशी कोणती भाषा बोलतात? _____

The. मूल बहुतेक वेळेस मूल / मूलभूत काळजी घेणाऱ्या (मुला) कडे कोणती भाषा बोलते? _____

The. मूल बहुतेक वेळा आपल्या भावाशी / बहिणीशी कोणती भाषा बोलते? _____

The. मूल बहुतेक वेळा आपल्या / तिच्या मित्रांशी कोणती भाषा बोलतो? _____

Please. कृपया आमच्या कार्यक्रमात येण्यापूर्वी आपल्या मुलास उपस्थित असलेल्या कोणत्याही प्रीस्कूल प्रोग्रामची सूची द्या:

Which. शाळेतून तुम्हाला कुठल्या भाषेत माहिती मिळवायची आहे? _____

9. आपण आपल्या मुलासाठी कोणते नाव वापरता (वरीलपेक्षा वेगळे असल्यास) _____



Portuguese

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PESQUISA EM LÍNGUA PRÉ-ESCOLAR

IMPRIMIR Data da entrada na escola: _____

Nome da criança: _____ Data de nascimento: _____
(primeiro meio último)

Pessoa que completou a pesquisa: Mãe Pai Avós Guardião Outros

Conte-nos sobre seu filho:

1. Que idioma a criança aprendeu quando começou a falar? _____
2. Que idioma a família fala em casa a maior parte do tempo? _____
3. Que idioma (s) o cuidador (es) primário (s) fala com a criança na maioria das vezes?

4. Que idioma (s) a criança fala com seu (s) principal (s) cuidador (es) na maioria das vezes?

5. Que idioma (s) a criança fala com seus irmãos e irmãs na maioria das vezes?

6. Que idioma a criança fala com os amigos na maioria das vezes? _____
7. Liste os programas pré-escolares que seu filho frequentou antes de ingressar em nosso programa:

8. Em qual idioma você deseja receber informações da escola? _____
9. Que nome você usa para o seu filho (se diferente do acima)? _____



Russian

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ДОШКОЛЬНОЕ ИССЛЕДОВАНИЕ ДОМАШНЕГО ЯЗЫКА

ПОЖАЛУЙСТА, ПЕЧАТЬ Дата поступления в школу: _____

Имя ребенка: _____ Дата рождения: _____
(первый) (средний) (последний)

Лицо, принявшее участие в опросе: Мать Отец Дедушка Опекун Другое

Пожалуйста, расскажите нам о вашем ребенке:

1. Какой язык выучил ребенок, когда он / она впервые заговорил? _____
2. На каком языке семья разговаривает дома? _____
3. На каком языке (ах) основной опекун (-ы) разговаривает с ребенком большую часть времени? _____
4. На каком языке (ах) ребенок разговаривает со своим основным опекуном?

5. На каком языке (ах) ребенок говорит большую часть времени со своими братьями и сестрами? _____
6. На каком языке ребенок разговаривает со своими друзьями большую часть времени?

7. Пожалуйста, перечислите любые дошкольные программы, которые посещал ваш ребенок до того, как они пришли на нашу программу: _____
8. На каком языке вы хотите получать информацию из школы? _____
9. Какое имя вы используете для своего ребенка (если оно отличается от указанного выше)? _____



Spanish

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ENCUESTA DE LENGUAJE DOMÉSTICO PREESCOLAR

IMPRIMA Fecha de entrada a la escuela: _____

Nombre del niño: _____ Fecha de nacimiento: _____
(primero) (medio) (último)

Persona que completa la encuesta: Madre Padre Abuelo Tutor Otro

Cuéntanos sobre tu hijo:

1. ¿Qué idioma aprendió el niño cuando comenzó a hablar? _____
2. ¿Qué idioma habla la familia en casa la mayor parte del tiempo? _____
3. ¿Qué idioma (s) habla el cuidador principal al niño la mayor parte del tiempo?

4. ¿Qué idioma (s) habla el niño con sus cuidadores principales la mayor parte del tiempo?

5. ¿Qué idioma (s) habla el niño con sus hermanos y hermanas la mayor parte del tiempo?

