



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



Date Rec'd

Grade/School

**CENTRAL REGISTRATION FORMS FOR SCHOOL YEAR 2025-2026**  
**Grades KG - 12th grade**

You may submit completed registrations via email to [registrar@teaneckschools.org](mailto: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](mailto: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](mailto: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](mailto: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.

**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**



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



**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.

\_\_\_\_\_  
 Print Parent/Guardian Name

X \_\_\_\_\_  
 Signature of Parent/Guardian

Name Date: \_\_\_\_\_

NAME OF PARENT/LEGAL GUARDIAN WHO ARE ALLOWED FAMILY ACCESS



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TEANECK PUBLIC SCHOOL DISTRICT

Registration Office

651 Teaneck Road, Teaneck,

[registrar@teaneckschools.org](mailto: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



**THIS GRAY PORTION FOR TEANECK PUBLIC SCHOOL PERSONNEL**

SKYWARD ID:	REGISTRAR:	REGISTRATION DATE:	Supt Approval <input type="checkbox"/>
ENTRY CODE:	SE PK: <input type="checkbox"/> Evaluation requested <input type="checkbox"/>		HL <input type="checkbox"/>
GRID CODE(ELEM/MS):	IEP: <input type="checkbox"/> Evaluation requested <input type="checkbox"/>	504 <input type="checkbox"/> Enclosed <input type="checkbox"/>	Non Eng <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"/>		Disp by natural dis. <input type="checkbox"/>

**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? Yes No

**Does the student have siblings currently enrolled? If yes, please add the name and school of the student(s)**

STUDENT FIRST NAME (As on birth certificate)	STUDENT MIDDLE NAME	STUDENT LAST NAME	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	STUDENT GRADE FOR 2025-2026 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	
<p><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></p> <p><i>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."</i></p> <p><b>Ethnicity (MUST CHECK)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p><b>Race (MUST CHECK) &gt; SEE DESCRIPTIONS ON RIGHT</b> </p> <p><input type="checkbox"/> White <input type="checkbox"/> Black/African Amer <input type="checkbox"/> Amer Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander</p>		<p>(1) <b>American Indian or Alaska Native.</b> 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.</p> <p>(2) <b>Asian.</b> 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.</p> <p>(3) <b>Black or African American.</b> A person having origins in any of the Black racial groups of Africa.</p> <p>(4) <b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>(5) <b>White.</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>		



*Continued from previous page*

<b>BIRTHDATE</b>	<b>AGE</b>	<b>CITY OF BIRTH</b>	<b>STATE OF BIRTH</b>	<b>COUNTRY OF BIRTH</b>
<b>First Entry Date into a U.S. School:</b> (if student is <u>born outside of the U.S.</u> )		<b>Language Spoken by Child?</b>	<b>First Language Spoken by Child?</b>	<b>Home Language?</b>
<b>Date needed:</b> _____				<b>Did student attend an ESL class in previous school?</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>NAME AND ADDRESS OF LAST SCHOOL STUDENT ATTENDED</b>				<b>GRADE STUDENT WAS IN PREVIOUS SCHOOL:</b>
SCHOOL NAME: _____				<b>DATE OF LAST DAY OF ATTENDANCE IN PREVIOUS SCHOOL:</b>
ADDRESS: _____				
CITY/STATE: _____				

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

<b>PARENT/GUARDIAN 1 - Relationship to Student:</b> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Emancipated <input type="checkbox"/>			
First Name	Middle Name	Last Name	Title (Mr. Mrs. Ms. Dr.)
Home Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address <b>(PRINT CLEARLY)</b>	
Employer	Work Telephone	Ext	
<input type="checkbox"/> Resides With Student		<input type="checkbox"/> Allow Web Access	

<b>PARENT/GUARDIAN 2 - Relationship to Student:</b> 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"/>			
First Name	Middle Name	Last Name	Title (Mr. Mrs. Ms. Dr.)
Home Address			
Primary/Home Telephone	Cell/Alt Phone	Email Address <b>(PRINT CLEARLY)</b>	
Employer	Work Telephone	Ext	
<input type="checkbox"/> Resides With Student		<input type="checkbox"/> Allow Web Access	



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.)
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Mailing Address

Primary/Home Telephone	Cell/Alt Phone	Email ( <b>PRINT CLEARLY</b> )
------------------------	----------------	--------------------------------

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 will also be registered now into the Teaneck Public Schools.**

Siblings	Grade	Gender	Age	School

**EMERGENCY CONTACT INFORMATION**

<i>First Contact</i>		
Name	Phone	Relationship
<i>Second Contact</i>		
Name	Phone	Relationship
<i>Third Contact</i>		
Name	Phone	Relationship



**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 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)



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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





**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: \_\_\_\_\_



## 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): \_\_\_\_\_



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

## PHYSICAL 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						
Gardasil						

**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: \_\_\_\_\_



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**\*\*\*IMPORTANT\*\*\***

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

<b>Grades PreK - Kindergarten</b>	<b>Grades 5-8</b>
<p align="center"><b>(PreK)</b>  <u><b>Bryant Elementary School</b></u>            One Tryon Avenue            David Deubel, Principal            Contact: Antonia Hernandez - (201) 833-3976 or            Venessa Watt-St. Clair, Secretary -            (201) 833-5545</p> <p align="center"><b>(K)</b>  <u><b>Theodora Smiley Lacey Elementary School</b></u>            One Merrison Street            Leslie Abrew King, Principal            Contact: Chanon McDuffie, Secretary - (201) 862-2508            or (201) 862-2509</p>	<p align="center"><u><b>Benjamin Franklin Middle School</b></u>            1315 Taft Road            Terrence Williams, Principal            Jahari Jacobs, Assistant Principal            Gulshir Khan, Secretary - (201) 833-5451            Contact: Jennifer Henry, Guidance Secretary - (201) 833-5455</p> <p align="center"><u><b>Thomas Jefferson Middle School</b></u>            655 Teaneck Road            Nina Odatalla, Principal            Ramon Ortiz, Assistant Principal            Gina Geronimo, Secretary - (201) 833-5471            Contact: Nicole Fernandez, Guidance Secretary            (201) 833-5475</p>
<b>Grades 1-4</b>	<b>Grades 9-12</b>
<p align="center"><u><b>Whittier Elementary School</b></u>            491 West Englewood Avenue            Debra Nussbaum, Principal            Contact: Tracey Strand-Coley, Secretary -            201-833-5535</p> <p align="center"><u><b>Hawthorne Elementary School</b></u>            201 Fycke Lane            Emilio Jeanette, Principal            Contact: Dawn Santamaria, Secretary - (201)833-5540</p> <p align="center"><u><b>Lowell Elementary School</b></u>            1025 Lincoln Place            Pedro Valdes, Principal            Contact: Karen Munoz, Secretary - (201) 833-5550</p>	<p align="center"><u><b>Teaneck High School</b></u>            100 Elizabeth Avenue            Piero LoGiudice, Principal            Margot Mack, Assistant Principal            Justin O'Neill, Assistant Principal            Contact: Greg Castro, Guidance Secretary - (201) 833-5426</p>