



TEANECK PUBLIC SCHOOLS
One Merrison Street
Teaneck, New Jersey 07666
www.teaneckschools.org

MANDATORY REGISTRATION / RESIDENCY REQUIREMENTS

Registration and residency forms are to be completed and submitted to the Teaneck Board of Education Administrative Offices located at One Merrison Street. Registration Office hours vary by time of year, please call (201) 833-5512 to confirm hours.

Regular Registration Office hours are as follows:

Monday through Friday

8:15 a.m. – 3:30 p.m.

(The office will be closed for lunch from 12:00 p.m. to 1:00 p.m.)

For evening appointments, please contact the registrar at (201) 833-5512 or via email at registrar@teaneckschools.org. If you have a question regarding residency or registration requirements, please contact Ms. Melissa Simmons, Business Administrator/Board Secretary at (201) 833-5512 or via email at registrar@teaneckschools.org.

The following documents will be accepted for consideration at the time of registration:

(All documents must be officially translated in English)

- A. **Original Birth Certificate** (Passport can be used to establish official date of birth if birth certificate is not available).
- B. **Record of Immunization.** *New Jersey State Law prohibits students from entering school without a Record of Immunization.*
- C. **Proof of Residency** – See below acceptable proof of residency.
- D. **Name and address of previous school** for transcript purposes.

After residency is established and verified

- A. You must schedule an appointment with the school that your child will attend.
- B. You will need to bring the following documentation with you to finish the registration process at the school:
 - i. Registration packet provide by the registrar at Central Office
 - ii. Birth Certificate
 - iii. Immunization Records
 - iv. Recent Report Card/Transcript
 - v. Transfer Card
 - vi. ISP/IEP/504 Plan if applicable



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ACCEPTABLE PROOF OF RESIDENCY

OPTION 1: IF YOU OWN A HOME

1. Please provide a copy of your current property tax bill, tax assessment card or a copy of your deed.

AND

2. Most recent utility bill (i.e. PSE&G, water company, cable, telephone bill).

OPTION 2: IF YOU LEASE

1. Please provide a current copy of your lease and it must include the name of the parent/guardian.

AND

2. Most recent utility bill (i.e. PSE&G, water company, cable, telephone bill).

OPTION 3: IF YOU RENT AND DO NOT HAVE A LEASE

1. You must have the owner/landlord of the property complete an ***Affidavit of Landlord*** form. The owner of the property ***must sign the form and have it notarized.***

AND

2. The owner must provide a copy of the current property tax bill, tax assessment card or a copy of the deed.

AND

3. Copy of your (Parent/Guardian) most recent utility bill (i.e. PSE&G, water company, cable, telephone bill).

OPTION 4: IF IT IS A PRIVATE HOME AND YOU DO NOT PAY RENT

1. You must have the owner/landlord of the property complete an ***Affidavit of Landlord*** form. The owner of the property ***must sign the form and have it notarized.*** You do not need to disclose any rent amount on the form.

AND

2. The owner must provide a copy of their current property tax bill, tax assessment card or a copy of the deed.

AND

3. The parent/guardian must provide a copy of a current utility bill (i.e. PSE&G, water company, cable, telephone bill) or any bill that shows the Teaneck address.



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ETHNICITY AND RACE COLLECTION

In accordance with required Federal Standards [See *1997 Standards, 62 FR 58789 (October 30, 1997)*], educational institutions are required to collect racial and ethnic data in the following manner:

ETHNICITY

Hispanic/Latino? (Yes or No)

Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The term "Spanish origin" can be used in addition to "Hispanic/Latino or Latino."

