



REGISTRATION PACKET



Marie V. Duffy
Elementary School

Ms. Pamela S. Blalock
Principal

Pre-K – 5th Grade

Note: New Pre-K and Kindergarten students also need to complete a **Parent's Rating questionnaire**.

(Please request it at the school office)



Alfred C. MacKinnon
Middle School

Mr. Robert Hayzler
Principal

6th Grade – 8th Grade

Note: Middle school students who want to participate in sports, also need to complete a **Sport physical**.

(Forms can be found on the website)



REGISTRATION REQUIREMENTS

PLEASE SUBMIT THE FOLLOWING:

(1.) Completed Registration Packet *(Attached)*

- Registration Form – Two sides
- Language Survey Form
- Release of Records – Please **sign**
- Section **A**, **B**, **C**, **or** **D** (A is attached, B,C, and D are available in the school office)

Complete **SECTION A** (*DOMICILE*) if the student is living with a parent or guardian whose permanent home is the address given on page 1 of this application and is located in the district.

or

Complete **SECTION B** (*"AFFIDAVIT" STUDENT*) if the student is living with a person domiciled in the district, other than the parent or guardian.

or

Complete **SECTION C** (*TEMPORARY RESIDENT*) if the student is living with a parent or guardian temporarily residing within the district.

or

Complete **SECTION D** (*SPECIAL CIRCUMSTANCES*) if the student's situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.

(2.) 8 Points of Residency Proof *(Residency questions? Please call 973-361-2593)*

- **6 Points** – Mortgage Statement/Payment Book/Tax Bill (Immediate family of owner)
- **6 Points** – Certificate of Habitation (non-owner occupied residence/rental unit) from the Town of Wharton
- **4 Points** – Sworn Statement of Landlord Certification Statement (owner occupied residence)
- **2 Points** – Residency Lease
- **1 Point** – Valid NJ Driver's License -reflecting current address
- **1 Point** – Passport / Visa -reflecting current address
- **1 Point** – Utility Bill / Credit Card Statement -reflecting current date and address (maximum of 2 accepted)

(3.) Child's Immunization Record

(4.) Child's Birth Certificate

(5.) Most Recent Report Card (if available)

(6.) Most Recent Physical

**NO CHILD WILL BE REGISTERED IF RESIDENCY PROOF,
IMMUNIZATION RECORDS, AND/OR REGISTRATION FORMS ARE INCOMPLETE.**



WHARTON BOROUGH PUBLIC SCHOOLS

STUDENT REGISTRATION FORM *FORMULARIO DE MATRICULA*

FOR OFFICE USE ONLY *PARA USO DE LA OFICINA SOLAMENTE*

REGISTRATION DATE: _____ GRADE/TEACHER: _____ / _____
 ENTRY DATE: _____ BC POR NURSE

1. PUPIL INFORMATION *Informacion del Pupilo (A)*

LAST NAME *Apellido* _____ FIRST NAME *Nombre* _____ MIDDLE *2do Nombre* _____ SEX *Sexo* _____

ADDRESS *Direccion* _____ HOME TELEPHONE# *Telefono de casa* _____

BIRTH DATE *Fecha de Nacimiento* _____ PLACE OF BIRTH *Lugar de Nacimiento* _____ EMAIL ADDRESS *Dirección de correo electrónico* _____

NAME OF LAST SCHOOL ATTENDED *NOMBRE DE LA ESCUELA ANTERIOR* ADDRESS *Direccion* _____ GRADE ENTERING *Grado* _____

2. PARENT/GUARDIAN INFORMATION: *Información de los padres con quien el niño(a) vive:*

CHILD IS LIVING WITH: MOTHER *Madre* FATHER *Padre* GUARDIAN *Encargado*
NINO VIVE CON STEP-MOTHER *Madrastra* STEP-FATHER *Padrastro*

