



TEANECK PUBLIC SCHOOLS
 PK PROGRAM
 479 Maitland Avenue
 Teaneck, New Jersey 07666
www.teaneckschools.org



PRESCHOOL REGISTRATION FORM FOR 2025-2026

Child must be 3 or 4 years old on or before October 1, 2025

AVAILABLE FEBRUARY 3rd - MARCH 28th

ONLY COMPLETE APPLICATIONS WITH ALL REQUIREMENTS SUBMITTED WILL BE ACCEPTED
 Applications are available to download from our website or can be picked up at the following location:

Teaneck Early Learning Center, located at 479 Maitland Avenue. Office hours are Monday through Friday from 9:00 a.m. – 3:30 p.m. All preschool and preschool-related registrations are conducted by **appointment only** at the **Teaneck Early Learning Center**. Complete packets can also be emailed to prekregistration@teaneckschools.org. Please call Yamile Fernandez at 551-337-1559 to schedule an appointment or with any questions.

- ★ If you are registering multiple children, and at least one is for preschool, the entire group will register at the **Teaneck Early Learning Center**. Please be sure to make an appointment.
- ★ Please be aware that before and aftercare services are not included as part of the preschool program. Information regarding before and after care will be provided in your placement letter.

All items listed below **MUST BE SUBMITTED** or your registration will not be processed

(All documents must be officially translated in English)

1. **Completed Application** (one per student)
2. **Original Birth Certificate** (Passport can be used to establish an official date of birth if birth certificate is not available).
3. **Record of Immunization.** *New Jersey State Law prohibits students from entering school without a Record of Immunization.* The documentation must have the student's legal name.
4. **Physical Form** (Most current within 365 days)
5. **Two proofs of Residency** – See next page for list of acceptable proof of residency. * **All applicants** are subject to a RESIDENCY check to verify your child's eligibility for the program.
6. **ID for Parent or Guardian**
7. **Custodial documents**

PLEASE NOTE: Completion of this form **does not** guarantee your child will be placed in our Preschool Program.

How did you hear about our Pre-K Program:

- District Website
- Social media - Facebook _____ Instagram _____
- School Marquee
- Lawn Sign
- Banner across Cedar Lane
- Flier in a place of business: Name of business _____
- Another parent or resident
- Other _____



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ACCEPTABLE PROOFS OF RESIDENCY

All applicants are subject to a RESIDENCY check to verify your child's eligibility for the program.

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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ATTENDANCE POLICY

According to the **New Jersey Division of Early Childhood Education**, regular school attendance plays a crucial role in a child's social and cognitive development. Attending school consistently provides young learners with valuable experiences that help them build relationships with peers and adults while fostering essential social skills.

Excessive absenteeism—whether occasional or frequent—can have long-term consequences, starting as early as preschool. Research shows that **chronic absenteeism can lead to poor attendance habits and difficulties keeping up with grade-level work in later years.**

(Attendance Works, 2013: <http://www.attendanceworks.org/policy/state-education-policy/new-jersey/>).

To support your child's success, please be aware of the district's attendance policies, which align with **New Jersey State Requirements (18A:38)**:

1. **Four (4) Unexcused Absences**

A school administrator (principal, assistant principal, or designated staff member) will contact the parent/guardian to discuss the absences and create a plan to improve attendance.

2. **Five (5) to Nine (9) Unexcused Absences**

The school will develop a formal action plan, which may involve consultations with the school nurse, community agencies, law enforcement, or other relevant authorities.

3. **Ten (10) or More Unexcused Absences**

The school will assess whether the situation requires a referral to the court system for truancy intervention.

Important for Preschool Families:

Excessive absences may result in dismissal from the preschool program.

These policies are in place to ensure that **every child in Teaneck receives a strong educational foundation**. For more details, you can find our full district attendance policy on our website. Please note that these guidelines apply to **all students**.

Student's Name: _____

I have read and understand the Teaneck Public Schools Attendance Policy as it relates to my child.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____



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PLEASE NOTE: COMPLETION OF THIS FORM **DOES NOT** GUARANTEE YOUR CHILD PLACEMENT IN OUR PRESCHOOL PROGRAM.

MUST BE SUBMITTED NO LATER THAN MARCH 28, 2025

STUDENT LAST NAME		STUDENT FIRST NAME		MIDDLE NAME	GENDER M F	GRADE SCHOOL YEAR 25-26
STUDENT'S HOME ADDRESS			CITY	STATE	ZIP CODE	
STUDENT'S MAILING ADDRESS (if different from home address)			CITY	STATE	ZIP CODE	
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 a student is born outside of the U.S.)	Language Spoken by Child?	Native Language Spoken by Child?	Home Language?		*Did students attend an ESL class in a previous school?	
Previous School/Daycare Center:						

