TEANECK PUBLIC SCHOOLS
651 Teaneck Road
Teaneck, New Jersey 07666
www.teaneckschools.org

CENTRAL REGISTRATION FORMS FOR SCHOOL YEAR 2026-2027
Grades KG - 12th grade

You may submit completed registrations via email to registrar@teaneckschools.org or make an appointment to drop off completed registrations at the Board of Education Registration Office located at 651 Teaneck Road. **If emailing – keep on the same email chain.**

Registration Office hours vary by time of year, email registrar@teaneckschools.org with any questions or to make an appointment to submit the registration in person.

For Pre-K information, contact Yamile Fernandez at 551-337-1559 or Prekregistration@teaneckschools.org

Registration Office hours are as follows:

9:00 A.M. – 3:30 P.M.
(Closed for lunch from 12:00 p.m. to 1:00 p.m.)

Completed registrations may be submitted after hours upon request.
If you have a question regarding residency or registration requirements, please contact **Rose Antinori, Registrar at (201) 833-5512** or via email at registrar@teaneckschools.org.

CHECKLIST OF REQUIREMENTS

The following documents will be accepted for consideration at the time of Central Registration
(All documents must be officially translated in English)

- ☐ **Original Birth Certificate** (Passport can be used to establish official date of birth if birth certificate is not available).
- ☐ **Record of Immunization** New Jersey State Law prohibits students from entering school without a Record of Immunization. Documentation must have the student's legal name.
- ☐ **Physical Examination** - within 365 days prior to admission to school, or within 30 days of admission to school is REQUIRED.
- ☐ **Proof of Residency** – **See OPTIONS 1-4 on page 7** for list of acceptable proof of residency.
- ☐ **Parent/Guardian photo ID**
- ☐ **Custodial documents** if applicable.
- ☐ **ISP / IEP / 504 Plan – if applicable. Records Release form given by Registrar.**
- ☐ **Name and Address of Previous School**
- ☐ **Transcripts / Recent Report Cards** - All incoming HIGH SCHOOL students' grades will be reviewed first by the Guidance Department for approval to register.
- ☐ **Transfer card from previous school**

What is the next step?

When registration is complete at Central Office, the school secretary will contact the parent/guardian to finish the enrollment process.

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Skyward Family Access Parental Use and Responsibility Acknowledgement

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.

I,_____,
(parent/guardian name)

Parent/Guardian of _____
(student name)

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.

_____ X_____
Print Parent/Guardian Name Signature of Parent/Guardian

Name Date: _____

NAME OF PARENT/LEGAL GUARDIAN WHO ARE ALLOWED FAMILY ACCESS

TEANECK PUBLIC SCHOOL DISTRICT

Registration Office

651 Teaneck Road, Teaneck,

registrar@teaneckschools.org

(201) 833-5512

CONSENT TO REGISTER STUDENT

I _____certify that I am the child's legal guardian or court (Parent/Guardian) authorized official and hereby consent for the child to be enrolled in the Teaneck Public School District.

I understand that the Teaneck Board of Education will verify the statements in this application and false statements could subject me to tuition and transportation charges.

I also understand that it is my responsibility to immediately notify the school of any changes in circumstances affecting the information set forth herein.

x_____ _____
Parent/Guardian Signature Date

x_____ _____
Parent/Guardian Signature Date

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THIS TOP GRAY PORTION FOR TEANECK PUBLIC SCHOOL PERSONNEL

SKYWARD ID:	**REGISTRAR:**	**REGISTRATION DATE:**	**Supt Approval** ☐
ENTRY CODE:	**SE PK:** ☐ **Evaluation requested** ☐		**HL** ☐
GRID CODE(ELEM/MS):	**IEP:** ☐ **Evaluation requested** ☐	**504** ☐ **Enclosed** ☐	**Non Eng** ☐
GUARDIANSHIP: Court Order submitted **YES** ☐ **NO** ☐	**GUARDIANSHIP: BOE Affidavits submitted** **YES** ☐ **NO** ☐		**Disp by natural dis.** ☐

START HERE - STUDENT INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN - PLEASE PRINT CLEARLY

1. Are you claiming to be an emancipated student? YES ☐ NO ☐ If yes, are you living separately. YES ☐ No ☐
2. Has the student ever been enrolled in the Teaneck School system? Yes ☐ No ☐
3. Has the student ever been enrolled in a New Jersey school system? Ye ☐ No ☐