MOTHER'S NAME <i>Nombre de la Madre</i> _____	HOME PHONE <i>Telefono de casa</i> _____
ADDRESS <i>Direccion de la Madre</i> _____	CELL PHONE <i>Celular</i> _____
PLACE OF EMPLOYMENT <i>Lugar de Empleo</i> _____	WORK PHONE <i>Telefono del Trabajo</i> _____
FATHER'S NAME <i>Nombre del Padre</i> _____	HOME PHONE <i>Telefono de casa</i> _____
ADDRESS <i>Direccion del Padre</i> _____	CELL PHONE <i>Celular</i> _____
PLACE OF EMPLOYMENT <i>Lugar de Empleo</i> _____	WORK PHONE <i>Telefono del Trabajo</i> _____
GUARDIAN'S NAME (IF NOT LIVING WITH PARENT) <i>Nombre del Encargado</i> _____	HOME PHONE <i>Telefono de casa</i> _____
GUARDIAN'S ADDRESS <i>Direccion del Encargado</i> _____	CELL PHONE <i>Celular</i> _____
PLACE OF EMPLOYMENT <i>Lugar de Trabajo</i> _____	WORK PHONE <i>Telefono del Trabajo</i> _____

3. FAMILY INFORMATION *Informacion familiar*

PLEASE LIST ALL OTHERS LIVING IN THE HOME WITH THE STUDENT AND THEIR RELATIONSHIP TO THE STUDENT.
POR FAVOR ESCRIBIR LOS NOMBRES Y PARENTESCO DE OTROS QUE VIVEN EN EL MISMO HOGAR DEL ESTUDIANTE

NAME <i>Nombre</i>	AGE <i>Edad</i>	RELATIONSHIP <i>Parentesco</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

Please complete side two of this form. *Completar el dorso de esta pagina*

4. PLEASE ANSWER ALL OF THE FOLLOWING FAVOR DE CONTESTAR TODO LO SIGUIENTE:

1. Does your child speak English? *¿Habla su hijo (a) Inglés?* Yes *Sí* No

2. Does your child speak another language? *¿Habla su hijo (a) otro lenguaje?* Yes *Sí* No

If yes, what language? Si contesto sí, que lenguaje? _____

3. Have they been in: *¿Han estado en...*
ESL? *¿Clase de Segundo Idioma?* Yes *Sí* No

Bilingual Program? *¿Programa Bilingue?* Yes *Sí* No

Classified(CST)? *Clasificado para programa de estudio en grupo* Yes *Sí* No

Speech? *Terapia del Habla* Yes *Sí* No

BSI Remedial? *Ayuda Remediativa en Destrezas Básicas* Yes *Sí* No

What Subjects? *En que Materias* _____

4. What math level has your child been taught at his/her previous school?(Middle School only) Circle one:
¿Qué nivel de matemáticas estudiaba su hijo(a) en la « Matemáticas de su grado

Algebra Pre-Algebra Grade Level math

5. Has your child been in a gifted or enriched program?
¿Ha estado su hijo(a) en el programa dotado/ talentoso o de enriquecimiento?

Yes *Sí* No *If yes, what areas? Si contestó sí, ¿Qué área?* _____

5. PHYSICAL/HEALTH INFORMATION Información de salud y física

PLEASE INDICATE IF THE CHILD HAS ANY PHYSICAL OR MEDICAL PROBLEM IN THE FOLLOWING AREAS:
Favor indicar si el niño(a) tiene algún problema de salud o físico en las siguientes areas:

Wears glasses? *¿Usa Espeuelos?* Yes *Sí* No

Wears hearing aid? *¿Usa artefacto auditivo?* Yes *Sí* No

FAMILY DOCTOR: *Médico Familiar:* _____

PHONE # *Teléfono:* _____

EMERGENCY CONTACT: *Contacto de Emergencia:* _____

PHONE # *Teléfono:* _____

6. OPTIONAL INFORMATION Información opcional

Ethnic background information is requested of all New Jersey Public Schools in the completion of an annual State Report. The purpose of this information request is to give accurate #'s to the State Department of Education and not to identify students. You are not required to complete this section, but your cooperation would be appreciated.

Antecedente étnico: Es pedido en todas las escuelas públicas de Nueva Jersey para completar los reportes anuales.

El propósito de pedir esta información es para darle al Departamento de Educación un numero exacto de estudiantes, no para identificarlos. No le exigimos completar esta sección, pero su cooperación es altamente apreciada.