6. ¿Qué idioma habla el niño con sus amigos la mayor parte del tiempo? _____
7. Enumere los programas preescolares a los que asistió su hijo antes de venir a nuestro programa:

8. ¿En qué idioma desea recibir información de la escuela? _____
9. ¿Qué nombre usa para su hijo (si es diferente al anterior)? _____



Tamil

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வீட்டு மொழி சர்வே

தயவுசெய்து அச்சிடுக பள்ளி நுழைவு தேதி: _____

குழந்தையின் பெயர்: _____ பிறந்த தேதி: _____
(முதல்) (நடுத்தர) (கடைசி)

கணக்கெடுப்பை முடித்த நபர்: தாய் தந்தை தாத்தா, [கார்டியன் மற்றவர்

உங்கள் குழந்தையைப் பற்றி எங்களிடம் கூறுங்கள்:

1. குழந்தை முதலில் பேசத் தொடங்கியபோது அவர் எந்த மொழியைக் கற்றுக்கொண்டார்? _____
2. குடும்பத்தினர் வீட்டில் பெரும்பாலும் எந்த மொழி பேசுகிறார்கள்? _____
3. முதன்மை பராமரிப்பாளர் (கள்) குழந்தையுடன் பெரும்பாலும் எந்த மொழி (கள்) பேசுகிறார்கள்? _____
4. குழந்தை தனது முதன்மை பராமரிப்பாளரிடம் (கள்) எந்த நேரத்தில் (மொழி) பேசுகிறது? _____
5. குழந்தை தனது / அவள் சகோதர சகோதரிகளிடம் எந்த மொழி (கள்) அதிகம் பேசுகிறது? _____
6. குழந்தை தனது / அவள் நண்பர்களிடம் எந்த மொழியில் அதிகம் பேசுகிறது?

7. எங்கள் திட்டத்திற்கு வருவதற்கு முன்பு உங்கள் பிள்ளை கலந்து கொண்ட எந்த பாலர் திட்டங்களையும் (களை) பட்டியலிடுங்கள்:

8. பள்ளியிலிருந்து எந்த மொழியில் தகவல்களைப் பெற விரும்புகிறீர்கள்?

9. உங்கள் பிள்ளைக்கு நீங்கள் என்ன பெயரைப் பயன்படுத்துகிறீர்கள் (மேலே இருந்து வேறுபட்டால்)?



Telugo

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హెరీషన్ లాంగ్వేజ్ సర్వే

ప్రింట్ దయచేసి పాఠశాల ప్రవేశ తేదీ: _____

పిల్లల పేరు: _____ పుట్టిన తేదీ: _____
(మొదటి) (మధ్య) (చివరిది)

సర్వే పూర్తి చేసిన వ్యక్తి: తల్లి తండ్రి తాత సంరక్షకుడు ఇతర

దయచేసి మీ పిల్లల గురించి మాకు చెప్పండి:

1. అతను / ఆమె మొదట మాట్లాడటం ప్రారంభించినప్పుడు పిల్లవాడు ఏ భాష నేర్చుకున్నాడు?

2. కుటుంబం ఎక్కువగా ఇంట్లో ఏ భాష మాట్లాడుతుంది? _____

3. ప్రాథమిక సంరక్షకుడు (లు) పిల్లలతో ఎక్కువ సమయం మాట్లాడే భాష (లు) ఏమిటి? _____

4. పిల్లవాడు తన ప్రాథమిక సంరక్షకుడి (ల) తో ఎక్కువ సమయం ఏ భాష (లు) మాట్లాడుతాడు?

5. పిల్లవాడు తన / ఆమె సోదరులు మరియు సోదరీమణులతో ఏ భాష (లు) ఎక్కువగా మాట్లాడుతాడు?

6. పిల్లవాడు తన / ఆమె స్నేహితులతో ఎక్కువ సమయం మాట్లాడే భాష ఏది? _____

7. దయచేసి మా ప్రోగ్రామ్ కు రాకముందు మీ పిల్లవాడు హాజరైన ఏదైనా ప్రీస్కూల్ ప్రోగ్రాం (ల) ను జాబితా చేయండి: _____

8. మీరు పాఠశాల నుండి ఏ భాషలో సమాచారాన్ని పొందాలనుకుంటున్నారు? _____

9. మీరు మీ పిల్లల కోసం ఏ పేరును ఉపయోగిస్తున్నారు (పై నుండి భిన్నంగా ఉంటే)?



