



*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

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Michael Portas, Superintendent of Schools

Michael.portas@pequannock.org

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## Pequannock Township Public Schools

[www.pequannock.org](http://www.pequannock.org)

Grades 9 – 12

### Pequannock Township High School

#### General Information 2020-2021

- School hours are 7:29 am – 2:40 pm Monday through Friday.
- 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.
- Once in-person registration is completed and all documents are received by the district, you will be contacted by a high school guidance counselor to make an appointment to review the transcript and schedule and determine a start date. This process may take a few days so it is best to begin the registration process as soon as you know your child will be attending PTHS.

# 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)
- 1:1 Chromebook Program Signature page
- Records Release Form
- NJSIAA Transfer form for sports athletes
- NJSIAA Student Athlete Residency Affidavit for sports athletes
- Custody Papers, if applicable. Does Student live with both parents?
- IEP/504, if applicable. Please bring a copy of the IEP or 504.
- Most recent Report card or transcript

# 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

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### District 1:1 Chromebook Program

### Parent & Student Signature Page

#### **Student**

I have read, or had the information above read to me, and fully understand the Student Acceptable Use of Computer and Internet Social Media Networks/Computers and Resource Policy 2361 as stated in the student handbook and the 1:1 Student/Parent Agreement. I understand these rules and agree to fully comply with all of them. Should I violate any of these rules at any time, I understand that I will be held accountable for my actions. The language of this contract is subject to change and I acknowledge I will be held responsible to uphold any changes.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

#### **Parent/Guardian**

I grant permission for my child to access Pequannock Township School District's computer resources, including Internet accessibility and their assigned 1:1 device. I understand that my child may keep his/her access as long as the procedures and rules described in the Student Acceptable Use of Computer and Internet Social Media Networks/Computers and Resource Policy 2361, as well as those stated in the Student Handbook are followed. Should my son or daughter violate any of the previously cited rules or procedures, they will be held accountable for their actions by Pequannock Township School District and their school as allowed by school policy and dictated by law.

I have also read the 1:1 Student/Parent Agreement and understand the costs and responsibilities associated with it.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



**Pequannock Township Board of Education**

538 Newark-Pompton Turnpike  
Pompton Plains, New Jersey 07444

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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:

Pequannock Township High School  
85 Sunset Road  
Pompton Plains, NJ 07444  
973-616-6000 fax: 973-616-2679

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 Frederick—Supervisor of Student Services 6-12  
Special Services Department  
Pequannock Township Public Schools  
85 Sunset Road  
Pompton Plains, NJ 07444

Thank you for your assistance.

Sincerely,

Mr. Richard Hayzler  
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 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:

Pequannock Township High School  
Attn: Health Office  
85 Sunset Road  
Pompton Plains, NJ 07444

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



## NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION TRANSFER FORM

THE UNDERSIGNED HEREBY CERTIFY THAT THE STUDENT NAMED HEREIN HAS TRANSFERRED TO HIS/HER PRESENT SCHOOL OF ENROLLMENT WITHOUT INDUCEMENT OR RECRUITMENT OR TO SEEK AN ATHLETIC ADVANTAGE. THE PARENTS/GUARDIANS ALSO AGREE TO THE SUBMISSION TO THE NJSIAA OF ANY PERTINENT RECORDS, INCLUDING TRANSCRIPTS, MAINTAINED BY THE SCHOOLS. REFUSAL TO SIGN THE TRANSFER FORM **MAY NOT** BE BASED UPON NONPAYMENT OF FEES, FAILURE TO RETURN SCHOOL PROPERTY AND THE LIKE. **THE TRANSFER FORM IS NECESSARY FOR STUDENTS WHO ARE RESIDING WITH THEIR PARENTS WHO HAVE MOVED TO THE UNITED STATES OR WHO HAVE MOVED FROM ONE SECONDARY SCHOOL DISTRICT TO ANOTHER SECONDARY SCHOOL DISTRICT.**

**STEP 1 – TO BE COMPLETED BY PRESENT SCHOOL AND FORWARDED TO PREVIOUS SCHOOL (PLEASE PRINT LEGIBLY)**

Name of **Present School**: \_\_\_\_\_ City: \_\_\_\_\_  Check if Choice School?

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Date of Enrollment at Present School (If enrollment occurs after the beginning of the school year, Month, Day, Year, student first attended class): \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Name: \_\_\_\_\_ Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **PRESENT** complete Address: \_\_\_\_\_

**STEP 2 – TO BE COMPLETED BY PREVIOUS SCHOOL IMMEDIATELY AND RETURNED TO PRESENT SCHOOL**

Name of **Previous School**: \_\_\_\_\_ City: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_ Student first entered 9<sup>th</sup> grade/school: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **PREVIOUS** Address: \_\_\_\_\_

A. List all sports in which the student participated on a varsity level in a sports season during the calendar year prior to the transfer:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*Student is ineligible for thirty (30) calendar days from the start of the Present School's regular schedule for each sport listed above.*

B. Has the student participated in a 9-12 program while in the 6, 7, 8<sup>th</sup> grade? \_\_\_\_\_ Yes \_\_\_\_\_ No (See Bylaws, Art.V, Sec.4.I)

**ATTENTION:** If the student is from a high school in a foreign country which does not sponsor interscholastic athletics, the adult(s) with whom the student is domiciled must attach a summary of the sports in which the student participated in a non-school community and/or national team/program for participants 14 years old or above. Said participation will be evaluated in "non-school" play to determine varsity status.

