

Incomplete packets **WILL NOT** be accepted.

Please make sure all pages in the packet are complete and **copies** of the required supporting documents are included.

If anything is missing, your packet will be handed back to you and you will forfeit your place in line.

If you have any questions, please contact the Duffy Office at 973-361-2506.

NO SERÁN ACEPTADOS paquetes incompletos.

Por favor asegúrese de que todas las páginas del paquete estén completas y que estén las **copias** incluidas de todos los documentos justificativos requeridos.

Si le falta algo, se le devolverá su paquete y perderá su lugar en la fila.

Si tiene alguna pregunta, por favor comuníquese con la oficina de Duffy al
973-361-2506.

WHARTON BOROUGH PUBLIC SCHOOLS

www.wbps.org



"Learn to Thrive in a Dynamic World"

Marie V. Duffy Elementary School

"Governor's School of Excellence"

Pamela S. Blalock, Principal

Alfred C. MacKinnon Middle School

Robert D. Hayler, Principal

Christopher Hertlman
Superintendent

Sandy Cammarata
Business Administrator

Kenneth Russo
Director of
Curriculum & Instruction

Marie Giantomasi
Director of Special Education
& Child Study Team Services

Board of Education
Robin Ghebreal
President

Kelly Elardo
Vice President

Anthony Astrologo
Satwant Banga
Pamela Schiele
Jennifer Hobbs

Superintendent's Office
973.361.2592
Fax 973.895.2187

Business Office
973.361.2593
Fax 973.442.7593

Marie V. Duffy School
973.361.2506
Fax 973.361.4917

Alfred C. MacKinnon School
973.361.1253
Fax 973.361.4805

Child Study Team
973.361.3010
Fax 973.361.4897

Guidance
973.361.2506
Fax 973.361.4917

137 East Central Avenue
Wharton, NJ 07885

Dear Parent or Guardian of one of our Entering Preschoolers:

Please take the time to review the enclosed preschool funding application to see if you qualify. If you qualify, your child is eligible to receive funding for one of our 3 & 4 year old, full day programs listed below, on a first come – first served income basis, as long as preschool funding is available:

Head Start (Dover)

Learning Tree Academy (Succasunna)

Little Learners (Kenvil)

Magic Garden (Wharton)

The application should be turned in at the Duffy Office between 9:30 A.M. and 2:45 P.M. or mailed to: Wharton Board of Education 137 E. Central Ave. Wharton, NJ 07885

Estimado Padre o Tutor de uno de nuestros Preescolares Principiantes:

Por favor tómese el tiempo para revisar la solicitud adjunta de financiamiento preescolar para ver si califica. Si califica, entonces su hijo es elegible para recibir fondos para uno de nuestros programas preescolares que se detallan a continuación, el primero que llega-primero será atendido basado en sus ingresos y hasta donde tengamos financiación preescolar disponible:

Head Start (Dover)

Learning Tree Academy (Succasunna)

Little Learners (Kenvil)

Magic Garden (Wharton)

La solicitud debe entregarse en la oficina de Duffy entre las 9:30 a.m. y las 2:45 p.m. o la puede mandar par correo a Wharton Board of Education -137 E. Central Ave. Wharton, NJ 07885.

Sincerely/Atentamente,

Sandy Cammarata

Business Administrator/Administradora de Empresas

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137 East Central Avenue
Wharton, NJ 07885

Dear Parent/Guardian of a Wharton Preschooler:

We are able to offer Wharton parents a choice of fully funded (as long as preschool funding is available), full day preschool programs. Please refer to Sandy Cammarata's (Business Administrator) letter for a list of privately-run preschools accepting Wharton students.

How do you register?

- Complete the **Registration Packet** and return the completed packet with **copies of the necessary supporting documents**. Completed packets can be dropped off at the Duffy Main Entrance starting on Wednesday, March 12 between the hours of 9:30 A.M and 2:45 P.M or mailed to the school at the following address:

Wharton Board of Education
137 E Central Avenue
Wharton, NJ 07885

Once residency is proved and the documents in the Registration Packet are completed and submitted, your child is officially enrolled and the registration process complete. We will try to honor your request for a specific preschool program. Head Start may also review your registration packet.

