Fort Lee Public Schools

Central Administration Offices

2175 Lemoine Avenue, 6th Floor ✧ Fort Lee, New Jersey 07024

Phone: 201.585.4612 Ext. 7506 ✧ Fax: 201.585.7997

www.FLBOE.com

In order to register for Fort Lee Public Schools, each student must be accompanied by a parent or guardian and submit or provide the following:

1. Proof of age:
   - *A. Birth certificate – if child was born in United States
   - *B. Passport/visa, alien card or family register
   - C. Divorce/custody papers, if applicable

2. Proof of residence:
   Lease, deed, mortgage or stock certificate

3. Three (3) proofs of residency are needed. Examples are:
   - A. Home or cell phone bill **with number and address of service** (Page ONE of bill)
   - B. Current bills (PSE&G, water, or cable)
   - C. Official correspondence
   - D. Current major credit card bill
   - E. Post office change of address
   - F. Work orders or invoices

4. Transfer card and report card from previous school.

5. A completed physical examination form for registration. This must be signed, and dated by the Doctor within twelve (12) months prior to entering.

6. If child is entering from a country outside of the United States, documentation must be provided of the mantoux tuberculin skin test given no more than six (6) months, and given in the United States, prior to entering. If the mantoux tuberculin skin test is positive, you must submit a separate report from the radiologist of the x-ray results.

***Please note that photo identification is not required for enrollment.** In compliance with N.J.A.C. 6A:22-3 et seq the Fort Lee School District is restricted to requesting only information on child's age and residence. Please refer to district policy and regulation 5111 available on the Fort Lee School District website.

Rev. 2/2015

Fort Lee Public Schools
Fort Lee, New Jersey 07024

Fort Lee Board of Education
2175 Lemoine Ave. 6th floor
Fort Lee, N.J. 07024

Central Registration
Phone #: (201) 585-4612 X-7506
Fax: (201) 585-7997

IF STUDENT IS GOING TO BE ABSENT OR LATE TO SCHOOL,

PLEASE CALL THE SCHOOL BY **8:30 A.M.** DAILY.

SCHOOL #1 ----- 585-4620

SCHOOL #2 ---- 585-4630

SCHOOL #3 ---- 585-4640

SCHOOL#4 ---- 585-4650

MIDDLE SCHOOL --- 585-4660

HIGH SCHOOL ---- 585-4675

Rev: 9/14

Central Registration
2175 Lemoine Ave.
(201) 585-4612 Ext 7506
Fax (201) 585-7997

MEDICAL FORM REQUIREMENTS

DOCTOR'S CERTIFICATE MUST SHOW A MINIMUM OF:

- DATES (MONTH, DAY AND YEAR) OF **3 DPT** IMMUNIZATIONS **AND A BOOSTER DOSE**. THE BOOSTER MUST BE GIVEN ON OR AFTER THE 4TH BIRTHDAY.

- DATES (MONTH, DAY AND YEAR) OF **2 POLIO** IMMUNIZATIONS **AND A BOOSTER DOSE**. THE BOOSTER MUST BE GIVEN ON OR AFTER THE 4TH BIRTHDAY.

- DATE (MONTH, DAY AND YEAR) OF **MEASLES** IMMUNIZATION GIVEN ON OR AFTER THE 1ST BIRTHDAY, **AND A SECOND DOSE** GIVEN AFTER AT LEAST ONE MONTH.

- DATE (MONTH, DAY AND YEAR) OF **RUBELLA (**GERMAN MEASLES) IMMUNIZATION GIVEN ON OR AFTER THE 1ST BIRTHDAY.

- DATE (MONTH, DAY AND YEAR) OF **MUMPS** IMMUNIZATION GIVEN ON OR AFTER THE 1ST BIRTHDAY.

- DATE (MONTH, DAY AND YEAR) OF **VARICELLA** (CHICKEN POX) IMMUNIZATION GIVEN ON OR AFTER THE 1ST BIRTHDAY.
  THIS IS REQUIRED FOR ALL CHILDREN BORN ON OR AFTER JANUARY 1, 1998.

- DATES (MONTH, DAY AND YEAR) OF **3 HEPATITIS B** IMMUNIZATIONS.