Ukrainian

**OFFICE OF THE SUPERINTENDENT
HARRISON PUBLIC SCHOOLS**

501 HAMILTON STREET

HARRISON, NEW JERSEY 07029

Tel. (973) 483-4627 Fax (973) 483-7484

MAUREEN KROOG

*Acting Superintendent of Schools/
Director of Curriculum and Instruction*

JAMES P. DORAN, Ed.D.

*Director of Personnel/Human Resources/
Compliance and Crisis Management*

ДОСЛІДЖЕННЯ ДОМАШНЬОГО НАВЧАЛЬНОГО ОПИТУ

ВИДАЛЕННЯ ДОДАТОК Дата вступу до школи: _____

Ім'я дитини: _____ Дата народження: _____
(перший) (середній) (останній)

Особа, яка заповнює опитування: Мати Батько Бабуся та дідусь Опікун Інше

Розкажіть, будь ласка, про свою дитину:

1. Яку мову вивчила дитина, коли вперше почала говорити? _____
2. Якою мовою родина розмовляє вдома більшість часу? _____
3. Якою мовою (мовами) основний (-ла), який здійснює опікун (и), розмовляє з дитиною більшу частину часу? _____
4. Якими мовами дитина розмовляє зі своїм основним вихователем протягом більшої частини часу? _____
5. Якою мовою (мовами) дитина розмовляє зі своїми братами та сестрами більшу частину часу? _____
6. Якою мовою дитина розмовляє зі своїми друзями більшість часу? _____
7. Будь ласка, перелічіть будь-яку дошкільну програму (програми), яку відвідувала ваша дитина, перш ніж приїхати до нашої програми: _____
8. Якою мовою ви бажаєте отримувати інформацію від школи? _____
9. Яке ім'я ви використовуєте для своєї дитини (якщо вона відрізняється від вище)?



Urdu

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MAUREEN KROOG
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Director of Curriculum and Instruction

JAMES P. DORAN, Ed.D.
Director of Personnel/Human Resources/
Compliance and Crisis Management

ہومچول سروج کریں۔

برائے مہربانی اسکول کے داخلے کی تاریخ _____

بچے کا نام: _____ تاریخ پیدائش _____
(پہلا) (وسط) (آخری)

سروے مکمل کرنے والا فرد: [] والدہ [] والد [] دادا جان [] سرپرست [] دوسرا۔

براہ کرم ہمیں اپنے بچے کے بارے میں بتائیں:

جب بچے نے پہلی بار بات کرنا شروع کی تو بچی نے کس زبان کو سیکھا؟ when. _____

گھر میں زیادہ تر فیملی کونسی زبان بولتی ہے؟ the. _____

بنیادی دیکھ بھال کرنے والے زیادہ تر بچے سے کون سی زبان بولتے ہیں؟ the. _____

بچہ زیادہ تر وقت اپنے بنیادی دیکھ بھال کرنے والے (زبان) سے کیا زبان (زبانیں) بولتا ہے؟ the. _____

بچہ زیادہ تر اپنے بھائیوں اور بہنوں سے کون سی زبان بولتا ہے؟ the. _____

6. زیادہ تر بچہ اپنے دوستوں سے کون سی زبان بولتا ہے؟ _____

براہ کرم ہمارے پروگرام میں آنے سے پہلے کسی بھی اسکول کے پروگرام (پروگرام) کی فہرست بنائیں جس میں آپ Please. کے بچے نے شرکت کی تھی

_____ آپ اسکول سے کس زبان میں معلومات حاصل کرنا چاہتے ہیں؟ which.

_____ آپ اپنے بچے کے لئے کون سا نام استعمال کرتے ہیں (اگر اوپر سے مختلف ہو)؟ 9.

HARRISON SCHOOL DISTRICT

Dear Parent/Guardian:

Harrison Public Schools has instituted an Automated Emergency Notification System for school closings/delayed openings/early dismissals and other pertinent notifications.

