



TEANECK PUBLIC SCHOOLS

651 Teaneck Road
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 Central Registration Office. You can send via email to registrar@teaneckschools.org or make an appointment to drop off documentation at the Registration Office located at 651 Teaneck Road. 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

9:00 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. Rose Antinori, Registrar 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.* Documentation must have the student's legal name.
- 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** if applicable

After residency is established and verified:

- A. You must call to 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, 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.



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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 2022-2023

TOP PORTION TO BE COMPLETED BY TEANECK PUBLIC SCHOOL PERSONNEL

SKYWARD ID:	Has the student ever been enrolled in the Teaneck School system? Yes <input type="checkbox"/> No <input type="checkbox"/>		504 <input type="checkbox"/>
REGISTRATION DATE:	Has the student ever been enrolled in a New Jersey school system? Yes <input type="checkbox"/> No <input type="checkbox"/>		SA <input type="checkbox"/>
REGISTRAR:	SE PK: <input type="checkbox"/>	Evaluation requested: <input type="checkbox"/>	HL <input type="checkbox"/>
ENTRY CODE:	GRID CODE(ELEM/MS):	IEP: <input type="checkbox"/>	CD <input type="checkbox"/>
GUARDIANSHIP: Court Order submitted YES <input type="checkbox"/> NO <input type="checkbox"/>	GUARDIANSHIP: BOE Affidavits submitted YES <input type="checkbox"/> NO <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 (As it appears on birth certificate)	STUDENT LAST NAME	MIDDLE NAME	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	GRADE FOR 22-23 SCHOOL YEAR
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:				
SCHOOL NAME: _____				
ADDRESS: _____				

Grade student was in PREVIOUS school: _____				
Date of the last day of attendance in PREVIOUS school year: _____				



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

Parent/Guardian #1 - Relationship to Student: Mother Father Legal Guardian Foster Parent
 Emancipated

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 Father Legal Guardian Foster Parent
 Step-Parent DCP&P

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 SEPARATELY

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

Last Name	First Name	Middle Name	Title
Mailing Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address	
Employer	Work Telephone	Ext	

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



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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

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 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: _____



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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

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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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: _____



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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: _____
(first) (middle) (last)

Date: _____

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 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



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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 the school to schedule an appointment

Grades PreK - Kindergarten	Grades 5-8
<p align="center">(PreK) <u>Bryant Elementary School</u> One Tryon Avenue David Deubel, Principal Contact: Connie Le, Secretary - (201) 833-3976 or Venessa Watt-St. Clair, Secretary - (201) 833-5545</p> <p align="center">(K) <u>Theodora Smiley Lacey Elementary School</u> One Merrison Street Leslie Abrew King, Principal Contact: Chanon McDuffie, Secretary - (201) 862-2508 or Yennifer Nuñez, Secretary - (201) 862-2509</p>	<p align="center"><u>Benjamin Franklin Middle School</u> 1315 Taft Road Terrence Williams, Principal Jahari Jacobs, Assistant Principal Marina Williams Assistant Principal Catherine Hollis, Secretary - (201) 833-5451 Contact: Jennifer Henry, Guidance Secretary - (201) 833-5455</p> <p align="center"><u>Thomas Jefferson Middle School</u> 655 Teaneck Road Nina Odatalla, Principal Eric Koenig, Interim Assistant Principal Ramon Ortiz, Assistant Principal Gina Geronimo, Secretary - (201) 833-5471 Contact: Kelly McMillon, Guidance Secretary - (201) 833-5475</p>
Grades 1-4	Grades 9-12
<p align="center"><u>Whittier Elementary School</u> 491 West Englewood Avenue Piero LoGiudice, Principal Contact: Susan DeLisio, Secretary - (201) 833-5535</p> <p align="center"><u>Hawthorne Elementary School</u> 201 Fycke Lane Natasha Pitt, Principal Contact: Dawn Santamaria, Secretary - (201) 833-5540</p> <p align="center"><u>Lowell Elementary School</u> 1025 Lincoln Place Antoine Green, Principal Contact: Karen Munoz - (201) 833-5550</p>	<p align="center"><u>Teaneck High School</u> 100 Elizabeth Avenue Pedro H. Valdes III, Interim Principal Margot Mack, Assistant Principal Justin O'Neill, Assistant Principal Contact: Kim Dockery, Guidance Secretary - (201) 833-5426</p>