If you have any questions or concerns do not hesitate to contact Mr. Mike Laudati (mlaudati@wbps.org) the Guidance Counselor, or, if your question is about proof of residency, call the Business Office (973-361-2593) or email Yelitza Ledesma (yledesma@wbps.org).

Sincerely,

Pamela S. Blalock
Principal

Our vision is to offer parents a choice of preschools that each, in its own way, provides a nurturing and stimulating environment where children can develop a love for learning and reach their full potential. We are dedicated to providing a high-quality early childhood education and building strong foundations in a positive and inclusive setting. We want our students to learn to thrive in a dynamic world.

Child's Name: _____

Applicant Name: _____

Parent/ Guardian Email _____

Dear Parent or Guardian of one of our upcoming preschoolers:

Please take the time to review the enclosed preschool funding application to see if you qualify for the funding. If you qualify, your child is eligible to attend one of our **full day** preschool programs listed below, on a **first come – first served** basis, as long as preschool funding is available:

Please mark a first, second and third choice from the following Pre-School centers:

Head Start (Dover) _____

Learning Tree Academy (Succasunna) _____

Little Learners (Kenvil) _____

Magic Garden (Wharton) _____

Please return this form to the Duffy office with your Registration Packet.

Nombre del estudiante: _____

Nombres del solicitante: _____

Padre/ Tutor Correo Electrónico _____

Estimado Padre o Guardián de uno de nuestros próximos preescolares:

Por favor, tómese el tiempo para revisar la solicitud de financiamiento preescolar para ver si califica para el financiamiento. Si califica, su hijo es elegible para asistir a uno de nuestros programas preescolares de **día completo** que se enumeran a continuación, por **orden de llegada**, siempre y cuando haya fondos preescolares disponibles:

Por favor, marque primera, segunda y tercera opción de los siguientes centros preescolares:

Head Start (Dover) _____

Learning Tree Academy (Succasunna) _____

Little Learners (Kenvil) _____

Magic Garden (Wharton) _____

Por favor regrese esta forma a la oficina de la escuela de Duffy junto con el Paquete de Registración.



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 *Información del Pupilo (A)*

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

ADDRESS *Dirección* _____ 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 *Dirección* _____ 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 *Padrastra*

MOTHER'S NAME *Nombre de la Madre* _____ HOME PHONE *Telefono de casa* _____

ADDRESS *Dirección de la Madre* _____ CELL PHONE *Celular* _____

PLACE OF EMPLOYMENT *Lugar de Empleo* _____ WORK PHONE *Telefono del Trabajo* _____

FATHER'S NAME *Nombre del Padre* _____ HOME PHONE *Telefono de casa* _____

ADDRESS *Dirección del Padre* _____ CELL PHONE *Celular* _____

PLACE OF EMPLOYMENT *Lugar de Empleo* _____ WORK PHONE *Telefono del Trabajo* _____

GUARDIAN'S NAME (IF NOT LIVING WITH PARENT) *Nombre del Encargado* _____ HOME PHONE *Telefono de casa* _____

GUARDIAN'S ADDRESS *Dirección del Encargado* _____ CELL PHONE *Celular* _____

PLACE OF EMPLOYMENT *Lugar de Trabajo* _____ WORK PHONE *Telefono del Trabajo* _____

3. FAMILY INFORMATION *Información 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 _____	_____	_____

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 Espejuelos?* 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



WHARTON BOROUGH PUBLIC SCHOOLS

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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



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"Learn to Thrive in a Dynamic World"

Christopher J. Herdman
Superintendent
(973) 361-2592

Sandy Cammarata
Business Administrator
(973) 361-2593

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



WHARTON BOROUGH PUBLIC SCHOOLS

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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.