RACE

Please select one or more races from the following five racial groups:

- (1) **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- (2) **Asian.** A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.
- (3) **Black or African American.** A person having origins in any of the Black racial groups of Africa.
- (4) **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- (5) **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



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REGISTRATION FORM FOR SCHOOL YEAR 2018-2019

TOP PORTION TO BE COMPLETED BY TEANECK PUBLIC SCHOOL PERSONNEL

SKYWARD ID:	Has the student ever been enrolled in the Teaneck School system? <input type="checkbox"/> Yes <input type="checkbox"/> No	504 <input type="checkbox"/>
REGISTRATION DATE:	Has the student ever been enrolled in a New Jersey school system? <input type="checkbox"/> Yes <input type="checkbox"/> No	SA <input type="checkbox"/>
REGISTRAR:	SE PK: <input type="checkbox"/>	Evaluation requested: <input type="checkbox"/>
ENTRY CODE:	IEP: <input type="checkbox"/>	Evaluation requested: <input type="checkbox"/>
GRID CODE (ELEM/MS):		HL <input type="checkbox"/>
		G <input type="checkbox"/>
		NH <input type="checkbox"/>
		DSR <input type="checkbox"/>

BOTTOM PORTION OF PACKET TO BE COMPLETED BY PARENT/GUARDIAN STUDENT INFORMATION

STUDENT FIRST NAME <small>(As it appears on birth certificate)</small>	STUDENT LAST NAME	MIDDLE NAME	GENDER M F	GRADE
STUDENT'S HOME ADDRESS		CITY	STATE	ZIPCODE
STUDENT'S MAILING ADDRESS (if different from home address)		CITY	STATE	ZIPCODE
NAME OF PARENT(S)/GUARDIAN			PRIMARY/HOME NUMBER (preferred contact number for school notifications)	
PERSON ENROLLING STUDENT		TELEPHONE NUMBER	RELATIONSHIP TO STUDENT	
<i>In accordance with required Federal Standards [See 1997 Standards, 62 FR 58789 (October 30, 1997)], educational institutions are required to collect racial and ethnic data in the following manner:</i>				
Ethnicity (must check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				
Race (must check one) <input type="checkbox"/> White <input type="checkbox"/> Black/African Amer <input type="checkbox"/> Amer Indian/Alaskan Nat <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander				
BIRTHDATE	AGE	CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH
First Entry Date into a U.S. School: (if student is born outside of the U.S.)	Language Spoken by Child?	Native Language Spoken by Child?	Home Language?	Did student attend an ESL class in previous school?
NAME AND ADDRESS OF THE LAST SCHOOL STUDENT ATTENDED IN 2017-2018:				
SCHOOL NAME: _____				
ADDRESS: _____				
Grade student was in 2017-2018: _____				
Date of the last day of attendance in 2017-2018 school year: _____				



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FAMILY 1 INFORMATION – PARENT/GUARDIAN LIVING IN THE SAME HOUSEHOLD

Parent/Guardian #1 - Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>			
Last Name	First Name	Middle Name	Title
Home Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address	
Employer	Work Telephone	Ext	
<input type="checkbox"/> Resides With Student		<input type="checkbox"/> Allow Web Access	

Parent/Guardian #2 - Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> DCP&P <input type="checkbox"/>			
Last Name	First Name	Middle Name	Title
Home Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address	
Employer	Work Telephone	Ext	
<input type="checkbox"/> Resides With Student		<input type="checkbox"/> Allow Web Access	

FAMILY 2 INFORMATION – IF PARENT/GUARDIAN IS LIVING SEPERATELY

Parent/Guardian #1 - Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>			
Last Name	First Name	Middle Name	Title
Mailing Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address	
Employer	Work Telephone	Ext	
<input type="checkbox"/> Extra Mailings		<input type="checkbox"/> Contact Not Allowed	
<input type="checkbox"/> Allow Web Access		<input type="checkbox"/> Receive Hard Copy of Report Card	



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Please list any siblings currently attending or will be attending Teaneck Public Schools.

