

*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)

Grade Kindergarten

General Information 2021-2022

- All students must be 5 years old on or before October 1<sup>st</sup> of the school year.
- School hours are 8:30 am – 3:00 pm Monday through Friday.
- Students must pre-register online on the Pequannock website. Once pre-registration is completed please call 973-616-6040 ext 1008 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
- \_\_\_\_\_ Oral Health Assessment Form (completed by dental professional)
- \_\_\_\_\_ Most recent physical and immunizations (completed by physician)
- \_\_\_\_\_ Parent Questionnaire
- \_\_\_\_\_ 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.

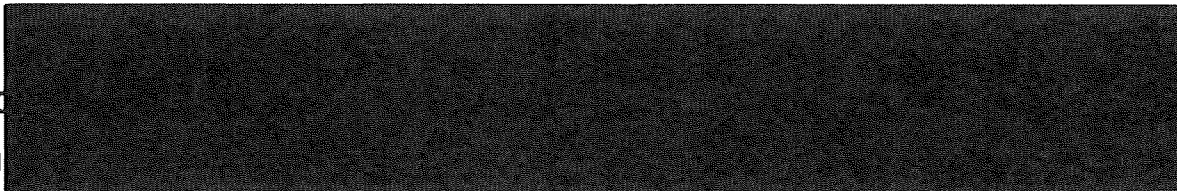
No. Proceed to 9.

**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.**

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***PEQUANNOCK TOWNSHIP  
PUBLIC SCHOOLS***

Dear Parents and guardians of preschool and kindergarten students,

It is our intent to promote oral health care which can affect student learning. We are requesting that the oral health assessment form be completed and returned with the medical registration packet. Tooth decay (or cavities) is the number one chronic childhood disease in America. Tooth decay is preventable with good oral hygiene and dental visits. One alarming statistic is that 51 million school hours are lost each year to untreated cavities. Young children who suffer from oral disease can have decreased appetite, inattentiveness, and distractibility caused by pain or infection.

Please have your child visit a dentist to ensure preventable disease. The NJ Dental Association offers an online find-a-dentist resource at [www.njda.org](http://www.njda.org).

Thank you for your support in keeping our students healthy to optimize learning.

Sincerely,

Pequannock Township Elementary School nurses

## ORAL HEALTH ASSESSMENT FORM

The New Jersey Children's Oral Health Education Program is administered by the New Jersey Department of Health. Program activities take place throughout the State with emphasis in areas of high need/high risk.

### SECTION 1: Child's Information (completed by parent/guardian)

Child's Last Name:	First Name:	Child's Date of Birth:
Address:		
City/Zip Code:		
Child's Sex: Male                  Female	Parent/Guardian Name:	

### SECTION 2: Oral Health Data Collection (completed by a licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box:

Dental Examination Date:	Caries Experience - Restorations Present:  Yes          No	Visible Decay Present:  Yes          No	Treatment Urgency: No obvious problem found Dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) Urgent care needed (pain, infection, swelling or soft tissue lesions)
Oral Hygiene:	Unsatisfactory	Satisfactory	Above Average
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Licensed Dental Professional Signature</i></span> <span><i>NJ License Number</i></span> <span><i>Date</i></span> </div>			

### SECTION 3: Waiver of Oral Health Assessment Requirement

**To be filled out by parent/guardian asking to be excused from this requirement**

Please excuse my child from a dental check-up because: (Check the box that best describes the reason.)

I am unable to find a dental office that will take my child's dental insurance plan.

My child's dental insurance plan is: \_\_\_\_\_

I cannot afford a dental check-up for my child.

I do not want to take my child for a dental check-up.

Optional: Other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: \_\_\_\_\_

*Signature of Parent/Guardian*

*Date*

**Pequannock Township School District**  
**Parent Questionnaire**  
**Your Child's Success Is Important to Us**

Child's Name \_\_\_\_\_

Please answer the following questions to help us provide your child with a great learning experience.

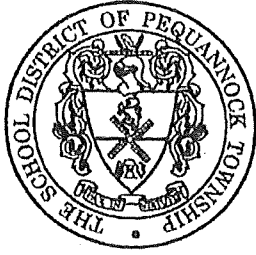
1. What are your child's strengths? \_\_\_\_\_  
 \_\_\_\_\_
2. What are your child's weaknesses? \_\_\_\_\_  
 \_\_\_\_\_
3. Has your child ever received Early Intervention Services? \_\_\_\_\_  
 If so, what and for how long? (Occupational Therapy, Speech and Language, Physical Therapy, Educational Services) \_\_\_\_\_

	YES	NO	SOMETIMES
4. Did your child attend Preschool? Name of Preschool _____			
5. Does your child have a diagnosed disability?			
6. Is your child's speech understandable to most people?			
7. Does your child participate in cooperative play with peers?			
8. Does your child prefer to play alone?			
9. Does your child follow single step directions?			
10. Does your child write his/her name?			
11. Does your child have an interest in books?			
12. Can your child sit still and listen for a 3-5 minute period of time?			
13. Can your child concentrate on a task for at least 10 minutes?			
14. Does your child show a sense of confidence when away from parent for 2-3 hours?			
15. Does your child enjoy being read to?			
16. Does your child recall past events?			
17. Does your child recall words to rhymes and songs?			

Parent 1

Is there anything else you think we should know about your child as we plan for the upcoming school year? \_\_\_\_\_

\_\_\_\_\_



**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

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:

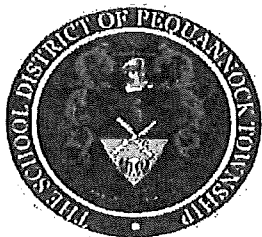
School: \_\_\_\_\_

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

*helena.branco@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