Our system is now able to contact you at any or all of the following contacts. Keep in mind, these are the only contacts that will be used for automated notifications. Also keep in mind, that each telephone number you provide will receive the same notification. You must provide at least one contact and please do not use the same telephone number for more than one contact.

Student's Name: _____

School: _____ Grade: _____

Please provide one telephone number for each choice:

Home Telephone #: _____

Preferred Language for Calls: _____

Mother's Cell #: _____

Father's Cell #: _____

Alternate Contact Name: _____

Alternate Contact #: _____

(i.e Childcare provider, grandparents, work)

Additionally, to be contacted via email, please provide your email address below:

(Please provide email address)



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MAUREEN KROOG
*Acting Superintendent of Schools
Director of Curriculum and Instruction*

JAMES P. DORAN, Ed.D.
*Director of Personnel/Human Resources
Compliance and Crisis Management*

**Department of Education
State of New Jersey**

The Statute concerning school attendance reads in part as follows:

18A:38-25 Attendance required of children between six (6) and sixteen (16)

Every parent, guardian or other person having custody and control of a child between the ages of six (6) and sixteen (16) years shall cause such child regularly to attend the public schools of the district or a day school in which there is given instruction equivalent to that provided in the public schools for children of similar grades and attainments or to receive equivalent instruction elsewhere than at school.

18A:38-26 Days when attendance required; exceptions

Such regular attendance shall be during all the days and hours that the public schools are in session in the district, unless it is shown to the satisfaction of the board of education (BOE) of the district that the mental condition of the child is such that he cannot benefit from instruction in the school or that the bodily condition of the child is such as to prevent his attendance at school, but Nothing herein shall be construed as permitting the temporary or permanent exclusion from school by the board of education (BOE) of any district of any child between the ages of five (5) and twenty (20), except as explicitly otherwise provided by law.

18A:38-31 Failure to comply with provisions of article; fine

A parent, guardian or other person having charge and control of a child between the ages of six (6) and sixteen (16) years, who shall fail to comply with any of the provisions of this article relating to his duties, shall be deemed to be a disorderly person and shall be subject to a fine of not more than \$25.00 for a first offense and not more than \$100.00 for each subsequent offense, in the discretion of the court.

In any such proceeding, the summons issuing therein, or in special circumstances a warrant, shall be directed to the alleged disorderly person and child.

PLEASE NOTE: VACATION DURING THE SCHOOL YEAR WILL BE CONSIDERED AS AN UNEXCUSED ABSENCE AND WILL BE SUBJECT TO THE ABOVE MENTIONED FINES.

Harrison Public Schools

PRE-SCHOOL CHOICE FORM SY 2020-2021

Student's Name:

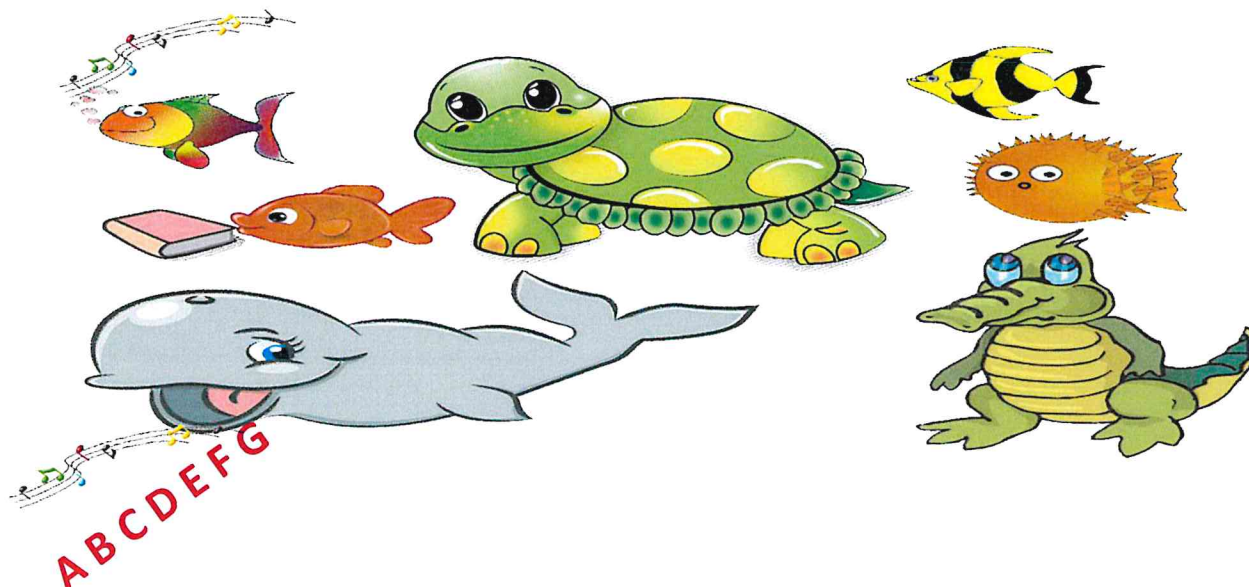
Date:

