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 next page for list of acceptable proof of residency.

D. Name and address of previous school for transcript purposes.

E. Custodial documents

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
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.
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.
## REGISTRATION FORM FOR SCHOOL YEAR 2019-2020

**TOP PORTION TO BE COMPLETED BY TEANECK PUBLIC SCHOOL PERSONNEL**

<table>
<thead>
<tr>
<th>SKYWARD ID:</th>
<th>Has the student ever been enrolled in the Teaneck School system?</th>
<th>504</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has the student ever been enrolled in a New Jersey school system?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGISTRATION DATE:</th>
<th>Has the student ever been enrolled?</th>
<th>504</th>
<th>SA</th>
<th>HL</th>
<th>CD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGISTRAR:</th>
<th>ENTRY CODE:</th>
<th>SE PK:</th>
<th>Evaluation requested:</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IEP:</td>
<td></td>
<td>Evaluation requested:</td>
<td>NH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GRID CODE (ELEM/MS):</th>
<th>DSR</th>
</tr>
</thead>
</table>

## BOTTOM PORTION OF PACKET TO BE COMPLETED BY PARENT/GUARDIAN

**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>STUDENT FIRST NAME</th>
<th>STUDENT LAST NAME</th>
<th>MIDDLE NAME</th>
<th>GENDER M F</th>
<th>GRADE FOR 19-20 SCHOOL YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>(As it appears on birth certificate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT'S HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STUDENT'S MAILING ADDRESS (if different from home address)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF PARENT(S)/GUARDIAN</th>
<th>PRIMARY/HOME NUMBER (preferred contact number for school notifications)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PERSON ENROLLING STUDENT</th>
<th>TELEPHONE NUMBER</th>
<th>RELATIONSHIP TO STUDENT</th>
</tr>
</thead>
</table>

*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 (must check one)**

- Hispanic
- Non-Hispanic

**Race (must check one)**

- White
- Black/African Amer
- Amer Indian/Alaskan Nat
- Asian
- Native Hawaiian/Pacific Islander

<table>
<thead>
<tr>
<th>BIRTHDATE</th>
<th>AGE</th>
<th>CITY OF BIRTH</th>
<th>STATE OF BIRTH</th>
<th>COUNTRY OF BIRTH</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Entry Date into a U.S. School: (if student is born outside of the U.S.)</th>
<th>Language Spoken by Child?</th>
<th>Native Language Spoken by Child?</th>
<th>Home Language?</th>
<th>Did student attend an ESL class in previous school?</th>
</tr>
</thead>
</table>

**NAME AND ADDRESS OF THE LAST SCHOOL STUDENT ATTENDED IN 2018-2019:**

<table>
<thead>
<tr>
<th>SCHOOL NAME:</th>
<th>____________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>____________________________________________________________</td>
</tr>
</tbody>
</table>

| Grade student was in 2018-2019: | ________________________________________________________________ |

| Date of the last day of attendance in 2018-2019 school year: | ________________________________________________________________ |
## FAMILY 1 INFORMATION – PARENT/GUARDIAN LIVING IN THE SAME HOUSEHOLD

<table>
<thead>
<tr>
<th>Parent/Guardian #1 - Relationship to Student:</th>
<th>Mother</th>
<th>Father</th>
<th>Legal Guardian</th>
<th>Foster Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
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</tr>
<tr>
<td>Middle Name</td>
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<td></td>
</tr>
<tr>
<td>Title</td>
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</tr>
<tr>
<td>Home Address</td>
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<td></td>
</tr>
<tr>
<td>Primary/Home Telephone</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cell/Alt Phone</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Telephone</td>
<td></td>
<td></td>
<td>Ext</td>
<td></td>
</tr>
<tr>
<td>Resides With Student</td>
<td></td>
<td></td>
<td>Allow Web Access</td>
<td></td>
</tr>
</tbody>
</table>