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 _____

IMMUNIZATIONS	Date	Date	Date	Date
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:

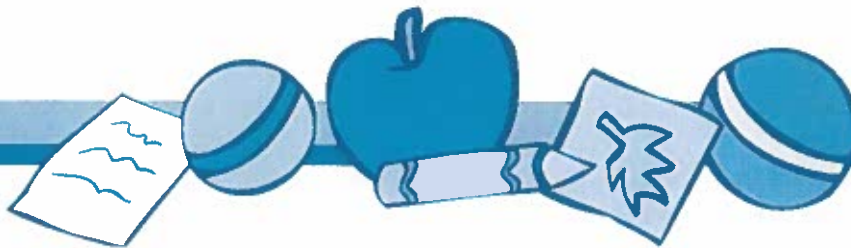
YMCA

**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





WHARTON BOROUGH PUBLIC SCHOOLS
www.wbps.org

"Learn to Thrive in a Dynamic World"

Marie V. Duffy Elementary School

Alfred C. MacKinnon Middle School

PARENT OBSERVATION FORM
- Pre-Kindergarten -

Child's Name _____		Birth Date _____	
Address _____		Phone _____	
Parents'/ Guardians' names: Father _____		Mother _____	
Was this pregnancy unusual in any way?YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were there any complications during the birth of this child? YES <input type="checkbox"/> NO <input type="checkbox"/>		Problems with feeding/sleep patterns? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES please explain: _____		If YES please explain: _____	
At what age did the child			
Sit _____		Crawl _____	
Stand _____		Walk _____	
Talk _____		Feed self _____	
Toilet trained _____		Speak in sentences _____	
Hand Preference _____		This child is # _____ of _____ Children	
Were any of the following verified by a physician or suspected by a parent:			
<input type="checkbox"/> Hearing problem verified		Other health problem (including emotional, personal) verifiedYES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> Visual problem verified		If YES please explain: _____	
<input type="checkbox"/> Hearing problem suspected			
<input type="checkbox"/> Visual problem suspected			
If verified by a physician, please give physician's name and address:			
Physician's Name: _____		Address: _____	
Attended nursery school or preschool.....YES <input type="checkbox"/> NO <input type="checkbox"/>			
NAME of School: _____			
Had difficulties in nursery schoolYES <input type="checkbox"/> NO <input type="checkbox"/>			
Difficulty:: _____			
Been to an agency or clinic.YES <input type="checkbox"/> NO <input type="checkbox"/>			
Reason: _____			
Parents' Comments: (Please list anything you feel could have a bearing on how your child will adjust to school, classmates, and teachers or if you feel you need to speak to the staff social worker.)			

Please check (√) A, B, C, or D for the following statements. In your opinion, have you noticed the following in your child:	A Not at all or average for age	B Sometimes	C More often than expected for age	D Not Sure
1. Difficulty in getting along with other children.				
2. Difficulty in expressing himself or herself.				
3. Prefers to play alone instead of with other children.				
4. Difficult to understand when he/she talks.				
5. Fights a lot.				
6. Seems generally unhappy.				
7. Mispronounces certain sounds: (please list)				
8. Upset by changes in routine.				
9. Demands much individual attention.				
10. Excessively active.				
11. Difficulty in getting along with adult men.				
12. Difficulty in getting along with adult women.				
13. Needs to be disciplined often.				
14. Repeats himself in many situations.				
15. Difficulty in seeing a relationship between his behavior and its consequences.				
16. Confused in following directions.				
17. Difficulty in remembering things for a long time.				
18. Difficulty in remembering things for a short time.				
19. Cries easily.				
20. Gives up easily.				
21. Refuses to cooperate unless forced.				
22. Has a bad temper.				
23. Holds or tilts head in unusual way watching TV.				
24. Holds things close to see them.				
25. Gets frequent headaches.				
26. Rubs eyes a lot.				
27. "Squints" when looking at something.				
28. Unable to hear loud noises (car horn, fire engine) until vehicle is very close.				
29. Unable to focus both eyes on an object.				
30. Unable to use fork and spoon without help.				
31. Unable to catch objects.				
32. Tires easily.				
33. Avoids physical activities.				
34. Loses balance, trips, falls.				
35. Difficulty running.				