- **ADDITIONALLY FOR STUDENTS ENTERING GRADES 6 – 12:**
  - DATE (MONTH, DAY AND YEAR) OF **Tdap** IMMUNIZATION GIVEN AFTER THE 10TH BIRTHDAY.
  - DATE (MONTH, DAY AND YEAR) OF **MENINGOCOCCAL** IMMUNIZATION GIVEN AFTER THE 10TH BIRTHDAY.
  -

- **ADDITIONALLY FOR STUDENTS ENTERING PRE-SCHOOL:**
  - DATES (MONTH, DAY AND YEAR) OF **HAEMOPHILUS B (HIB)** VACCINES WITH ONE DOSE GIVEN AFTER THE 1ST BIRTHDAY.
  - DATES (MONTH, DAY AND YEAR) OF **PNEUMOCOCCAL (PCV-13)** VACCINES WITH ONE DOSE GIVEN AFTER THE 1ST BIRTHDAY.
  - DATE (MONTH, DAY AND YEAR) OF ANNUAL INFLUENZA VACCINE.

- **FOR STUDENTS ENTERING FROM OUTSIDE THE UNITED STATES:**
  - DATE (MONTH, DAY AND YEAR) AND RESULT OF **MANTOUX TUBERCULIN SKIN TEST DONEWITHIN 6 MONTHS PRIOR TO ENTERING SCHOOL.**

  - A SEPARATE REPORT OF **X-RAY RESULTS** SUBMITTED BY THE RADIOLOGIST **IF THE MANTOUX TUBERCULIN TEST IS POSITIVE**.

- **ALL REGISTRANTS MUST HAVE A PHYSICAL EXAMINATION BY THEIR FAMILY PHYSICIAN WITHIN 365 DAYS PRIOR TO ENTERING SCHOOL.**

THE COMPLETED PHYSICAL EXAMINATION FORM MUST BE RETURNED WITH THE REGISTRATION PACKET.

FORT LEE SCHOOL DISTRICT
STUDENT REGISTRATION FORM

ANSWER ALL QUESTIONS

NAME: _____ M or F
Student's LAST FIRST MIDDLE SEX

ADDRESS: _____ _____
STREET Apt. Telephone

_____ _____
DATE OF REGISTRATION DATE OF BIRTH

_____ _____ _____
NATIONALITY PLACE OF BIRTH AUTH. OF BIRTH

ENTRANCE & WITHDRAWAL (INCLUDE PROMOTIONS)

School entered and Grade	School Left Name and Address	Reason	Date

LANGUAGE(S) SPOKEN: _____

FULL NAME OF:		Married, Deceased, Divorced or Separated	BIRTHPLACE	OCCUPATION	BUSINESS ADDRESS	BUSINESS TELEPHONE
MOTHER:						
FATHER:						

AFFIDAVIT GUARDIAN AND ADDRESS: _____

RECORD ANY COURT DIRECTED LEGAL VISITATION RESTRICTION: _____

Custody/Visitation Order attached hereto Court: _____ Docket # : _____ Date Entered: _____

Custodial Parent: _____

Custodial parent agrees to provide the School District with a copy of any modification in the order or judgement regarding this student.

I will cooperate with the school in every way possible in encouraging my child to put fort his best effort and to obey the school regulations. I certify that the information given above is true to the best of my knowledge and belief

CHILDREN IN FAMILY - INCLUDE PUPIL

First Name	Date of Birth	School and Grade

_____ _____
DATE PARENT'S SIGNATURE

A CHILD MUST BE FIVE YEARS OF AGE ON OR BEFORE OCTOBER 1st FOR KINDERGARTEN REGISTRATION.

Fort Lee School District

STUDENT'S VERIFICATION OF RIGHT OF ATTENDANCE

STUDENT'S NAME _____ TELEPHONE_____
LAST FIRST

HOUSE: ONE FAMILY _____ TWO FAMILY_____
APARTMENT: IN HOUSE ___ IN HIGH RISE ___ COMPLEX'S NAME_____

APPLIED FOR ADMISSION TO: SCHOOL _____ GRADE _____

STATEMENTS OF EVIDENCE OF PROOF OF RESIDENCEY:

_____ _____ _____ _____ _____
LEASE OR DEED UTILITY PHONE BILL OTHER MEDICAL

CERTIFICATION OF BIRTH: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____TELEPHONE:_____

ADDRESS: _____

MOTHER'S NAME: _____ TELEPHONE: _____

ADDRESS: _____

AFFIDAVIT (IF APPLICABLE)
GUARDIAN'S NAME: _____ TELEPHONE: _____

ADDRESS: _____

SCHOOL LAST ATTENDED: _____ _____
NAME ADDRESS

I HAVE BEEN FULLY INFORMED AND UNDERSTAND THE MEANING OF AND THE CONSEQUENCES OF GIVING FALSE INFORMATION WITH REGARD TO MY RESIDENCE (ADDRESS) AS STATED IN CHAPTER 6 NJS 18A: 38 – 1.