Siblings	Grade	Gender	Age	School

EMERGENCY CONTACT INFORMATION

First Contact		
Name	Phone	Relationship

Second Contact		
Name	Phone	Relationship

Third Contact		
Name	Phone	Relationship

The following will be accepted for consideration as proof of residency. Mark the forms of proof you provided for your child:

- Birth Certificate: _____
- Immunization records: _____
- Custodial documentation (if applicable): _____
- Approved residency documentation: _____

Signature of Parent/Guardian _____ Date _____



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*******IMPORTANT*******

PLEASE MAKE SURE TO INITIAL ALL THE QUESTIONS ON THIS FORM

SPECIAL SERVICES:

Has your child ever been referred for a special education evaluation? Yes No _____

Has your child ever been evaluated by a special education child study team? Yes No _____

Has your child ever been classified for special education/related services or for speech services? Yes No _____

Do you have any reason to suspect that your child may have a learning, emotional or physical issue? Yes No _____

Student has an IEP (Individualized Education Program): Yes _____ No _____

Parent/Guardian provided copy of IEP: Yes No _____

Referred by Case Manager: Yes No Case Manager Name: _____

Referred to Special Services by Registrar: Yes No _____ If no, why? _____

SPECIAL SERVICES:

Student has an ISP (Individualized Service Plan): Yes _____ No _____

Parent/Guardian provided copy of ISP: Yes No _____

Referred by Case Manager: Yes No Case Manager Name: _____

Referred to Special Services by Registrar: Yes No _____

SPECIAL SERVICES:

Has your child ever had a 504 Accommodation Plan: Yes No _____

Student has a 504 Accommodation Plan: Yes _____ No _____

Parent/Guardian provided copy of 504 Accommodation Plan: Yes No _____

Referred by Case Manager: Yes No Case Manager Name: _____

Referred to Special Services by Registrar: Yes No _____

SPECIAL SERVICES

Early Intervention by NJ state: Yes No

Do you have a meeting with a case manager: Yes Date of meeting: _____ No

Referred by Case Manager: Yes No Case Manager Name: _____

Referred to Special Services by Registrar: Yes No

Parent/Guardian signature: _____ Date: _____



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CERTIFICATE OF RESIDENCY

I, _____ hereby certify that the statements hereinafter set forth are true:
(Name of parent/Legal guardian*)

I am the _____ of _____
(Father, Mother, Legal Guardian*) (Student Name and Age)

_____ who
is an applicant for admission to the Teaneck Public Schools.

This applicant/student resides with me and _____
(List all individuals with whom you reside)

at _____ in the Township of Teaneck.
(Residence address)

We have been in actual residence at this address since _____
(Month / Day / Year)

Mark the forms of proof you are providing to demonstrate your physical address:

- Copy of Tax Bill or Tax Assessment Card
- Copy of Deed
- Copy of Current Lease Agreement
- Affidavit of Landlord
- Copy of Utility Bill

Please fill out any that apply:

1. Does Parent/Guardian OWN or RENT home address: _____
2. If Mother/Father of applicant/student lives outside of Teaneck, give the address and reason:
Reason: _____
Address: _____
3. Is there a court order or written agreement between the parents designating the district for school attendance?
Circle YES or NO. Please attach a copy to this form when you submit it.
4. Does the student reside with one parent for the entire year? Circle YES or NO. If so, with which parent at what address: _____



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5. If the student does not reside with one parent for the entire year, explain the portion of time the student resides with each parent and at what addresses.

6. If the student lives with both parents on an equal time, alternating week/month or other similar arrangement, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

7. If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to establish that you are not in the care and custody of a parent or legal guardian.

FOR YOUR INFORMATION:

I have been advised that the Board of Education of the Township of Teaneck will not accept non-resident pupils and that the following are the only exceptions permitted to the established policy:

- A. Any students whose parents move out of Teaneck during a current school year may complete only the current school year provided that the proportionate tuition rate be paid in advance to the Board Secretary.
- B. Students whose parents have pending arrangements for establishing residence within the district may enroll and attend school during any particular month provided that the full tuition rate for that month is paid in advance to the Board Secretary.
- C. Should further time be involved in establishing residence, the parents may submit to the principal, affidavits in support of their declared plans or situation. If these are approved, the parents will be permitted to continue the attendance of their children by paying the next full monthly tuition rate in advance to the Board Secretary.