- | | | |
|--|--|--|
| <input type="checkbox"/> White <i>Blanco</i> | <input type="checkbox"/> Black/African American <i>Negro/Americano Africano</i> | <input type="checkbox"/> Other <i>Otro</i> |
| <input type="checkbox"/> Hispanic/Latino <i>Hispano/Latino</i> | <input type="checkbox"/> Native Hawaiian/Pacific Islander <i>Nativo de Hawai Isleno del Pacífico</i> | |
| <input type="checkbox"/> Asian <i>Asiatico</i> | <input type="checkbox"/> American Indian/Alaska Native <i>Indio Americano/Nativo de Alaska</i> | |

7. SIGNATURE Firma: _____ **DATE Fecha:** _____

WHARTON BOROUGH PUBLIC SCHOOLS



Purpose: The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as a Multi-language learner (MLL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____

Date of Birth (MMDDYYYY): _____

Current Address: _____

Survey Questions:

1.) List all languages used in the student's home.

2.) Was the first language used by the student a language other than English?

_____ No _____ Yes

3.) Does the student speak or understand a language other than English?

_____ No _____ Yes

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 _____ Yes

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 _____ Yes



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PERMISSION TO RELEASE SCHOOL RECORDS

PERMISO PARA TRANSFERIR REGISTROS ESCOLARES

_____ has been enrolled in Grade _____ of our school.

Please, forward available academic and health records. Other information, which will be useful in placement and counseling, would be appreciated. Include CST records if applicable. If student is transferring from a New Jersey school please include the NJ student ID and A-45 health form.

Parental permission for the release of such records is indicated below.

Thank you for your assistance,

Guidance Department

Wharton School District

I authorize the release of all records of my child to Wharton School District:

Doy mi autorización para transferir los expedientes de mi hijo (a) al Distrito Escolar de Wharton :

Student's name

(Nombre del estudiante)

Date of Birth

(Fecha de nacimiento)

Signature of Parent / Guardian

(Firma del Padre/Tutor)

Date

(Fecha)

Please send records to:

**Wharton Public Schools
Guidance Department
137 East Central Avenue
Wharton, NJ 07885**

Tel. 973-361-1253 ext. 253

Fax. 973-361-4805



PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student’s eligibility to attend school in this district in accordance with New Jersey law. *Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:*

- Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship.
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency.
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless.
- Placed in the home of a district resident by court order pursuant to *N.J.S.A. 18A:38-2*.
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to *N.J.S.A. 18A:38-3(b)*.
- Residing on federal property within the State pursuant to *N.J.S.A. 18A:38-7.7 et seq.*

*Note that the following do **not** affect a student’s eligibility to enroll in school:*

- Physical condition of housing or compliance with local housing ordinances or terms of lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- Absence of a certified copy of birth certificate or other proof of a student’s identity, although these must be provided within 30 days of initial enrollment, pursuant to *N.J.S.A. 18A: 36-25.1*.
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, *N.J.A.C. 8:57-4.1 et seq.*
- Absence of a student’s prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district.

The following forms of documentation may demonstrate a student’s eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Mortgage Statement/Payment Book/Tax Bill (Immediate family of owner)
- Certificate of Habitation (non-owner occupied residence/rental unit) from the Town of Wharton
- Sworn Statement of Landlord Certification Statement (owner occupied residence)
- Residency Lease
- Valid NJ Driver’s License -reflecting current address
- Passport / Visa -reflecting current address
- Utility Bill / Credit Card Statement -reflecting current date and address (maximum of 2 accepted)

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

Please be aware that any initial determination of the student’s eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

If you experience difficulties with the enrollment process, please contact the guidance counselors.

To the Person Enrolling the Student: Please complete the appropriate section A, B, C or D below, according to the situation best matching the student’s circumstances:

*Complete **SECTION A (DOMICILE)** if the student is living with a parent or guardian whose permanent home is the address given on page 1 of this application and is located in the district. If applicable, joint custody arrangement needs to be attached.* Form is enclosed.

OR

*Complete **SECTION B (“AFFIDAVIT” STUDENT)** if the student is living with a person domiciled in the district, other than the parent or guardian.* Form is available in the Board Office.