DATE: _____ PARENT'S SIGNATURE:_____

NOTE: IF PUPIL'S ADDRESS IS NOT THE SAME AS PARENT'S, IS THE PUPIL AN AFFIDAVIT STUDENT? YES_____ NO _____

I HAVE CHECKED THE ABOVE FACTS AND FIND THEM TO BE CORRECT.

DATE: _____ VERIFICATION OFFICER:_____

Rev. 12/01

020107FLBDNJSMART

Fort Lee Board of Education

NJSMART DATA SHEET

(Please Print)

Today's date:	RESIDENT SCHOOL:

STUDENT INFORMATION

Students Last name:	First:	Middle:	Suffix(Sr.,Jr.,III)	Parent/Guardian Marital status (circle one) Single / Mar / Div / Sep / Wid

Birth date: / /	City of birth:	State/Country of birth:	Social Security # (optional):	Gender: ❑ F ❑ M

Street address:	Home Phone #: ( )	Parent/Guardian Cell Phone #: ( )
City:	State:	Zip

Ethnicity: ❑ Hispanic or Latino ❑ Not Hispanic or Latino	Race: ❑ American Indian ❑ Asian ❑ Black ❑ White ❑ Native Hawaiian or Other Pacific Islander **Please ✓ the appropriate box. You may ✓ more than one.**	Parent/Guardian Email Address: ________@________ ________@________

Previous school attended before entering the Fort Lee School District:		City:	State:

HEALTH INFORMATION

Does the student have Health Insurance?	❑ Yes ❑ No
What is the name of the students Health Insurance Carrier?	
Date of last medical examination:	
Date of last lead test:	Lead Level:
Date of polio immunization:	
Parent/Guardian signature:	Date:

*************************OFFICIAL USE********************************

ID ASSIGNED: ____________________ *NJSMART ID #:* ____________________

County Code Resident: ***03*** *District Code Resident:* ***1550*** *School Code Resident:* __________

District Entry Date: __________ *Year of Graduation:* __________

County Code Attending: __________ *District Code Attending:* __________ *School Code Attending:* __________

School Entry Date: __________ *School Exit Date:* __________ *School Exit Withdrawal Code:* __________

If student has exited, List the name and city and state of the new school:

____

____

Central Registration
2175 Lemoine Ave.
(201) 585-4612 ext. 7506
Fax (201) 585-7997

I UNDERSTAND THE FORT LEE SCHOOL DISTRICT

POLICY STATES THAT A CHILD MUST BE

FIVE YEARS OF AGE

ON OR BEFORE OCTOBER 1ST

FOR KINDERGARTEN REGISTRATION.

CHILD'S NAME: _____

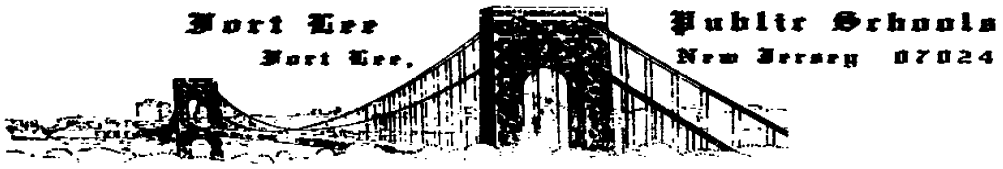
DATE OF BIRTH: _____

DID YOUR CHILD ATTEND PRE-K? _____ WHERE?_____

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

DATE SIGNED: _____



Central Registration
2175 Lemoine Ave.
(201) 585-4612 ext. 7506
Fax (201) 585-7997

I UNDERSTAND THAT THE FORT LEE SCHOOL DISTRICT

POLICY STATES THAT A CHILD MUST BE

SIX YEARS OF AGE

ON OR BEFORE October 1ST

FOR FIRST GRADE REGISTRATION.