OFFICE USE ONLY

SKYWARD ID:	Has the student ever been enrolled in the Teaneck School system? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supt Approval <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	HL <input type="checkbox"/>
REGISTRAR:	SE PK: <input type="checkbox"/> Evaluation requested:	Disp Storm <input type="checkbox"/>
ENTRY CODE:	IEP: <input type="checkbox"/> Evaluation requested:	Non Eng <input type="checkbox"/>
GRID CODE (ELEM/MS):		504 <input type="checkbox"/>



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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 (PRINT CLEARLY)	
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 (PRINT CLEARLY)	
Employer	Work Telephone	Ext	
<input type="checkbox"/> Resides with Student		<input type="checkbox"/> Allow Web Access	

FAMILY 2 INFORMATION – IF PARENT/GUARDIAN IS LIVING SEPARATELY

Parent/Guardian #1 - Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>			
<input type="checkbox"/> DCP&P			
Last Name	First Name	Middle Name	Title
Mailing Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address (PRINT CLEARLY)	
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	
<input type="checkbox"/> Receive email/phone notification			



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Please list ALL siblings currently living in household

Name of sibling	Age	Grade	Spec Ed	Attending School / Not school age

EMERGENCY CONTACT INFORMATION

First Contact		
Name	Phone	Relationship
Second Contact		
Name	Phone	Relationship
Third Contact		
Name	Phone	Relationship

I certify that the information provided in this registration is accurate and truthful to the best of my knowledge. I understand that it is my responsibility to inform my child's preschool program if I move, or if I have any other changes in circumstances that could affect my child's enrollment or placement. I understand that by participating in the preschool program, my child's learning and development will be assessed and monitored to support further growth.

Signature of Parent/Guardian X _____ **Date** _____

School Preference: ___ Bryant ___ Lacey ___ Bergen Day School ___ Teaneck Early Learning Center

COMPLETION OF THIS FORM DOES NOT GUARANTEE YOUR CHILD PLACEMENT IN OUR PRESCHOOL PROGRAM OR AT A SPECIFIC LOCATION

***Has your child received any Specialized Services:**

_____ Speech _____ Occupational Therapy _____ Physical Therapy _____ Other



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****PLEASE MAKE SURE TO-- ANSWER 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 not, 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: _____



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CERTIFICATE OF RESIDENCY

*** All applicants are subject to a RESIDENCY check to verify your child's eligibility for the program.**

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: Refer to Options 1-4 from page 2

- Copy of Tax Bill or Tax Assessment Card 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
- Other (pending approval)

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. _____



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*** All applicants are subject to a RESIDENCY check to verify your child's eligibility for the program.**

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: X _____

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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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 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

X _____
Signature of Parent/Guardian Name

Date: _____

NAME OF PARENT/LEGAL GUARDIANS WHO ARE ALLOWED FAMILY ACCESS	Parent/Guardian initial receipt of login and password



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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 the 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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Physical Examination

Student's name: _____ Age: _____ DOB: _____ Sex: _____
 Parent/Guardian name: _____ Address: _____
 Phone #: _____ School: _____ Grade: _____
 Health Care Provider: _____ Phone: _____ Fax: _____
 Address: _____ City/State/Zip: _____

PHYSICIAN / HEALTH CARE PROVIDER – PLEASE COMPLETE FORM

Exam Date: _____ Height: _____ Weight: _____ BP: _____ Pulse: _____
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Glasses: Y N Hearing R _____ L _____

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

Most recent Immunizations / Dates: _____

Medications currently in use: _____



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Additional Observations / Comments: _____

HISTORY: Please indicate all areas where disease or alterations have occurred and explain below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies/Anaphylaxis | <input type="checkbox"/> Eczema / Skin | <input type="checkbox"/> Hospitalizations / Surgery |
| <input type="checkbox"/> Asthma / Respiratory | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiovascular / Murmur | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Neurological / Seizures |
| <input type="checkbox"/> Childhood diseases | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Other |

Explanation/Comments _____

ACTIVITY CLEARANCE:

A. Student may participate in physical education and all sports: YES _____ NO _____

B. Cleared after completing evaluation for: _____

C. NOT CLEARED FOR: (check all that apply)

- | | | |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Collision | <input type="checkbox"/> Contact | <input type="checkbox"/> Non-Contact |
| <input type="checkbox"/> Strenuous | <input type="checkbox"/> Moderate | <input type="checkbox"/> Non-Strenuous |

Diagnosis: _____

Recommendations _____

VACCINATIONS:

	Date	Date	Date	Date	Date
DPT / DTaP					
Tdap					
OPV / IPV					
MMR					
Measles					
Mumps					
Rubella					
Hepatitis A					
Hepatitis B					
HIB / Prohibit					
Varicella					
Pneumococcal (PCV7)					
Meningococcal					
Influenza					
Other:					
Other:					

LEAD SCREENING: Date test performed: _____ Result _____



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TUBERCULOSIS TESTING:

Mantoux: Date planted: _____ Date read: _____ Result: _____
 Date planted: _____ Date read: _____ Result: _____
Chest X-ray Date: _____ Result _____
INH Therapy: Date started: _____ Dosage: _____ Duration of Tx: _____



Physician / HCP Signature

Date

Stamp