



# 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

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Dr. Michael Portas, Superintendent of Schools

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## General Information

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

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**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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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: <input type="checkbox"/> Male <input type="checkbox"/> 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:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
Oral Hygiene:            ___ Unsatisfactory                  ___ Satisfactory                  ___ Above Average			
<div style="display: flex; justify-content: space-between;"> <div><hr/><i>Licensed Dental Professional Signature</i></div> <div><hr/><i>NJ License Number</i></div> <div><hr/><i>Date</i></div> </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 the 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 my child to receive 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/Guardian Questionnaire

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

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

Did your child attend Preschool? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Preschool \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's weaknesses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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
Does your child have a diagnosed disability?			
Is your child's speech understandable to most people?			
Does your child participate in cooperative play with peers?			
Does your child prefer to play alone?			
Does your child follow single step directions?			
Does your child write his/her name?			
Does your child have an interest in books?			
Can your child sit still and listen for a 3-5 minute period of time?			
Can your child concentrate on a task for at least 10 minutes?			
Does your child show a sense of confidence when away from parent for 2-3 hours?			
Does your child recall past events/rhymes/songs?			
Does your child enjoy being read to?			

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

\_\_\_\_\_

# Pequannock Township School District

## Preschool Teacher Questionnaire

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

Name & Address of Preschool Attending \_\_\_\_\_

### Parent Authorization for Exchange of Information

*Sign and return to the registrar who will forward to the designated preschool for completion.*

I give my permission for \_\_\_\_\_  
(name of preschool) to provide the following information as it pertains to my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by the Preschool Teacher.

Please mark the appropriate box for each behavior described then return this completed form to the Pequannock Township School District Board of Education in the self-addressed, stamped envelope provided. We appreciate your input!

	Yes	No	Sometimes
1. Follows directions			
2. Completes classroom tasks			
3. Works independently			
4. Plays independently			
5. Works carefully			
6. Follows the school rules			
7. Has an adequate attention span			
8. Is easily distracted from task at hand			
9. Demonstrates a positive attitude towards school			
10. Interacts appropriately with other children			
11. Speaks in sentences during class with proper usage			
12. Freely speaks to peers and adults			
13. Is understood by teachers and peers			
14. Works up to his/her ability			
15. Exhibits self confidence			
16. Appears to be overly anxious or worried			
17. Appears to possess adequate large motor skills			
18. Appears to possess adequate small motor skills			

Signature of Preschool Teacher \_\_\_\_\_ Date \_\_\_\_\_

☐ Should adjust well to Kindergarten

☐ Might have difficulty adjusting to Kindergarten