WHARTON BOROUGH PUBLIC SCHOOLS

www.wbps.org

"In partnership with the community, the Wharton School district is committed to educational excellence and guarantees challenging learning opportunities for all students to become life-long learners and productive and responsible members of society. It is the expectation of this school district that all pupils achieve the New Jersey core curriculum content standards at all grade levels."

Marie V. Duffy Elementary School
"Governor's School of Excellence"
Pamela S. Blalock, Principal

Alfred C. MacKinnon Middle School
Robert Hayzler, Principal

PRE-SCHOOL ELIGIBLE TRANSPORTATION (More than 2 miles distance to the PK center)

Child's Name _____

Address _____

Please let us know if you would like transportation for your child for 2025-2026 school year.

_____ Yes Want Transportation

_____ **DO NOT** Want Transportation

_____ Head Start, 18 Thompson Ave., Dover

_____ Little Learners Kenvil, 659 Route 46 West, Suite 4, Kenvil

_____ Learning Tree Academy, 19 Route 10 E. Building 1, Succasunna

<p>Additional information:</p> <p>Parent's Name: _____</p> <p>Email Address: _____</p> <p>Phone Number: _____</p> <p>Child's Age : _____ Weight : _____</p>

**WHARTON BOARD OF EDUCATION
137 EAST CENTRAL AVENUE
WHARTON, NJ 07885
TELE: 973-366-2592**

Student Name: _____

Dear Parents:

The Preschool Education Funding application requires that you complete the following information:

Total Household Gross Income - You must tell us how much and how often for each person: Check if no income					
1. Name: List everyone in household (include students <u>full</u> name)	2. List gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				
	Earning from work before deductions <i>How Often?</i>	Welfare, child support, alimony <i>How Often?</i>	Pensions, Retirement, Social Security <i>How Often?</i>	All Other Income <i>How Often?</i>	3. Check if No Income
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
8.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
9.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must Sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print Name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last 4 Digits of Social Security Number: ***-**-_____ I do not have a Social Security Number

Sincerely,

**Sandy Cammarata
School Business Administrator**

WHARTON BOROUGH PUBLIC SCHOOLS

www.wbps.org

If you have questions regarding residency, please email Yelitza Ledesma at yledesma@wbps.org

To request the Certificate of Habitation from the Town Hall:

Complete the Verification School form and go to the Town Hall of Wharton with a copy of your current lease or utility bills, a copy of your ID (passport, Driver's license) that matches the address on the lease or utility bills a **Kevin Lewthwaite**. (klewthwaite@whartonnj.com)

The Town Hall is located at 10 Robert Street, Next to the Fire Department.

The **Original** Certificate of Habitation have to bring to the Board office with the rest of the bills, or **Completed** registration packets can be mailed to the school at the following address:

Wharton Board of Education
137 E. Central Avenue.
Wharton, NJ 07885

Si tiene preguntas sobre la residencia, envíe un correo electrónico a Yelitza Ledesma a yledesma@wbps.org

Para solicitar el Certificado de Habitación de la Municipalidad de Wharton:

Llevar una copia de su contrato de arrendamiento actual o factura de servicios públicos, una copia de su identificación (pasaporte, licencia de conducir) que coincida con la dirección en el contrato de arrendamiento o facturas de servicios públicos, y un número de teléfono o correo electrónico donde se le pueda localizar.

Entregar la documentación a **Kevin Lewthwaite** (klewthwaite@whartonnj.com)

La Municipalidad de Wharton está ubicada en 10 Robert Street, al costado del Departamento de Bomberos.