## FAMILY 2 INFORMATION – PARENT/GUARDIAN LIVING SEPARATELY

<table>
<thead>
<tr>
<th>Parent/Guardian #1 - Relationship to Student:</th>
<th>Mother</th>
<th>Father</th>
<th>Legal Guardian</th>
<th>Foster Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
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<tr>
<td>Middle Name</td>
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</tr>
<tr>
<td>Title</td>
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<tr>
<td>Mailing Address</td>
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<tr>
<td>Primary/Home Telephone</td>
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<tr>
<td>Cell/Alt Phone</td>
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<td>Email Address</td>
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<tr>
<td>Employer</td>
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</tr>
<tr>
<td>Work Telephone</td>
<td></td>
<td></td>
<td>Ext</td>
<td></td>
</tr>
<tr>
<td>Extra Mailings</td>
<td></td>
<td></td>
<td>Allow Web Access</td>
<td></td>
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<tr>
<td>Contact Not Allowed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Allow Web Access</td>
<td></td>
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</tr>
<tr>
<td>Receive Hard Copy of Report Card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive email/phone notification</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Please list any siblings currently attending or will be attending Teaneck Public Schools.

<table>
<thead>
<tr>
<th>Siblings</th>
<th>Grade</th>
<th>Gender</th>
<th>Age</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**EMERGENCY CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>First Contact</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Phone</td>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>Second Contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Phone</td>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>Third Contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Phone</td>
<td>Relationship</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Parent/Guardian ___________________________ Date ____________

**FOR OFFICE USE ONLY**

Mark the forms of proof provided by the parent/guardian:

- ☐ Birth Certificate
- ☐ Immunization records
- ☐ Approved residency documentation

NOTES:
________________________________________________________________________
________________________________________________________________________

☐ Custodial documentation (if applicable)

NOTES:
________________________________________________________________________
________________________________________________________________________
*****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 Teaneck Case Manager: Yes □ No □ Teaneck 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 Teaneck Case Manager: Yes □ No □ Teaneck 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 Teaneck Case Manager: Yes □ No □ Teaneck 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 Teaneck Case Manager: Yes □ No □ Teaneck Case Manager Name:__________________________

Referred to Special Services by Registrar: Yes □ No □

Parent/Guardian signature: ____________________________ Date: ____________

01/23/2019
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

1. Does Parent/Guardian OWN or RENT home address: _______________________________________________

2. If Mother/Father of applicant/student lives in a separate household:

   Reason:  ☐ Divorced    ☐ Separated    ☐ Other:____________________________________________________

   Address:___________________________________________________________________________________

3. Is there a custodial court order or written agreement designating the district for school attendance?
   Circle YES or NO. **If yes, please submit a copy of the written agreement to this form at the time of registration.**

4. Does the student reside with one parent for the entire year? Circle YES or NO. If so, with which parent at what
   address:___________________________________________________________________________________

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.
7. If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district?

_______________________________________________________________________________________________
_______________________________________________________________________________________________

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

The purpose of this certificate of residency 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:_____________________________________________________________________

01/23/2019
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
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
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 ________________
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: ____________________________

**NAME OF PARENT/LEGAL GUARDIAN WHO ARE ALLOWED FAMILY ACCESS**

<table>
<thead>
<tr>
<th>NAME OF PARENT/LEGAL GUARDIAN WHO ARE ALLOWED FAMILY ACCESS</th>
<th>Parent/Guardian initial receipt of login and password</th>
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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)
TEANECK PUBLIC SCHOOLS  
One Merrison Street 
Teaneck, New Jersey 07666 
www.teaneckschools.org  

***IMPORTANT***  
Please contact school to schedule an appointment  

<table>
<thead>
<tr>
<th>Grades PreK - Kindergarten</th>
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</table>
| **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 |

<table>
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<tr>
<th>Grades 1-4</th>
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</table>
| **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 |

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<tr>
<th>Grades 5-8</th>
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</table>
| **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 McMillion, Guidance Secretary - (201) 833-5475 |

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<tr>
<th>Grades 9-12</th>
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</table>
| **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 |