Check box if there is evidence that the student transferred for athletic advantage

Check box if there is evidence that the student was recruited.

**IF EITHER BOX IS CHECKED, WRITTEN EVIDENCE OF SUCH MUST BE SENT DIRECTLY TO NJSIAA FOR REVIEW.**

(If either of the two boxes is checked, or the form is not signed by the Principal and/or Athletic Director of the previous school, the transfer student is not eligible for regular season interscholastic competition until a hearing is held by NJSIAA.)

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If unsigned, please state reason(s): \_\_\_\_\_

**PLEASE FORWARD ALL FORMS/DOCUMENTS TO LARRY WHITE AT THE NJSIAA OFFICE:**

**lwhite@NJSIAA.org OR Fax to: 609-259-3047 OR Mail to: P. O. Box 487, Robbinsville, NJ 08691**

### Foreign Exchange/Student Request for Eligibility Application

This form must be completed by School personnel, not the student. **Please print legibly.** Please make sure to answer all questions.

<b>I. Name of School</b>			
Athletic Director		Athletic Director Phone	
Name of Student		Date of Birth	Country
Address			
Name of Foreign School Transferring from			
Address			
Name of Parents			
Address			
Person in US with whom student resides			
Address			
Graduate of another foreign or United States school (12 <sup>th</sup> grade)?			
Month/Year student entered 9 <sup>th</sup> grade		How many years in school up to present?	
Meets all NJSIAA Eligibility Requirements?		If no, please specify	
Last date previously attended foreign school		Date of enrollment in present school	
Has student previously attended school in United States?		If yes, dates attended	
If yes, School	City	State	Zip
Will student receive credits for courses taken at your school?			
Note: Student will not be eligible if your school does not grant credits for courses taken.			
Current grade in your school			
Class or Symbol VISA issued to student, sub-letter & digit which is stamped on I-94 Form of Passport (lower right)			
<b>Student's Signature</b>		Date Signed	
<b>II. Name of CSIET/NJSIAA Accepted Foreign Exchange Program</b>			
<p>If sponsorship is by any other organization, the Executive Officer of the organization must verify sponsorship on the organizations letterhead. For all other foreign students not residing in the U. S. with their parents, the Transfer Form must be processed.</p> <p>If students are enrolled in your school for credit under an accepted (CSIET/NJSIAA) foreign exchange program, the NJSIAA will waive the transfer rule and they will be eligible for interscholastic athletics provided they are <b>not</b> graduates of another school which is the equivalent of our 12 year program and all other NJSIAA eligibility requirements are verified as being met.</p>			
<p><b>III. If the student is <u>not</u> sponsored by a CSIET/NJSIAA accepted program or if the foreign student resides with their parents who have moved to the U.S., a Transfer Form <u>must be processed</u>.</b> Please give a detailed explanation of why, how and under what conditions the student is residing in your school district and seeks eligibility as a foreign transfer student. Information relative to student's athletic experience in school or non-school programs starting with the first entrance into the ninth grade must be documented on the Transfer Form by the foreign high school Principal. When the Principal is unable to provide such information, it must be provided by the family with whom the student resides. Athletic participation will be evaluated in "non-school" play for "varsity" status. (Attach information if more space is needed.)</p>			
<b>Principal's Signature</b>		Date Signed	

<b>IV. Approved</b> _____	<b>Denied</b> _____	<b>Reason</b> _____
<b>NJSIAA Executive Director Signature</b>		Date Signed

The NJSIAA will not process request unless the following documentation has been included (all information must be translated into English).

- \_\_\_ Copy of Birth Certificate or Passport showing Date of Birth
- \_\_\_ Month/year of first entrance into 9<sup>th</sup> grade or month/year of 9<sup>th</sup> year beyond kindergarten signed by Principal of foreign school.
- \_\_\_ Transcript of scholastic record, starting with first entry into 9<sup>th</sup> grade or 9<sup>th</sup> year beyond kindergarten signed by Principal of foreign school.
- \_\_\_ Description of student's prior participation in any sport for participants (age 14 and above), e.g., level of activity, years of participation, to determine the student's level of play in those countries where "high school" programs are not offered.
- \_\_\_ The host family should attach a description of the living accommodations accorded the student and the amount of contact between the student/parents and the school's coaching or athletic staff (signed by the host parent).

# NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

## STUDENT-ATHLETE RESIDENCY AFFIDAVIT

\_\_\_\_\_  
Print Student's Full Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

I, \_\_\_\_\_, of full age, being duly sworn to law, upon my oath  
depose and say:

1. I am the parent/legal guardian of the above listed student. (circle)
2. I currently reside at: \_\_\_\_\_  
I have resided at the above address since: \_\_\_\_\_
3. The above-named student moved with me at my new address on: \_\_\_\_\_
4. Prior to moving to the new residence address listed above, I resided at the following address:  
\_\_\_\_\_
5. Prior to moving to the new address listed in #2 above, the student resided at the following address:  
\_\_\_\_\_

with named parent/legal guardian \_\_\_\_\_

6. I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.
7. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.
8. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

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

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

STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_, The above-named affiant appeared before me, a notary public of the State of New Jersey, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ and I made known to him/her the contents of the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

Notary Public: \_\_\_\_\_

**Copies of this Affidavit must be sent to the New Jersey State Interscholastic Athletic Association upon request**