Longer periods of attendance beyond two calendar months must be approved by the Board of Education.

The purpose of this certificate is to secure admission of said application into the Public School System of the Township of Teaneck as a resident student.

 (Parent/Legal Guardian* Signature)

 TBOE Attendance Officer Initials

Registration Conditional

*Guardianship papers must be produced for examination.

Parent/Guardian: _____

DISTRICT OFFICE USE ONLY

Physical verification of residency by TBOE Attendance Officer: _____

Date of verification: _____



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STUDENT NAME: _____ DOB: _____ AGE: _____ GRADE: _____ IEP: YES NO

PARENT/LEGAL GUARDIAN: _____ PHONE: _____

LAST PERMANENT PLACE OF RESIDENCY IN NJ:

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Number of years/months at last permanent address: _____

Move in date: _____ Move out date: _____

LAST SCHOOL ATTENDED: _____ GRADE AT LAST SCHOOL: _____

LAST PERMANENT PLACE OF RESIDENCY OUT OF STATE:

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Number of years/months at last permanent address: _____

Move in date: _____ Move out date: _____

LAST SCHOOL ATTENDED: _____ GRADE AT LAST SCHOOL: _____

STUDENT IS PRESENTLY: IN A SHELTER IN A MOTEL/HOTEL DOUBLED UP WITH FAMILY/FRIENDS KNOWN TO DCP&P
 OTHER _____

CURRENT PHYSICAL LOCATION OF STUDENT RESIDENCE: _____ AS OF _____

RESIDENCE STATEMENT: _____

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so. I also understand that I must notify the Teaneck Public School District of any changes as soon as they occur. I give my approval for this document to be shared with the District McKinney-Vento Liaison.

Parent/Guardian signature: _____ Date _____

Parent/Guardian print name: _____

OSS: _____ Date _____

FOR OFFICE USE ONLY

ELIGIBLE UNDER MC KINNEY-VENTO () YES () NO

RESIDENCY: _____

DISTRICT OF RESPONSIBILITY: _____

NOTIFICATION SENT TO: SCHOOL PRINCIPAL BUSINESS ADMINISTRATOR DIRECTOR OF SPECIAL SERVICES McK-V COUNTY LIAISON



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Home Language Survey Parent/Guardian Questionnaire

PLEASE PRINT

This home language survey is to be completed at the time of registration by **all** who are registering within the Teaneck School District. The information provided is used to determine if another language is spoken in the home. The questions should be completed by the primary caregiver (with translators available, if and when needed).

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

Child's Date of Birth : _____

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

Sources:

Questions 1 – 8 are based on the *NJ DOE Home Language Survey* that was adapted from the sample survey in *A Manual for Community Representatives of the Title VI Steering Committee*, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182



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MEDIA RELEASE AND CONSENT FOR STUDENT PUBLICITY

Throughout the school year, the Teaneck Public School District will have many opportunities to celebrate and publicize the activities and accomplishments of its students. Pursuant to N.J.S.A. 18A:36-35, the Teaneck Public Schools is not permitted to release any personally identifiable information without consent from a parent/guardian. By definition from the State, personally identifiable information includes student names, photo or image, residential addresses, email address, and phone numbers. 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;
- Potential dangers associated with the posting of personally identifiable information on a website exist, since global access to the Internet does not allow us to control who may access such information. As you may know, any photos/images/videos posted on any web site can be downloaded and reprinted by various news organizations, including print, electronic and broadcast media. Therefore, 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;
- 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; 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 2018-2019 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.

The consent is valid for one school year and such consent must be obtained on a yearly basis. If you wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child’s school, and such rescission takes effect upon receipt by the school.