Does the student have siblings currently enrolled in the TEANECK SCHOOLS? YES ☐ No ☐

STUDENT FIRST NAME (As on birth certificate)	**STUDENT MIDDLE NAME**	**STUDENT LAST NAME**	**GENDER** M ☐ F ☐	**STUDENT GRADE FOR 2026-2027** Answer: _____
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)		
PERSON ENROLLING STUDENT		**TELEPHONE NUMBER**	**RELATIONSHIP TO STUDENT**	

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:

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."

BOTH Ethnicity and Race must be checked

Ethnicity (MUST CHECK) ☐ Hispanic ☐ Non-Hispanic

Race (MUST CHECK) > **SEE DESCRIPTIONS ON RIGHT**

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

(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.

Continued from previous page - PRINT CLEARLY

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.) Date needed:	Language Spoken by Child?	First Language Spoken by Child?	Home Language?	Did student attend an ESL class in previous school? YES ☐ NO ☐

NAME AND ADDRESS OF LAST SCHOOL STUDENT ATTENDED

SCHOOL NAME: _____

ADDRESS: _____

CITY/STATE _____

GRADE STUDENT WAS IN PREVIOUS SCHOOL:

DATE OF LAST DAY OF ATTENDANCE IN PREVIOUS SCHOOL:

FAMILY 1 INFORMATION > *PARENT/GUARDIAN **LIVING IN THE SAME HOUSEHOLD***

PARENT/GUARDIAN 1 - Relationship to Student: Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Emancipated ☐

First Name	Middle Name	Last Name	Title (Mr. Mrs. Ms. Dr.)

Home Address

Primary/Home Telephone	Cell/Alt Phone	Email Address (PRINT CLEARLY)

Employer	Work Telephone	Ext

☐ Resides With Student ☐ Allow Web Access

PARENT/GUARDIAN 2 - Relationship to Student: Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Step-Parent ☐ DCP&P ☐

First Name	Middle Name	Last Name	Title (Mr. Mrs. Ms. Dr.)

Home Address

Primary/Home Telephone	Cell/Alt Phone	Email Address (PRINT CLEARLY)

Employer	Work Telephone	Ext

☐ Resides With Student ☐ Allow Web Access

COMPLETE IF PARENT/GUARDIAN IS - **LIVING SEPARATELY FROM FAMILY 1**

FAMILY 2 INFORMATION

Parent/Guardian #1 - Relationship to Student: Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ DCP&P ☐

First Name	Middle Name	Last Name	Title (Mr. Mrs. Ms. Dr.)

Mailing Address

Primary/Home Telephone	Cell/Alt Phone	Email **(PRINT CLEARLY)**

Employer	Work Telephone	Ext

☐ Extra Mailings ☐ Contact Not Allowed ☐ Allow Web Access ☐ Receive Hard Copy of Report Card
☐ Receive email/phone notification

Please list any siblings that <u>will also be registered now</u> into the 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

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

Please check

- ☐ Copy of Tax Bill, Tax Assessment Card, or Recent Mortgage Statement **and** utility bill
- ☐ Copy of Deed **and** utility bill
- ☐ Copy of Current Lease Agreement **and** utility bill
- ☐ Affidavit of Landlord – see option 3 or 4 below

1. Does Parent/Guardian OWN ☐ RENT ☐ Living/renting with someone who rents ☐ Living/renting with someone who owns ☐

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?

YES ☐ 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? YES ☐ 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.

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, a copy of your deed or a recent mortgage statement.

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, a copy of the deed, or a recent mortgage statement.

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, a copy of the deed, or a mortgage statement.

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.

