



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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District 1:1 Chromebook Program

Parent & Student Signature Page

Student

I have read, or had the information 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 Print 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 their 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 child 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 Print Name _____

Parent/Guardian 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): _____

Check box that applies: ☐ Evidence that the student transferred for athletic advantage. ☐ Evidence that student was recruited.

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

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 9th 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 unless move is a bona fide change of residence by the student's parent or guardian.

B. Has the student participated in a 9-12 program while in the 6th, 7th, 8th 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 that applies: ☐ Evidence that the student transferred for athletic advantage. ☐ Evidence that 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 KIM DEGRAW-COLE AT THE NJSIAA OFFICE:

Scan: kcole@NJSIAA.org Fax: 609-259-3047 Mail: 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.

| | | | |
|---|------|---|---------|
| I. Name of School | | | |
| 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 th grade)? | | | |
| Month/Year student entered 9 th 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) | | | |
| Student's Signature | | Date Signed | |
| II. Name of CSIET/NJSIAA Accepted Foreign Exchange Program | | | |
| <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 not 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>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 must be processed. 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> <p>_____</p> <p>_____</p> <p>_____</p> | | | |
| Principal's Signature | | Date Signed | |

| | | |
|--|---------------------|---------------------|
| IV. Approved _____ | Denied _____ | Reason _____ |
| NJSIAA Executive Director Signature | | 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 9th grade or month/year of 9th year beyond kindergarten signed by Principal of foreign school.
- ___ Transcript of scholastic record, starting with first entry into 9th grade or 9th 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
depone 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



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Dr. Michael Portas, Superintendent of Schools

michael.portas@pequannock.org

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: _____