Printed Name of Student _____

Name of School _____

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____



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Skyward Family Access is a web-based application that allows you to track information regarding your child's progress for the current year. You may access this program by connecting to our secured server to view assignments, attendance, report card grades, and other school information.

Skyward Family Access Parental Use and Responsibility Acknowledgement

I, _____,
 (parent/guardian name)

Parent/Guardian of

 (student name)

 (school student will be attending)

acknowledge that I have requested and received authorization to use Skyward Family Access. I understand that I share in the responsibility of keeping safe the data of my child(ren). My responsibilities include reporting any security concerns to the school district, guarding my password, changing my password on a regular basis, and promptly logging off of my Skyward Family Access session when finished or before leaving my computer. I understand that the school district may without prior notification disable my accounts as part of the overall security procedures.

 Print Parent/Guardian Name

 Signature of Parent/Guardian Name

Date: _____

Parent/Guardian E-mail address: _____

NAME OF PARENT/LEGAL GUARDIAN WHO ARE ALLOWED FAMILY ACCESS	USERNAME	PASSWORD	Parent/Guardian initial receipt of login and password
	(GENERATED BY REGISTRAR)		



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AFFIDAVIT OF LANDLORD

STATE OF NEW JERSEY)
 SS:
 COUNTY OF BERGEN)

I _____ of full age, and being duly sworn upon his or her oath, according to law, deposes and says:

1. I am the owner of property located at _____, in the Township of Teaneck.
2. _____ is a tenant and has been a tenant at the above premises since _____ (month/day/year). A copy of this tenant's lease, if same is in written form, is attached hereto. In the event that tenant does not have a written lease, the pertinent terms of said lease are as follows:
 - A. Circle one of the following: Month to Month / Year to Year
 - B. Rental amount \$ _____ per _____
 - C. The names of permissible tenants are as follows:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
3. I am making this affidavit knowing that the Board of Education of the Township of Teaneck will rely on same in determining whether _____ will be considered a pupil who is entitled to an education free of charge.

I understand that if any of the statements made by me are willfully false that I am subject to punishment.

 (LANDLORD)

Sworn and subscribed before
 me this _____ day of _____

 (A Notary Public)



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*****IMPORTANT*****

Please contact school to schedule an appointment

Grades PreK - Kindergarten

Bryant Elementary School
One Tryon Avenue
Leslie Abrew, Principal
Contact: Chanon McDuffie, Secretary - (201) 833-3976 or
Venessa Watt-St. Clair, Secretary - (201) 833-5545

Grades 1-4

Whittier Elementary School
491 West Englewood Avenue
Pedro Valdes, Principal
Contact: Susan DeLisio, Secretary - (201) 833-5535

Hawthorne Elementary School
201 Fycke Lane
Emilio Jennette, Interim Principal
Contact: Dawn Santamaria, Secretary - (201) 833-5540

Lowell Elementary School
1025 Lincoln Place
Antoine Green, Principal
Contact: Claudia Henry - (201) 833-5550

Grades 5-8

Benjamin Franklin Middle School
1315 Taft Road
Natasha Pitt, Principal
David Deubel, Assistant Principal
Marina Williams Assistant Principal
Catherine Hollis, Secretary - (201) 833-5451
Contact: Jennifer Henry, Guidance Secretary - (201) 833-5455

Thomas Jefferson Middle School
655 Teaneck Road
Angela Davis, Principal
Nina Odatalla, Assistant Principal
Enoch Nyamekye, Assistant Principal
Joanne Appel, Secretary - (201) 833-5471
Contact: Kelly McMillon, Guidance Secretary - (201) 833-5475

Grades 9-12

Teaneck High School
100 Elizabeth Avenue
Peter LoGiudice, Interim Principal
Kurt Ceresnak, Assistant Principal
Margot Mack, Assistant Principal
Contact: Kim Dockery, Guidance Secretary - (201) 833-5426