AFFIDAVIT OF LANDLORD (for option 3 or 4 previous page)

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
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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: X_____ Date X_____

Parent/Guardian print name: _____

FOR OFFICE USE ONLY

ELIGIBLE UNDER MC KINNEY-VENTO: ☐ **YES** ☐ **NO**

OSS: _____ Date_____

RESIDENCY:_____

DISTRICT OF RESPONSIBILITY:_____

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

TEANECK PUBLIC SCHOOLS
651 Teaneck Road
Teaneck, New Jersey 07666
www.teaneckschools.org

HOME LANGUAGE SURVEY
Parent/Guardian Questionnaire

P L E A S E P R I N T

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

CHECK THE ANSWER AND - INITIAL ALL QUESTIONS ON THE LINE AFTER

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: X _____ Date: _____

TEANECK PUBLIC SCHOOLS
Central Administration Office - Transportation Department
651 Teaneck Road Teaneck, New Jersey 07666
Phone (201) 833-5505
Transportation@teaneckschools.org

Transportation Request Form

State law requires that transportation be provided as follows:

- Pupils in grades K-8 who live more than 2 miles from school;
- Pupils in grades 9-12 who live more than 2.5 miles from school;
- Special education students with a valid IEP

Courtesy Busing

Courtesy busing is provided for students in grades preschool (Pre-K) through the fourth (4th) grade that reside more than 1.3 miles from their school of attendance. Children who live within walking distance of their school may not use the school buses at any time.
Parents/guardians are responsible for walking their children to and from the bus stop. If you cannot meet your child in the afternoon, we recommend that you arrange for someone to meet your child at the bus stop.

Exclusions

Courtesy busing does not apply to students in middle school and high school or preschool at Bergen Day and The Early Learning Center.

Student Information

School Year _____ Grade _____

Student's Name _____ School _____

House Address _____

Home Phone_____ Cell_____

Parent/Guardian Transportation Preference

Morning: ☐ Afternoon: ☐ Both: ☐

Parent/Guardian Signature:_____ Date: _____

Note: You may not be eligible based on distance from your residency to school. Changes take at least 3 – 4 business days.

Application Status

Qualifies For Busing ☐ **Does Not Qualify for bus**: ☐ **Subscription Busing Request**: ☐ **Transportation Start Date**: _____

Bus # _____ **Bus Stop**: _____

Parent/Guardian Notified (date): _____

TEANECK BOARD OF EDUCATION

Andre D. Spencer, Ed.D.
Superintendent of Schools
Superintendent@teaneckschools.org

Shellian Mirander
Director of Special Education & Nursing Services, Elementary Education
Smirander@teaneckschools.org

TEANECK PUBLIC SCHOOLS

School Health Services Requirements

Dear Parents/Guardians,

In order to complete your child's registration to attend school, you must provide proof of the following:

★ **PHYSICAL EXAMINATION**

- A physical examination within 365 days prior to admission to school, or within 30 days of admission to school is REQUIRED
- Testing for Tuberculosis (TB) may be required if you are entering from out of the country.
- The Physical Examination should be on the Teaneck Physical Examination Form or the Universal Health Form that includes the same information.
- Your child's Healthcare Provider MUST sign and stamp the form and indicate whether your child is cleared for all activities or indicate restriction to activities.
- The Healthcare Provider should also list any allergies, medications or other health concerns such as asthma, diabetes, and seizure history.

★ **IMMUNIZATIONS**

- Immunizations must be up to date as per New Jersey State Requirements
- It must be an OFFICIAL document transcribed in English

Thank you in advance for your cooperation. We look forward to serving your child in a healthy environment at school.

Respectfully,

Teaneck School Nurses

TEANECK PUBLIC SCHOOLS
MEDICAL DEPARTMENT

PHYSICIAL EXAMINATION

Name: _____ Age: _____ Date of Birth: _____ Home Phone: _____
Address: _____ City/State/Zip: _____
School: _____ Grade: _____ Sex: _____
Physician: _____ Phone: _____ Fax Number: _____
Address: _____ City/State/Zip: _____

PHYSICIAN OR PROVIDER INFORMATION – PLEASE COMPLETE BOTH PAGES

Exam Date: _____ Height: _____ Weight: _____ Blood Pressure: ____/____ Pulse: ____ bpm.