CHILD' NAME:_____

DATE OF BIRTH: _____

DID YOUR CHILD ATTEND PRE-K?_____WHERE?_____

DID YOUR CHILD ATTEND KINDERGARTEN?____ WHERE?_____

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

DATE SIGNED: _____

FORT LEE SCHOOL DISTRICT
FORT LEE, NEW JERSEY

The Fort Lee Board of Education requests you provide the following information:

_____
FULL Name of Student Grade

_____
Address

List ALL brothers and sisters residing with the above named child. Include those who do not attend school as well.

PRINT FULL NAME(S)	CIRCLE SEX	D. O. B.	GRADE	SCHOOL
1._____	M F	_____	_____	_____
2._____	M F	_____	_____	_____
3._____	M F	_____	_____	_____
4._____	M F	_____	_____	_____
5._____	M F	_____	_____	_____
6._____	M F	_____	_____	_____
7._____	M F	_____	_____	_____

List ALL Other Children Residing with you. Include Relationship to you.

PRINT FULL NAME(S)	CIRCLE SEX	D.O.B.	GRADE	SCHOOL	RELATION
1._____	M F	_____	_____	_____	_____
2._____	M F	_____	_____	_____	_____
3._____	M F	_____	_____	_____	_____

_____
SIGNATURE

_____
DATE

_____
NAME (PRINT)

FORT LEE BOARD OF EDUCATION
2175 Lemoine Ave.
FORT LEE, NJ 07024

PROOF OF RESIDENCE

DATE_____

Print_____ Print_____
Name of Parent or Legal Guardian Name of Student

Address_____ Telephone #_____

_____ _____
Previous Address Previous Telephone #

I hereby certify that my son/daughter_____, resides with me at the above address in Fort Lee, New Jersey, and that this is our primary permanent residence.

I hereby authorize my Landlord/Management Company to release information regarding my residence to the Board of Education.

I further certify that I am the parent or legal guardian of the above student and that he/she is entitled, according to the State of New Jersey Education Laws, to attend the public schools of the Borough of Fort Lee.

Signed_____

PLEASE READ CAREFULLY BEFORE SIGNING

The Fort Lee Board of Education will pursue, with legal action, any attempt to defraud the Board by sending to any of its schools, a student who legally is not a bona-fide permanent resident of the Borough or is not legally eligible for a free public education in Fort Lee.

The Fort Lee Board of Education will seek full tuition payment on a pro-rata basis for any child attending the Public Schools of Fort Lee, New Jersey, who by law is not entitled to a free public education in the District. As per N.J.S.A. 18A:38-1(b) (2) – "Tuition shall be computed on the basis of 1/180 of the total annual per pupil cost to the local district multiplied by the number of days of ineligible attendance."

Signed _____ Date_____

PLEASE CHECK ONE:

Parent_____

Guardian_____

Rev. 2/12

FORT LEE SCHOOL DISTRICT
FORT LEE, NEW JERSEY
LANGUAGE AND ETHNICITY INFORMATION SHEET

STUDENT'S NAME:_____
ADDRESS:_____
TELEPHONE #:_____DATE OF BIRTH_____
COUNTRY OF BIRTH: _____CITY OF BIRTH:_____

LANGUAGE(S) SPOKEN AT HOME:
BY PARENTS:_____
BY STUDENT:_____
DIALECT USED:_____

FIRST LANGUAGE SPOKEN BY STUDENT (PRIMARY LANGUAGE) _____

ETHNICITY OF STUDENT (CIRCLE ONE): WHITE, BLACK-AFRICAN AMERICAN, ASIAN, HISPANIC-LATINO, AMERICAN INDIAN/ALASKAN NATIVE, HAWAIIAN NATIVE/OTHER PACIFIC ISLANDER, OTHER