El Certificado de Habitación **original** debe ser entregado a la oficina del Board junto con los demás recibos, o si prefiere los paquetes de inscripción **Completos** pueden enviarse por correo a la escuela a la siguiente dirección:

Wharton Board of Educacion
137 E. Central Avenue
Wharton, NJ 07885

BOROUGH OF WHARTON

Housing & Zoning
Property Maintenance
Enforcement

Pedro "Chick" Moreno
Kevin Lewthwaite



10 Robert Street
Wharton, NJ 07885
Tel: 973-361-8444 Ext. 2721
Fax : 973-361-5281

cmoreno@whartonnj.com
klewthwaite@whartonnj.com
www.whartonnj.com

SCHOOL VERIFICATION FORM

Applicants Name: _____

Address: _____

Phone No.: _____ Email: _____

How long has the applicant resided at this location? _____

How many bedrooms in this dwelling unit? _____

Please list the names of everyone living with you. (INCLUDE THE AGES OF ALL SCHOOL-AGED CHILDREN)

Property Owner(s) Name: _____

Address: _____

Phone No.: _____ Email: _____

I, _____, do hereby attest that the information provided on this application is true and that any change will be reported to the Borough of Wharton immediately to facilitate up-to-date Borough records.

Signature: _____ Date: _____
Applicant

This application must be submitted with a photocopy of ID (i.e.: passport, driver's license), and a copy of a current lease or utility bill. Approved student verification will be mailed to the residence.

FOR OFFICIAL USE: HOUSING OFFICIAL APPROVAL: _____
APPLICATION RECEIVED ON: COMMENTS/REASON FOR REFUSAL: _____

FOR CHILD CARE/PRESCHOOL DIRECTORS AND PARENTS: IMMUNIZATION REQUIREMENTS



NJ Department of Health (NJDOH)
Vaccine Preventable Disease Program

Summary of NJ Child Care/Preschool Immunization Requirements

Listed in the chart below are the minimum required number of doses your child must have to attend a NJ child care/preschool.* This is strictly a summary document. Exceptions to these requirements (i.e. provisional admission, grace periods, and exemptions) are specified in the Immunization of Pupils in School rules, New Jersey Administrative Code (N.J.A.C. 8:57-4). Please reference the administrative rules for more details https://www.nj.gov/health/cd/imm_requirements/rcode/. Additional vaccines are recommended by Advisory Committee on Immunization Practices (ACIP) for optimal protection. For the complete ACIP Recommended Immunization Schedule, please visit <http://www.cdc.gov/vaccines/schedules/index.html>.

At this age the child should have received the following vaccines:	2 months	4 months	6 months	12 months	15 months	18 months	19 months	20-59 months
Diphtheria, tetanus & acellular pertussis (DTaP)	Dose #1	Dose #2	Dose #3			Dose #4		
Inactivated Poliovirus (Polio)	Dose #1	Dose #2				Dose#3		
Haemophilus influenzae type b (Hib)	Dose #1	Dose #2		1-4 doses [†] (see footnote)		At least 1 dose given on or after the first birthday		
Pneumococcal conjugate (PCV 13)	Dose #1	Dose #2		1-4 doses [†] (see footnote)	At least 1 dose given on or after the first birthday			
Measles, mumps, rubella (MMR)					Dose #1 [†]			
Varicella (VAR)							Dose #1 §	
Influenza (IIV; LAIV)					One dose due each year ^l			

*Interpretation: Children need to receive the minimum number of age-appropriate vaccines prior to entering child care/preschool. For example, a child 2 months of age, must have 1 dose each of DTaP, Polio, Hib, and PCV before being permitted to enter child care/preschool. A child entering at a younger age range than listed above must have proof of receiving vaccines in the previous age bracket. Example: A child entering child care/preschool at 11 months of age, would need at least the following: 3 DTaP, 2 Polio, 2 Hib, and 2 PCV. If a child has not received any vaccines, he/she would need at least one dose of each required vaccine to enter school provisionally and be in the process of receiving the remaining doses as rapidly and as medically feasible. The current seasonal flu vaccine is required every year by December 31 for children 6-59 months of age.