Vision: R 20/ ____ L 20/ ____ Corrected: Y N Contacts: Y N Glasses: Y N Hearing: _____

	Normal	Abnormal Findings	Comments
General Appearance			
Head/Neck			
Eye/Sclera/Pupils			
Ears			
Gross Hearing			
Nose/Mouth/Throat			
Lymph Glands			
Heart: Murmurs/Rhythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. liver, spleen)			
Tanner Stage: Testes/Onset of Menses			
Hernia	Absent		
Neck/Back/Spin: Range of Motion			
Scoliosis	Absent		
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination Romberg:			
Evidence of Marfan Syndrome	Absent		

Most recent Immunizations/Dates: _____
Medications currently in use: _____
Additional Observations/comments: _____
_____

Continued on back page

HISTORY: ***Please complete all areas where disease or alterations have occurred and explain below.***

_____ Allergies/Anaphylaxis	_____ Eczema/Skin	_____ Hospitalizations/Surgery
_____ Asthma/Respiratory	_____ Endocrine	_____ Musculoskeletal
_____ Cardiovascular/Murmur	_____ Gastrointestinal	_____ Neurological/Seizures
_____ Childhood diseases	_____ Genitourinary	_____ Other

Explanation/Comments: _____
_____

CLEARANCE:

A. Student may participate in physical education and all sports: Yes ____ No ____ Date: _____

B. Cleared after completing evaluation for: _____

C. **NOT CLEARED FOR:** Collision _____ Contact _____ Non-Contact _____
Strenuous _____ Moderate _____ Non-Strenuous _____

Diagnosis: _____

Recommendations: _____

EXAMINED BY: Physician's/Provider's Stamp:

Family Physician/ Provider: ☐
School Physician: ☐
License Type:
MD/DO ☐
APN ☐
PA ☐

Physician's/Provider's Signature: _____ Today's Date: _____

VACCINE	TOTAL #DOSES	DATE	DATE	DATE	DATE	DATE
DPT/DTaP						
Tdap						
OPV						
IPV						
MMR						
Measles						
Mumps						
Rubella						
Hepatitis B						
HIB / Prohibit						
Varicella						
Pneumococcal (PCV7)						
Meningococcal						
RSV						
Gardisil						

Lead: Date Performed: _____ Record Value _____

Tuberculosis Testing

Mantoux tests: Date: _____ Result: _____ Date: _____ Result: _____
Chest x-ray Date: _____Result: _____
INH Therapy: Date Started: _____ Dosage: _____ How Long: _____

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

The school's secretary will contact the parent/guardian to schedule an appointment to finish the enrollment.

Grades PreK - Kindergarten	Grades 5-8
(PreK) **Bryant Elementary School** One Tryon Avenue David Deubel, Principal Contact: Antonia Hernandez - (201) 833-3976 or Venessa Watt-St. Clair, Secretary - (201) 833-5545 **(K)** **Theodora Smiley Lacey Elementary School** One Merrison Street Leslie Abrew King, Principal Contact: Chanon McDuffie, Secretary - (201) 862-2508 or Kelly Cambridge - (201) 862-2509	**Benjamin Franklin Middle School** 1315 Taft Road Terrence Williams, Principal Marina Williams, Assistant Principal Jahari Jacobs, Assistant Principal Contact: Gulshir Khan, Secretary - (201) 833-5451 Contact: Jennifer Henry, Guidance Secretary - (201) 833-5455 **Thomas Jefferson Middle School** 655 Teaneck Road Nina Odatalla, Principal Ramon Ortiz, Assistant Principal Jahari Jacobs, Assistant Principal Contact: Gina Geronimo, Secretary - (201) 833-5471 Contact: Nicole Fernandez, Guidance Secretary (201) 833-5475
Grades 1-4	**Grades 9-12**
Whittier Elementary School 491 West Englewood Avenue Debra Nussbaum, Principal Contact: Tracey Strand-Coley, Secretary - 201-833-5535 **Hawthorne Elementary School** 201 Fycke Lane Emilio Jeanette, Principal Contact: Dawn Santamaria, Secretary - (201)833-5540 **Lowell Elementary School** 1025 Lincoln Place Pedro Valdes, Principal Contact: Karen Munoz, Secretary - (201) 833-5550	**Teaneck High School** 100 Elizabeth Avenue Piero LoGiudice, Principal Margot Mack, Assistant Principal Gabriel Tavarez, Assistant Principal Contact: Michaela Freemantle, Secretary 201-833-5401 Contact: Greg Castro, Guidance Secretary - (201) 833-5426 **All incoming high school students' report cards/ transcripts will be reviewed by the HS Guidance Department for approval prior to enrollment.**