



TEANECK PUBLIC SCHOOLS  
One Merrison Street  
Teaneck, New Jersey 07666

### **MANDATORY REGISTRATION / RESIDENCY REQUIREMENTS**

Registration and residency forms are to be completed and submitted to the Teaneck Board of Education Administrative Offices located at One Merrison Street. Registration Office hours vary by time of year, please call (201) 833-5512 to confirm hours.

Regular Registration Office hours are as follows:

**Monday through Friday**

**8:15 a.m. – 3:30 p.m.**

**The office will be closed for lunch from 12:00 p.m. to 1:00 p.m.**

For evening appointments, please contact the registrar at (201) 833-5512 or via email at [registrar@teaneckschools.org](mailto:registrar@teaneckschools.org). If you have a question regarding residency or registration requirements, please contact Mr. James Olobardi, Interim Business Administrator/Board Secretary at (201) 833-5512 or via email at [registrar@teaneckschools.org](mailto:registrar@teaneckschools.org).

### **The following documents will be accepted for consideration at the time of registration:**

(All documents must be officially translated in English)

- A. **Original Birth Certificate** (Passport can be used to establish official date of birth if birth certificate is not available).
- B. **Record of Immunization.** *New Jersey State Law prohibits students from entering school without a Record of Immunization.*
- C. **Proof of Residency** – See below acceptable proof of residency.
- D. **Name and address of previous school** for transcript purposes.

### **After residency is established and verified**

- A. You must schedule an appointment with the school that your child will attend.
- B. You will need to bring the following documentation with you to finish the registration process at the school:
  - i. Registration packet provide by the registrar at Central Office
  - ii. Birth Certificate
  - iii. Immunization Records
  - iv. Recent Report Card/Transcript
  - v. Transfer Card
  - vi. ISP/IEP/504 Plan if applicable



**ACCEPTABLE PROOF OF RESIDENCY**

**OPTION 1: IF YOU OWN A HOME**

1. Please provide a copy of your current property tax bill, tax assessment card or a copy of your deed.  
*AND*
2. Most recent utility bill (i.e. PSE&G, water company, cable, telephone bill).

**OPTION 2: IF YOU LEASE**

1. Please provide a current copy of your lease and it must include the name of the parent/guardian.  
*AND*
2. Most recent utility bill (i.e. PSE&G, water company, cable, telephone bill).

**OPTION 3: IF YOU RENT AND DO NOT HAVE A LEASE**

1. You must have the owner/landlord of the property complete an ***Affidavit of Landlord*** form. The owner of the property ***must sign the form and have it notarized.***  
*AND*
2. The owner must provide a copy of the current property tax bill, tax assessment card or a copy of the deed.  
*AND*
3. Copy of your (Parent/Guardian) most recent utility bill (i.e. PSE&G, water company, cable, telephone bill).

**OPTION 4: IF IT IS A PRIVATE HOME AND YOU DO NOT PAY RENT**

1. You must have the owner/landlord of the property complete an ***Affidavit of Landlord*** form. The owner of the property ***must sign the form and have it notarized.*** You do not need to disclose any rent amount on the form.  
*AND*
2. The owner must provide a copy of their current property tax bill, tax assessment card or a copy of the deed.  
*AND*
3. The parent/guardian must provide a copy of a current utility bill (i.e. PSE&G, water company, cable, telephone bill) or any bill that shows the Teaneck address.



**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 2016-2017**

SKYWARD ID: \_\_\_\_\_

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

REGISTRATION DATE: \_\_\_\_\_

REGISTRAR: \_\_\_\_\_

Entry Code: \_\_\_\_\_ GridCode (Elem/MS): \_\_\_\_\_/\_\_\_\_\_ SE PK Program:

Has the student ever been enrolled in the Teaneck School system?  YES <input type="checkbox"/> NO <input type="checkbox"/>
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**STUDENT INFORMATION**

