



Pequannock Township Public Schools

Office of the Superintendent

538 Newark Pompton Turnpike

Pompton Plains, New Jersey 07444

Phone 973-616-6040; Fax 973-616-6043

Michael Portas, Superintendent of Schools

Michael.portas@pequannock.org

Pequannock Township Public Schools

www.pequannock.org

Grades 1-5

General Information 2020-2021

- School hours are 8:30 am – 3:00 pm Monday through Friday.
- School assignments are made based on Board Policy #5120 and the Elementary School Attendance Plan. School assignments will not be made until in-person registration is completed and all documents provided.
- Students must pre-register online on the Pequannock website. Once pre-registration is completed please call 973-616-6040 ext 6239 to schedule an in-person registration appointment. Print and complete the registration packet prior to the in-person registration.

PEQUANNOCK TOWNSHIP SCHOOL DISTRICT REGISTRATION CHECKLIST

Bring the following to your in-person registration appointment:

- _____ Original birth certificate (a copy will be made at registration)
- _____ Residency document and three (3) original proofs of residency. Documents can include driver's license, deed/lease, tax bill, mortgage statement, bank statement, voter registration, utility bill, etc.
- _____ Home Language Survey
- _____ Most recent physical and immunizations (completed by physician)
- _____ Records Release Form
- _____ Custody Papers, if applicable. Does Student live with both parents?
- _____ IEP/504, if applicable. Please bring a copy of the IEP or 504.

Home Language Survey Form: Step 1

Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL).

Instructions

Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the instructions. When you arrive at a decision ("Proceed to Records Review Process" or "Do not proceed to Records Review Process"), the Home-Language Survey is complete.

Student Information

Student name:

Student birth date:

Street Address:

City:

State:

Zip Code:

Phone number:

Survey Questions

Question 1

What was the first language used by the student?

A language other than English. Proceed to question 2a.

English. Proceed to question 2b.

Question 2a

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 4.

Question 2b

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 4.

No. Proceed to question 3.

Question 3

Does the student understand a language other than English?

Yes. Proceed to question 4.

No. Proceed to 9.

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 5.

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to 8.

No. Proceed to question 6.

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

Yes. Proceed to 8.

No. Proceed to 9.

Question 7

What are the home languages spoken? List below and proceed to 8.

8. Proceed to Step 2: Records Review Process (To be completed by NJ Certified Staff only – Reference ESSA ELL Entry and Exit Guidance, p. 4).

Home Language Survey is complete.

9. Do not proceed to Step 2: Records Review Process. Home Language Survey is complete. Student is not an English-Language Learner (ELL).



Pequannock Township Board of Education

538 Newark-Pompton Turnpike
Pompton Plains, New Jersey 07444

Date: _____

Dear Sir/Madam:

_____, formerly a student in your school district has enrolled in the
Pequannock Township School District and will be attending:

Grade: _____ at

School: _____

Please send all appropriate records pertaining to the academic standing and physical condition of
this student to the address noted above.

Child Study Team records of a confidential nature should be sent to:

Mr. Mark Fredrick—Supervisor of Student Services 6-12
Ms. Helena Branco—Supervisor of Student Services PK-5
Special Services Department
Pequannock Township Public Schools
493 Newark Pompton Turnpike
Pompton Plains, NJ 07444

Thank you for your assistance.

Sincerely,

Principal

I hereby give my permission to have my child's school records released to the Pequannock
Township Public Schools.

Parent/Guardian Signature: _____ Date: _____

Pequannock Township School District
Health Office

Health Records Request Form

Date: _____

To: _____

Please send the ORIGINAL HEALTH RECORDS (no copies) for the following student who is moving within New Jersey to our district:

Student Name: _____

Address: _____

Date of Birth: _____ Current Grade: _____

As stated in the New Jersey Administration Code 6:29 1-4...

The original health record shall be forwarded with the school records of students who transfer to another school district.

Please mail these records to:

School: _____

Attn: Health Office

Address: _____

Thank you.

School Nurse



Pequannock Township Public Schools

Office of Student Services
493 Newark Pompton Turnpike
Pompton Plains, New Jersey 07444
Phone (973) 616-6067 x5016 -- Fax (973) 616-8379

Helena Branco, Supervisor of Student Services PreK-5
Mark Frederick, Supervisor of Student Services 6-12

helenabranco@pequannock.org
mark.frederick@pequannock.org

SPECIAL EDUCATION DOCUMENTS PARENTAL/STUDENT RELEASE

STUDENT NAME: _____ **DOB:** _____

DATE: _____

The above named student has recently transferred (or is scheduled to transfer) into our district. As per NJAC please send us this student's complete Special Education File including, but not limited to:

- Current and historical IEPs
- Current and historical Eligibility Determinations
- Most recent and historical CST evaluations
- Complete Child Study Team Records
- All private evaluations submitted for consideration
- All correspondence

Please send to:

Pequannock Township
Special Services
Attn: Deirdre Tahan
493 Newark Pompton Turnpike
Pompton Plains, NJ 07444

Sincerely,

Deirdre P. Tahan
Administrative Assistant, Special Services
deirdre.tahan@pequannock.org
973-616-6067 Ext. 5001

I agree to have my son's/daughter's special education records transferred to Pequannock Township School District, Department of Special Services

Parent Signature

Date