*1. FIRST ENTRY INTO A U.S. SCHOOL: _____ DATE OF ENTRY INTO A NEW JERSEY SCHOOL: _____ IN WHAT GRADE: _____

*2. HOW MANY YEARS HAS THE STUDENT BEEN IN THE U.S.A.?_____

*3. HOW MANY YEARS HAS THE STUDENT BEEN IN THE PUBLIC SCHOOL SYSTEM IN THE U.S.A.?_____

4. HAS THERE BEEN ANY INTERRUPTION IN THE STUDENT'S AMERICAN EDUCATION? _____PLEASE EXPLAIN:_____

5. NUMBER OF YEARS IN THE FOLLOWING PROGRAMS: ESL ____ BILINGUAL _____

6. HAS THE STUDENT PASSED THE ESL PROGRAM? YES:_____ NO:_____

7. WHAT WAS THE NAME AND DATE OF THE TEST AND WHERE WAS THE STUDENT TESTED? _____

8. GRADE AS OF SEPTEMBER 30TH OF THE PRESENT SCHOOL YEAR: _____

9. PARENT'S OR GUARDIAN'S SIGNATURE _____DATE:_____

*OPTIONAL REV. 5/14

FORT LEE SCHOOL DISTRICT

2175 Lemoine Ave.
Fort Lee, N.J. 07024

TRANSCRIPT REQUEST FORM

Dear Principal:

_____, a former student in your school is now enrolled in the Fort Lee Public School System.

Please furnish us with a complete transcript, grade level, and any other available information including Child Study Team records and health records. If student is in High School credits earned must be stated.

Sincerely yours,

_____
Principal

_____
Parent Consent

School No. 1 - 250 Hoym St. ( )
PH: (201) 585–4620/ FAX: (201) 585-8082

School No. 2 – 2047 Jones Rd. ( )
PH: (201) 585–4630/FAX: (201) 585-8972

School No.3 – 2405 Second St. ( )
PH: (201) 585-4640/FAX: (201) 585-1488

School No. 4 – 1193 Anderson Ave. ( )
PH: (201) 585-4650/ FAX: (201) 585–1546

Lewis F. Cole Middle School ( )
467 Stillwell Avenue: Attn: Secretary
PH: (201) 585-4660/ FAX: (201) 585-1688

Fort Lee High School ( )
3000 Lemoine Avenue; Attn: Guidance
PH: (201) 585-5686/ FAX: (201) 585-2296

_____
Previous School

_____
Street

_____
City

_____
State Zip Code

_____
Phone Number

_____
FAX Number

Rev. 2/2012

FORT LEE SCHOOL DISTRICT
FORT LEE , NEW JERSEY

PHYSICAL EXAMINATION FOR REGISTRATION

Student' s Name: _____ **Sex: M** ___ **F** ___ **Date of Birth:** _____

Address: _____ **School:** _____ **Grade / Teacher:** _____

Parent / Guardian's Name: _____ **Telephone:** _____

EXAMINATION

EYES		HEART		ALLERGIES		HEIGHT	
EARS		LUNGS		NUTRITION		WEIGHT	
NOSE		ABDOMEN		NERV.SYS			
THROAT		GENITALIA		COORDINATION		B.P.	
TEETH		HERNIA		SCOLIOSIS		VISION	
SKIN		LYMPH NODES		FEET		HEARING	

IMMUNIZATIONS - VACCINES

VACCINE TYPE	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Diphtheria, Tetanus & Pertussis (DTaP/ DT/ Td)						
Tdap--booster (after age 10)			**Meningococcal** (after age 10)			
Polio (IPV / OPV) - indicate						
MMR (combination)*				***if immune, attach serology titers report**		
If single doses enter here:	Measles*		Rubella*		Mumps*	
Haemophilus B (HIB)**						
Hepatitis B - 3 doses						
Varicella (after 1st birthday)			**Varicella Disease:**			
Pneumococcal conjugate**						
Influenza vaccine**						
Hepatitis A - 2 doses***			****required for pre-school**		****not required**	
Other (type/date)						

Mantoux Tuberculin Test: Date done: _____ Date read: _____ Result: _____mm

Chest X-Ray: Date: _____ Results: _____ INH: Date begun: _____ Dosage: _____

HEALTH HISTORY (DATES) : *PLEASE ATTACH COMPLETE HISTORY AND RECOMMENDATIONS*

Allergies _____	Asthma _____	Mononucleosis _____	Congenital Defects (type)
Drug Sensitivity _____	Seizure Disorder _____	Immunodeficiency _____	
Otitis Media _____	Diabetes _____	Other:	Operations / Injuries (dates)
Strep Infections _____	Heart Disease _____		
Hepatitis _____	Neuromusc. Dis. _____		

