



Pequannock Township School District

Office of the Superintendent

538 Newark Pompton Turnpike

Pompton Plains, New Jersey 07444

Phone (973) 616-6040 • Fax (973) 616-6043

Twitter: @PantherTownNJ

Dr. Michael Portas, Superintendent of Schools

michael.portas@pequannock.org

General Information

www.pequannock.org

- School hours
 - Elementary School 8:30 A.M. - 3:00 P.M. Monday through Friday
 - Middle School 7:50 A.M. - 2:43 P.M. Monday through Friday
 - High School 7:29 A.M. - 2:40 P.M. Monday through Friday
- For kindergarten registration, all students must be 5 years old on or before October 1st of the upcoming school year.
- Elementary school assignments are made based on Board Policy #5120 and the Elementary School Attendance Plan. School assignments will be made when registration is completed and all documents are provided.
- Students must pre-register online on the [Pequannock](http://www.pequannock.org) website under the [Registration](#) tab. Once pre-registration is completed, an email will be sent with instructions on how to upload the required documents. If you need assistance, please call 973-616-6040 ext. 1008.
- For high school students, after all documents have been received by the district, you will be contacted by a high school guidance counselor to make an appointment to review your transcript and schedule, and to 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.
- The NJSIAA forms are required for any student in grades 10-12 who will be playing a sport at PTHS. The NJSIAA Student Residency Affidavit must be notarized.

PEQUANNOCK TOWNSHIP SCHOOL DISTRICT
REGISTRATION CHECKLIST

- _____ Original birth certificate ***REQUIRED PRIOR TO ATTENDING SCHOOL***

- _____ Most recent physical and immunizations (completed by physician)
REQUIRED PRIOR TO ATTENDING SCHOOL

- _____ Must provide three (3) original proofs of residency within 60 days.
Documents can include driver's license, deed/lease, tax bill, mortgage statement, bank statement, voter registration, utility bill, etc.

- _____ Home Language Survey

- _____ Records Release Form, if applicable

- _____ IEP/504, if applicable

- _____ Most recent report card or transcript, if applicable

- _____ Custody papers, if applicable

- _____ Oral Health Assessment Form, completed by dental professional
(Preschool & Kindergarten only)

- _____ Parent Questionnaire and Preschool Release Form (***Kindergarten only***)

- _____ 1:1 Chromebook Program Signature Page (***Grades 6-12 only***)

- _____ NJSIAA Transfer form for sports athletes (***Grades 9-12 only***)

- _____ NJSIAA Student Athlete Residency Affidavit for sports athletes
(Grades 9-12 only)

Home Language Survey

Purpose

This survey is the first of three steps to identify whether a student is eligible to be identified as an English language learner (ELL).

Directions

Start with 'Question 1' and continue until the HLS is complete. Select the answer for each question and follow the directions. When you arrive at a decision, the HLS is complete. Proceed to *Step 2: Records Review Process* if the Home Language Survey indicates additional information is needed.

Student Information

Student Name:	Date of Birth (MM/DD/YYYY):
<hr/>	
Street Address:	
<hr/>	
City, State, Zip:	
<hr/>	
Phone Number:	
<hr/>	

Step 1: Survey Questions:

Question 1: List all languages used in the student's home and go to #2:

Question 2: Was the first language used by the student a language other than English?

☐ No (Go to #3)

☐ Yes (Go to #3)

Question 3: Does the student speak or understand a language other than English?

☐ No (Go to *Result C*)

☐ Yes (Go to #4)

Question 4: When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English most of the time?

☐ No (Go to #5)

☐ Yes (Go to #5)

Question 5: When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English most of the time?

☐ No (Go to *Result C*)

☐ Yes (Go to *Result B*)

Results [For Internal Use Only]:

Did they answer “Yes” to either Question #4 or Question #5?

☐ No (Go to *Result C*)

☐ Yes (Go to *Result B*)

Result B:

The student is a *possible* ELL. Reviewers should proceed to Step 2 of Identification Process: Conduct Records Review Process.

Result C:

The student is **not** an ELL.

Step 2: Conduct Records Review Process - This step is to be completed by NJ Certified Staff only – reference ESSA ELL entry and Exit Guidance.

Purpose

This process is the second of three steps to identify whether a student is eligible to be identified as an ELL. This review process is mandatory for all school districts/charters starting in July of 2019 and cannot be altered according to ESSA §3111(b)(2)(A).

Step 3: Testing for Identification - This process ensures multiple steps for identification are used to make the final decision regarding whether a student is an ELL.



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Date: _____

Dear Sir/Madam:

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

Grade: _____

SCHOOL TO BE CHECKED OFF BY REGISTRAR/SCHOOL SECRETARY

- | | | |
|---|-----------------|------------------|
| <input type="checkbox"/> Hillview Elementary, 206 Boulevard, Pompton Plains, NJ 07444 | ph 973-616-6080 | fax 973-616-5997 |
| <input type="checkbox"/> NBS Elementary, 363 Boulevard, Pompton Plains, NJ 07444 | ph 973-616-6070 | fax 973-616-5309 |
| <input type="checkbox"/> SJG Elementary, 59 Boulevard, Pequannock, NJ 07440 | ph 973-305-5615 | fax 973-305-5831 |
| <input type="checkbox"/> PVMS, 493 Newark Pompton Tpke, Pompton Plains, NJ 07444 | ph 973-616-6050 | fax 973-616-8370 |
| <input type="checkbox"/> PTHS, 85 Sunset Road, Pompton Plains, NJ 07444 | ph 973-616-6000 | fax 973-616-2679 |

Please send all appropriate records pertaining to the academic standing, 504 documents, suspension/ expulsion/ and or disciplinary records and **Original Health Records** of this student to the address checked above.

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

Special Services Department, 493 Newark Pompton Turnpike, Pompton Plains, NJ 07444

Thank you for your assistance.

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

Parent Signature: _____ Date: _____