

*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 6 – 8

Pequannock Valley Middle School

General Information 2021-2022

- School hours are 7:50 am – 2:43 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
- \_\_\_\_\_ Most recent physical and immunizations (completed by physician)
- \_\_\_\_\_ 1:1 Chromebook Program Signature Page
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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.**

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**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 Valley School**  
**"Home of the Golden Panthers"**  
493 Newark-Pompton Turnpike Pompton  
Plains, New Jersey 07444  
(973) 616-6050 FAX: (973) 616-8370



Richard M. Hayzler, Principal  
John Seborowski, Assistant Principal

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

Dear Sir/Madam:

\_\_\_\_\_ formerly a student in your school district has enrolled in the Pequannock Township Public School District and will be attending:

Grade \_\_\_\_\_

At the PEQUANNOCK VALLEY MIDDLE SCHOOL  
493 Newark Pompton Turnpike  
Pompton Plains, New Jersey 07444  
(973) 616-6060 (973) 616-8379 fax

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  
Ms. Helena Branco—Supervisor of Student Services PK-5  
Special Services Department  
Pequannock Township Public Schools  
493 Newark Pompton Turnpike  
Pompton Plains, New Jersey 07444

Thank you for your assistance.

Sincerely,

John Seborowski  
Principal

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

Parent 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...

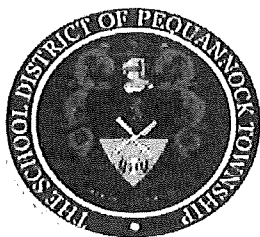
The original health record shall be forwarded with the school records of students who transfer to another school district.

Please mail these records to:

Pequannock Valley Middle School  
Attn: Health Office  
493 Newark Pompton Turnpike  
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

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

*helena.branco@pequannock.org*  
*mark.frederick@pequannock.org*

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## **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

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Parent Signature

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Date