1. General Health: _____
2. May _____May not _____ participate in all physical activities. (specify limitations)
3. Is _____ Is not _____ taking medication.
4. Medication: _____ Dosage: _____
5. **Lead testing** Date:_____ Level:_____
6. Other Tests done: _____

ALL NEW REGISTRANTS TO FORT LEE PUBLIC SCHOOLS MUST HAVE A PHYSICAL EXAMINATION WITHIN 365 DAYS PRIOR TO ENTERING SCHOOL

PHYSICIAN'S NAME/ADDRESS (STAMP)	PHYSICIAN'S SIGNATURE	DATE of EXAM

IMPORTANT MEDICAL INFORMATION REQUIRED

FORT LEE SCHOOL DISTRICT
FORT LEE NEW JERSEY

Dear Parents/Guardians:

The Fort Lee School District **requires a written annual update** of the condition of students who have any one of the following:

1. **ALLERGIES: FOOD PRODUCTS, INSECTS, LATEX, MEDICATIONS, ETC.**
2. **ASTHMA AND OTHER LUNG DISORDERS**
3. **BLOOD DISORDERS**
4. **CARDIAC DISORDERS**
5. **DIABETES**
6. **ORTHOPEDIC DISORDERS**
7. **SEIZURE DISORDER**
8. **OTHER CONDITIONS REQUIRING REGULAR MEDICAL ATTENTION INCLUDING PSYCHIATRIC/EMOTIONAL DISORDERS**
9. **DAILY PRESCRIBED MEDICATION: HOME OR SCHOOL**
10. **RECENT HOSPITALIZATIONS OR SURGICAL PROCEDURES**

Updated documentation regarding your child's condition is required each year. Acceptable documentation is a **full physical examination report or a written statement from your attending physician** detailing current level of health and special needs or considerations. The physician must **SIGN, STAMP, and DATE the form.** Submitted information may be shared with school physicians and/or nurses.
Either document must be submitted to the school nurse-teacher in your child's school as soon as possible at the beginning of the school year.
Your compliance in this process will greatly assist the school district in providing the safest environment for your child. We appreciate your cooperation.

Sincerely yours,

Maryann J. Colenda, M.D.
Jen F. Lee, M.D.

Check appropriate response below *and return to student's teacher on the first day of school.*

My child, _____, **does** have a medical condition as noted above.
I will submit a physician's report promptly.

My child, _____, **does not** have any known medical conditions.

_____	_____	_____	_____
[**PRINT** student's first & last name]	[grade/teacher]	[parent/guardian signature]	[date]

Rev. 6-16

FORT LEE SCHOOL DISTRICT
FORT LEE, NEW JERSEY

STUDENT MEDICAL HISTORY

MUST BE COMPLETED BY PARENT OR GUARDIAN.

Student' s Name _____
Date of Birth _____
Parent / Guardian _____
Grade / Teacher_____**School**_____

PLEASE CIRCLE ANSWERS TO THE FOLLOWING:
(EXPLAIN YES ANSWERS BELOW and on reverse if necessary)

The student named above:

1. has had injuries requiring medical attention: ..... YES NO
   type(s) & date(s)_____
2. has had special health problems or difficulty : ..... YES NO
   type(s) & date(s)_____
3. is under a physician's care for a medical condition : ..... YES NO
   type & date_____
4. takes medication : ..... YES NO
   type / dose _____
   reason _____
5. wears corrective lenses : ..... YES NO
   (circle) glasses contact lenses since_____
6. has a hearing problem : ..... YES NO
   explain:_____
7. has had surgical operations: ..... YES NO
   type(s) & date(s)_____
8. has been hospitalized : ..... YES NO
   when & why_____

*** Do you know of any reason why this individual should NOT participate in all physical education activities ?** ..... YES NO

*** Is this student subject to any condition which may create a classroom emergency, such as seizure disorder, fainting spells, diabetes, allergies, asthma, etc?** ..... YES NO

EXPLAIN_____

If this student has had any of the following illnesses, please indicate the year(s) below.

	YEAR		YEAR
Chicken Pox	_____	Strep Throat	_____
Whooping Cough	_____	Scarlet Fever	_____
Measles	_____	Rheumatic Fever	_____
Mumps	_____	Lyme Disease	_____
Rubella	_____	Pneumonia	_____
Hepatitis (type ___)	_____	Other_____	_____
Immunodeficiency (HIV)	_____		

_____
Signature of Parent / Guardian **Date**