<b>STUDENT FIRST NAME</b>	<b>STUDENT LAST NAME</b>	<b>MIDDLE NAME</b>	<b>GENDER</b> M    F	<b>GRADE</b>
<small>(As it appears on birth certificate)</small>				
<b>STUDENT'S PHYSICAL ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIPCODE</b>
<b>STUDENT'S MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIPCODE</b>
<b>NAME OF PARENT(S)/GUARDIAN</b>			<b>PRIMARY/HOME NUMBER</b>	
<b>PERSON ENROLLING STUDENT</b>		<b>TELEPHONE NUMBER</b>	<b>RELATIONSHIP TO STUDENT</b>	
<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>				
<b>Ethnicity (must check one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				
<b>Race (must check one)</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Nat <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander				
<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: (if student is born outside of the U.S.)</b>	<b>Language Spoken by Child?</b>	<b>Native Language Spoken by Child?</b>	<b>Home Language?</b>	<b>Did student attend an ESL class in previous school?</b>
<b>NAME AND ADDRESS OF LAST SCHOOL ATTENDING:</b>				
<b>SCHOOL NAME:</b> _____				
<b>ADDRESS:</b> _____				
<b>Grade at last school attended:</b> _____				
<b>Date of last day of attendance at previous school:</b> _____				



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**FAMILY 1 INFORMATION**

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

Last Name                                      First Name                                      Middle Name                                      Title

Home Address

Primary/Home Telephone                      Cell/Alt Phone                      Email Address

Employer                                      Work Telephone                      Extn

Work Address                                      Work Hours  
 From:                                      To:

Contact Not Allowed       Resides With Student       Allow Web Access

**Parent/Guardian #2 - Relationship to Student: Mother  Father  Legal Guardian  Foster Parent**

Last Name                                      First Name                                      Middle Name                                      Title

Home Address

Primary/Home Telephone                      Cell/Alt Phone                      Email Address

Employer                                      Work Telephone                      Ext

Work Address                                      Work Hours  
 From:                                      To:

Contact Not Allowed       Resides With Student       Allow Web Access

**FAMILY 2 INFORMATION**

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

Last Name                                      First Name                                      Middle Name                                      Title

Mailing Address

Primary/Home Telephone                      Cell/Alt Phone                      Email Address

Employer                                      Work Telephone                      Extn

Work Address                                      Work Hours  
 From:                                      To:

Extra Mailings       Contact Not Allowed       Resides With Student       Allow Web Access       Receive Report Card



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Please list any siblings currently 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 \_\_\_\_\_

The following will be accepted for consideration as proof of residency. Mark the forms of proof you provided for your child:

- Birth Certificate: \_\_\_\_\_
- Immunization records: \_\_\_\_\_
- Custodial documentation (if applicable): \_\_\_\_\_
- Approved residency documentation: \_\_\_\_\_

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

Date \_\_\_\_\_



**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: Yes  \_\_\_\_\_ No  \_\_\_\_\_

Referred to Special Services by Registrar: Yes  No  \_\_\_\_\_

Referred by Case Manager: Yes  No  Case Mgr Name: \_\_\_\_\_

Parent/Guardian provided IEP: Yes  No  \_\_\_\_\_

**SPECIAL SERVICES:**

Student has an ISP: Yes  \_\_\_\_\_ No  \_\_\_\_\_

Referred to Special Services by Registrar: Yes  No  \_\_\_\_\_

Referred by Case Manager: Yes  No  Case Mgr Name: \_\_\_\_\_

Parent/Guardian provided ISP: Yes  No  \_\_\_\_\_

**SPECIAL SERVICES:**

Has your child ever had a 504 plan: Yes  No  \_\_\_\_\_

Student has an 504 Plan: Yes  \_\_\_\_\_ No  \_\_\_\_\_

Referred to Special Services by Registrar: Yes  No  \_\_\_\_\_

Referred by Case Manager: Yes  No  Case Mgr Name: \_\_\_\_\_

Parent/Guardian provided 504 Plan: 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 Case Manager: Yes  No  Case Mgr 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/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

Please fill out any that apply:

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

2. If Mother/Father of applicant/student lives outside of Teaneck, give the address and reason:

Reason: \_\_\_\_\_

Address: \_\_\_\_\_

3. Is there a court order or written agreement between the parents designating the district for school attendance?  
Circle YES or NO. Please attach a copy to this form when you submit it.