OR

*Complete **SECTION C (TEMPORARY RESIDENT)** if the student is living with a parent or guardian temporarily residing within the district.* Form is available in the Board Office.

OR

*Complete **SECTION D (SPECIAL CIRCUMSTANCES)** if the student’s situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.* Form is available in the Board Office.

SECTION A (DOMICILE):

Complete this section if **the student is living with a parent or guardian** whose **permanent home** is the address that is given on the registration form and is **located in the district**. **Please attach joint custody arrangement** if applicable.

(If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6 month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B.)

Name of Student: _____

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

- Is there a **court order** or written agreement between the parents designating the district for school attendance? And if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)

- Does the student reside with one parent for the entire year? If so, with which parent and at what address?

- If not, for what portion of time does the student reside with each parent and at what addresses?

- If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

Please note:

No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.



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HEALTH HISTORY

FOR SCHOOL USE ONLY

To be completed by Parent /Guardian

Start Date: _____

STUDENT & FAMILY INFORMATION

F M

First Name _____ Middle Name _____ Last Name _____ Gender

Birth Date _____ Country of Birth _____ Age _____ Grade Entering _____

Parents'/ Guardians' names _____ This child is # _____ of _____ Children

Does child live with both parents? YES NO If "NO", with whom: Mother Father Guardian

Chronic diseases in family history (diabetes, high blood pressure, heart disease, cancer) _____ Recent changes in family life (death, divorce, separation) _____

DEVELOPMENTAL

At what age did the child Sit _____ Crawl _____ Stand _____ Walk _____
Talk _____ Feed self _____ Toilet trained _____ Bed wet to age _____
Hand Preference _____

MEDICAL HISTORY (please check)

- Neurological/Seizures Bleeding Problems/Anemia Hearing/Ear Infection Speech /Language
- Respiratory/Asthma Hospital/Surgery Psychological Endocrine/Diabetes
- Circulatory/Heart Kidney/Bladder Accidents/Head Injury Vision/Glasses
- Orthopedic/Broken Bones Dental/Cleft Palate/Lip Dermatological/Skin Contagious Diseases

Explain checked items: _____

ALLERGIES (please check)

- Medications Foods Plants Bees Peanuts Animals

Explain checked items: _____

MEDICATIONS

Is your child taking any medication? YES NO Name of medication(s) _____
Dosage and time given _____



MEDICAL INFORMATION

Student's Name:

Birth Date:

Please have your family doctor complete this form and return it to school, ATTENTION: School Nurse.

*Favor completar por s su medico familiar y devolver a la escuela bajo: Enfermera Escolar.

INSTRUCTIONS TO PHYSICIANS: Please indicate by a check along side each area if the child is in satisfactory physical condition to participate in a school program. Please also note any unusual or unsatisfactory physical conditions.

Table with 4 columns: Ears/Hearing, Heart, Height, Weight, Eyes/Vision, Lungs, Nutrition, Lymph Glands, Abdomen, Nervous System, Thyroid, Hernia, Speech, Nose, Genito-Urinary, Blood Pressure, Throat, General Appearance, Posture-Feet, Teeth - Mouth, Orthopedic - Structural, Skin.

Allergies:

Food:

Medication:

Previous surgery/hospitalization (type & date):

Restrictions, If any:

Comments/Recommendations:

This child (___) IS (___) IS NOT capable of participating in a regular school program.

Physician's address

Physician's Signature

Physician's Printed Name

Physician's Phone Number

Date of Physical

Table with 5 columns: IMMUNIZATIONS, Date, Date, Date, Date. Rows include DPT Triple Vaccine, DPT Booster, Tdap, Polio Vaccine, MMR Vaccine, Live Measles Vaccine, Rubella Vaccine, Mumps Vaccine, HIB Vaccine, Hepatitis B Vaccine, Hepatitis A Vaccine, Varicella, Pneumococcal, Influenza, Meningococcal, Gardasil, TB Test & Results.



Aftercare Services:

YMCA

**Program is held in the Duffy and MacKinnon
Schools**

Lynn Molitoris
14 Dover-Chester Rd
Randolph, NJ 07869
(973) 366-1120 ext. 16

The Magic Garden

113 Fern Ave.
Wharton, NJ 07885
(973) 361-4167