1st Choice:

Parent's Initials ()

2nd Choice:

Parent's Initials ()



Harrison Preschools

HARRISON-IN-DISTRICT CLASSROOM

401 Warren Street
(973) 268-5851

Contracted Learning Centers

ABC/KIDZ LEARNING CENTER

115 South Third Street
(973) 484-1242

THE CHILDREN'S STUDIO

102 North Fifth Street
(973) 485-5437

HARRISON LEARNING CENTER

620 Essex Street
(973) 484-0950

KIDZ ACADEMY

504 Davis Avenue
(973) 484-2100

THE STUDY HALL

100 Frank E. Rodgers Boulevard, North
(973) 484-4255

Center selection is by Parental choice and availability. Final decision on placement will be made by the Office of Early Childhood Education

MEDICAL FORMS

FORMULARIOS MEDICOS



OFFICE OF THE SUPERINTENDENT
HARRISON PUBLIC SCHOOLS
501 HAMILTON STREET
HARRISON, NEW JERSEY 07029
Tel. (973) 483-4627 Fax (973) 483-7484

MAUREEN KROOG
*Acting Superintendent of Schools
Director of Curriculum and Instruction*

JAMES P. DORAN, Ed.D.
*Director of Personnel/Human Resources
Compliance and Crisis Management*

Dear Parent/Guardian,

The law and rules of the New Jersey Board of Education and the New Jersey Department of Health and Senior Services states that each student must receive a Medical Examination upon Entry into the Harrison School District (i.e. PreK or K and transfer students) and recommends that students have another examination at least once during pre-adolescence (grades 4-7), and adolescence, (grades 8-12). The Harrison Board of Education has suggested grades 4 and 8.

This exam must be conducted by the student's own healthcare provider at the provider's facility and a written report must be submitted to the school.

(A form is attached for your use.)

Please make an appointment for your child to be examined and return the completed form to your child's school nurse within 30 days. (If your child has had an examination within the last six months, have this form completed by your child's physician and return it to school as soon as possible.)

Please contact your school nurse if you have any questions regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads "Maureen Kroog".

Maureen Kroog
Acting Superintendent of Schools/
Director of Curriculum and Instruction

MK:tp

Dear Parent/Guardian,

To complete the Health Office portion of Preschool requirements, certain mandatory information must be met *BEFORE* entrance into school.

Compliance with the New Jersey Department of Health and Senior Services immunization requirements for pupils in schools must be completed.

A physicians documentation of:

_____ A recent physical examination by a physician

_____ Four (4) DTP vaccines

_____ Three (3) polio vaccines (OPV) or enhanced IPV

_____ One (1) dose of MMR, given on or after the first birthday

_____ One (1) dose of Varicella vaccine, given on or after first birthday
Or date of disease.

_____ One dose of Pneumococcal Conjugate vaccine. (prevnar or PCV)

_____ One (1) dose of Influenza Vaccine by December 31 (yearly)
Please note that if vaccine is not received by this date, your child
May not return to school until vaccine is received

_____ One (1) dose of Hib

_____ Lead screening every year up until age of six(6)

Thank you for your cooperation in this matter.