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





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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. \_\_\_\_\_

6. If the student lives with both parents on an equal time, alternating week/month or other similar arrangement, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

7. If you are claiming to be an emancipated student, are you living independently in your own permanent home in the District? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to establish that you are not in the care and custody of a parent or legal guardian. \_\_\_\_\_

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.

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

The purpose of this certificate 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: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ IEP: YES  NO

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

LAST PERMANENT PLACE OF RESIDENCY: \_\_\_\_\_

DATE OF LAST DAY AT THE LAST PERMANENT PLACE OF RESIDENCE: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

STUDENT IS PRESENTLY: ( ) IN A SHELTER ( ) IN A MOTEL/HOTEL ( ) DOUBLED UP ( ) KNOWN TO DCP&P

PHYSICAL LOCATION OF RESIDENCE: \_\_\_\_\_ AS OF \_\_\_\_\_

RESIDENCE STATEMENT:

Multiple horizontal lines for writing the 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 school McKinney-Vento Liaison.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian print name: \_\_\_\_\_

OSS: \_\_\_\_\_ Date \_\_\_\_\_

ELIGIBLE UNDER MC KINNEY-VENTO ( ) YES ( ) NO

RESIDENCY \_\_\_\_\_

DISTRICT OF RESPONSIBILITY \_\_\_\_\_

NOTIFICATION SENT TO: SCHOOL BUSINESS ADMINISTRATOR DIRECTOR OF SS McK-V COUNTY LIAISON



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## Parental/Guardian Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the district and/or school's web site.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Check one of the following choices:

- I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the school and/or district's public Internet site.
- I/We GRANT permission for this student's photo/image and name to be published on the school and/or district's public Internet site.
- I/We GRANT permission for this student's photo/image and all other personal identifiers listed above to be published on the school and/or district's public Internet site.
- I/We DO NOT GRANT permission for photo/image that includes this student to be published on the school and or district's public Internet site.

Student's Name: (please print) \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Print name of Parent/Guardian: (print) \_\_\_\_\_

Signature of Parent/Guardian: (sign) \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Date: \_\_\_\_\_



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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.

Signed,

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

\_\_\_\_\_  
Sign Parent/Guardian Name

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

Parent/Guardian E-mail address: \_\_\_\_\_



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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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*Please contact school to schedule an appointment.*

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**Grades PreK - Kindergarten**

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**Bryant Elementary School**

One Tryon Avenue

Leslie Abrew, Principal

Contact: Chanon McDuffie, Secretary - (201) 833-3976 or  
Venessa Watt-St. Clair, Secretary - (201) 833-5545

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**Grades 1-4**

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**Whittier Elementary School**

491 West Englewood Avenue

Pedro Valdes, Interim Principal

Contact: Susan DeLisio, Secretary - (201) 833-5535

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**Hawthorne Elementary School**

201 Fycke Lane

Dr. Deirdre Spollen-LaRaia, Principal

Contact: Dawn Santamaria, Secretary - (201) 833-5540

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**Lowell Elementary School**

1025 Lincoln Place

Antoine Green, Principal

Contact: Claudia Henry - (201) 833-5550

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**Grades 5-8**

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**Benjamin Franklin Middle School**

1315 Taft Road

Natasha Pitt, Principal

David Deubel, Assistant Principal

Marina Williams Assistant Principal

Catherine Hollis, Secretary - (201) 833-5451

Contact: Jennifer Henry, Guidance Secretary - (201) 833-5455

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**Thomas Jefferson Middle School**

655 Teaneck Road

Angela Davis, Principal

Joanne Appel, Secretary - (201) 833-5471

Contact: Kelly McMillon, Guidance Secretary - (201) 833-5475

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**Grades 9-12**

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**Teaneck High School**

100 Elizabeth Avenue

Dennis Heck, Principal

Contact: Kim Dockery, Guidance Secretary - (201) 833-5426

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