Sincerely,

Eileen Gilgallon RN

Harrison Public School District
Office of Early Childhood Education
401 Warren Street
Harrison, New Jersey 07029
973 268 5851

MAUREEN KROOG
Acting Superintendent / Director of
Curriculum and Instruction

JAMES P. DORAN, Ed.D.
Director of Personnel/Human Resources
Compliance and Crisis Management

JO ANN DIGNAZIO-BOTCH
Director of Early Childhood Programs

Medical Information Release Form

Child's Name: _____

Date of Birth: _____

Preschool Center: _____

I consent to the release of medical information to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Parent's Signature: _____

Date: _____

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

PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

DATE: _____

SCHOOL _____ GRADE _____ HOMEROOM _____

CHILD'S NAME: _____ AGE _____ GENDER: M F
(Last) (First) (Middle)

ADDRESS: _____
(No. & Street) (City/Town) (County) (State) (Zip)

**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year Immunization was given					BOOSTERS & DATES
	DOSES					
Diphtheria & Tetanus	1)	2)	3)	4)	5)	
Polio	1)	2)	3)	4)	5)	
Measles, Mumps, Rubella	1)	2)				
Hepatitis B	1)	2)	3)			
HB	1)	2)	3)			
Varicella						
Prevnar						
Flu						

*Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT or Td

MEDICAL EXEMPTION: The physical condition of the above named child is such that immunization would endanger life or health

RELIGIOUS EXEMPTION: (include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

Tuberculin Tests	ARM	DEVICE	ANTIGEN	MANUFACTURER	SIGNATURE
Date Applied					
DATE READ	RESULTS (mm)		Doctor's Signature		

Follow-up of significant tuberculin tests:

Parent/Guardian notified of significant findings on _____ (Date)

Result of Diagnostic Studies: _____ (Date)

Preventive Anti-Tuberculosis - Chemotherapy ordered: No Yes. No _____ (Date)

BLOOD LEAD SCREENING(S)

DATE	AGE	COMMENTS



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MAUREEN KROOG

*Acting Superintendent of Schools
Director of Curriculum and Instruction
Compliance and Crisis Management*

JAMES P. DORAN, Ed.D.

Director of Personnel/Human Resources/

2019-2020 MEDIA RELEASE AND CONSENT FOR STUDENT PUBLICITY

Throughout the school year, the Harrison Public School District will have many opportunities to celebrate and publicize the activities and accomplishments of its students. By granting permission for your child to participate in publicity opportunities, you acknowledge that you understand and consent to the following terms:

- Your child, the child's name, or the child's work product may be depicted in photographs, video recordings, audio recordings, quotations, and other representations that are created, published, distributed, released, or used in promotional, instructional or educational publications, posters, brochures, pamphlets, newsletters, newspapers, yearbooks, web sites, social media sites, or radio or television broadcasts that are published in print or on-line by the school, the District, or another media source;
- The District is under no obligation to create, control, and/or use these depictions in any way;
- Any and all interests that might be claimed in these depictions by you, your child, or any agent, heir, assign, or third party are forfeited and relinquished permanently to the District;
- You expressly agree to release, hold harmless, and indemnify the District and its employees, officers, agents, and representatives against all known and unknown claims of liability that could arise in connection with this consent form or any publicity opportunity; and
- The District does not guarantee that publicity opportunities will be made available to your child.

Any publicity received by your child shall be full and adequate consideration for this consent. You may revoke this consent at any time by providing written notice to the school.

Please sign and return this form to the school after indicating your preference below:

_____ **I CONSENT** to the terms above and grant my child permission to participate in all publicity opportunities during the school year unless and until this consent is revoked in writing.

_____ **I DO NOT CONSENT** and would prefer the District exclude my child from publicity opportunities that are made available to other students.

Print Name of Student: _____

Name of School: _____

Print Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____



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MAUREEN KROOG
*Acting Superintendent of Schools
Director of Curriculum and Instruction*

JAMES P. DORAN, Ed.D.
*Director of Personnel/Human Resources
Compliance and Crisis Management*

Dear Parent/Guardian:

The United States Post Office has been returning mail to the Harrison School System and listing mail as "Undeliverable". A check by the Harrison Residency Office has revealed that in most cases it is simply a case of parent/guardian not putting the student's/Parent's name on the mailbox. This problem becomes especially significant when Report Cards and other important information are sent to the home.

In order to correct this situation and not have the Residency Office investigate your Residency status, please make sure that the student's name and parent's name is clearly stated on your mailbox.

Thank you for your cooperation in this matter.

If you have any questions, please call the Residency Office at the above number.

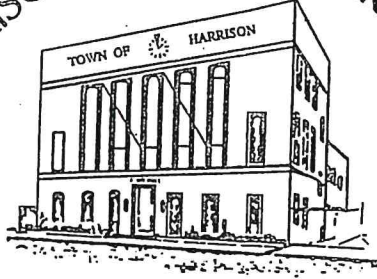
Sincerely,

Elsi M. Thompson
Registration Officer



DAVID STRUMOLO
CHIEF OF POLICE

HARRISON POLICE DEPARTMENT



318 HARRISON AVENUE
HARRISON, NEW JERSEY 07029-1796
(973) 483-4100

HUDSON COUNTY -- NEW JERSEY

Dear Parents and Guardians :

The Harrison Police Department has received complaints, in the past regarding illegal parking and dropping off or picking up passengers without pulling to the curb.

Please keep in mind that the safety of school children is paramount. We ask that all parents and guardians obey the traffic laws in the vicinity of all schools and throughout the Town of Harrison. We have also observed, in the past, many 'jaywalking' violations by parents or guardians with children in tow.

There will be officers assigned to the school areas for the enforcement of traffic laws. **Violators will be summonsed.** The following traffic violations **will be enforced by officers on foot or in cars:**

- ❖ Double parking
- ❖ Parking in prohibited area
- ❖ Blocking crosswalks
- ❖ Blocking school bus drop-off areas
- ❖ Picking up children in the middle of the street
- ❖ Speeding

We also ask parents or guardians to reinforce with their children the use of intersections controlled with crossing guards.

We believe that by obeying the traffic laws and teaching your children about the traffic laws, we all enjoy a safe school year.

Thank you for your help. Should you have any questions, please feel free to contact the Harrison Police Department Traffic Bureau at 973-483-4100.

Sincerely,

Harrison Police Department Traffic Bureau

Form

INTERNET SAFETY AND ACCEPTABLE USE FORM

Please read the following carefully before signing the attached agreement!

The Harrison School District is pleased to be able to offer Internet access to your child at his/her school. The Internet is a vast, global network; linking computers at universities, schools, science centers and other sites. The Internet can give students and teachers access to a variety of rich, educational resources. These resources may include libraries, databases, museums, government institutions and educational sources specifically designed for children. In addition students will have opportunities to participate in online telecommunications projects directly related to their classroom studies. Our goal in providing this service to teachers and students is to promote educational excellence.

Students will be able to access the Internet at a number of locations including the computer labs, media centers, and individual classrooms. To access the Internet students will be using a browser (a software or web-based program) to navigate through information by pointing and clicking the mouse. Information is presented richly in text, pictures, sound, and some video. Students will be able to send electronic mail but will not have their own Internet e-mail address unless specified and approved by (You) as part of educational activity/projects. Students' use of email will occur under the direct supervision of the Technology Coordinator and monitored by the department.

The educational value of information on the Internet is substantial. However, with access to world wide computer systems comes the availability of material that may be considered objectionable and not educationally valuable. There exists information that may be judged as inaccurate, abusive, profane, pornographic or illegal. The Harrison School District does not condone or permit access to or the use of this material. The school will provide student access to Internet resources only in supervised environments and has taken steps to filter out objectionable material by placing internal blocks to unwanted information.

Nonetheless, the district cannot completely prevent the possibility that some users may access material that is not consistent with the educational goals of the school. However, the district believes that the resources and interaction available on the Internet far outweigh the possibility that users may procure material that is not consistent with our educational and technical goals.

Student Responsibility

Students are expected to use Internet resources in a manner consistent with this contract and will be held responsible for their use. Students are responsible for good behavior on school computers, laptops, palms, and networks just as they are in a classroom or other school areas. Use of the Internet is a privilege, not a right; and any inappropriate use will result in a cancellation of those privileges.

Proper & Acceptable Use

Be Polite. Use of abusive, vulgar, threatening or obscene language is strictly forbidden. Students will not engage in personal attacks, harassment of another person, or knowingly post false or defamatory information about another person or organization.

Be Careful. Students are not to damage, deface or vandalize computer or technical equipment. Students are not to change, alter, or damage another student's personal work and/or files. Students will not plagiarize (taking the work of others and presenting them as your own) works they find on the Internet.

TECHNOLOGY (continued)

Be Aware. Students are not permitted to knowingly access, transmit or download materials that are obscene, pornographic, offensive, threatening or illegal.

Be Safe. Students are not permitted to reveal their own or someone else's full name, address, phone number or other personal identification information via the Intra or Internet.

Be Honest. Students are to notify a staff member immediately, if by accident, you encounter materials that violate the Rules of Appropriate Use.

Be Prepared. Students will be held accountable for their actions and will lose their privileges if the Rules of Appropriate Use are violated.

Understand: Parents/Guardians will be held responsible/liable for any equipment purposely broken or damaged by the student's actions and can be billed if found needed.

The attached form is to be signed by both parent/guardian and student. When completed, please return the form to the student's school. We appreciate your support and cooperation by complying with the AUP; under CIPA regulations Federal Law 2001.

INTERNET SAFETY AND TECHNOLOGY USE AGREEMENT

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read and agree to the Terms and Conditions for In-school use of Internet Resources and use of equipment. I understand that this use is for educational purposes and the student named below is expected to use the resources according to the specified guidelines. I have discussed these guidelines with the student and believe he or she has an understanding of them.

I also recognize that it is impossible for the Harrison School District to completely control information available through the Internet and I will not hold the district or any of its employees responsible for materials this student may acquire on the Internet. I hereby give my permission for the student named below to use the Internet at school and certify that the information contained on this form is correct and current.

Parent or Guardian (Please Print Name): _____

Signature: _____

Date: _____

Address: _____

Contact Number: _____

STUDENT

I have read and/or discussed the Terms and Conditions for In-school use of Internet Resources with my Homeroom Teacher and reviewed the information with my family. I understand why the Internet is available to me at school and will abide by the rules stated in the Terms and Conditions.

I also understand that I must follow school rules when I use the technology. I know if I don't follow the rules, I may not be permitted to use the Internet and school disciplinary action may be taken and/or appropriate legal action.

Student's Full Name (please Print): _____

Signature: _____

Grade: _____

Homeroom Teacher Signature: _____

PLEASE HAVE ALL APPROPRIATE INFORMATION COMPLETED, SIGNED AND RETURNED.

Insurance information
(Must be completed)

Informacion de Seguro
Medico
(Obligatorio Completar)

Student's Name: _____

Grade: _____ **School:** _____

**HARRISON PUBLIC SCHOOLS
HARRISON, NEW JERSEY**

Does Child have Health Insurance? _____

Yes _____ **If yes, name of Insurance Company:** _____

No _____ **NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents.**

For more information call (800) 701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Signature: _____ **Print Name:** _____ **Date:** _____

Written consent required pursuant to 20 U.S.C. & 1232g (b) 1; and 34 C.F.R. 99.30 (b)

List any medical/surgical care your child has received during the past year:

Dental Exam:	_____	_____
	date	braces
Eye Exam:	_____	_____
	date	contacts glasses
Allergies:	_____	_____
	kind	medications
Allergic Reaction:	_____	_____
	date	medications
Immunization/Tetanus:	_____	_____
	date	type
Restrictions:	_____	_____
	type	
Doctor:	_____	Telephone: _____
Dentist:	_____	Telephone: _____
Hospital:	_____ Address: _____	Telephone: _____

I, the undersigned, to here by authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent (s)/Guardian (s) **Date**

**SCHOOL LUNCH
FORMS
TO FOLLOW**