

Cliffside Park Public Schools

NEW TO DISTRICT KINDERGARTEN REGISTRATION 2021-2022

To enter Kindergarten,
a child must be five years of age on or before October 1st of 2021.

Parents who plan to enroll their child in Kindergarten (New to District) for September 2021 are to follow the guidelines and schedule below:

PLEASE CALL FOR AN APPOINTMENT

School #4 - 201-313-2340

Registrations Dates and Times

April 13, 14, 15, 16

9:30am-11:30am and 1:00pm-2:30pm

April 14th and 15th (Night Hours) 6:00pm-8:00pm

In order to register your child (ren) in the Cliffside Park Public Schools the registration forms may be found online at www.cliffsidepark.edu or you may pick up a packet of the forms at School 4 **BEFORE** your scheduled appointment.

ALL forms MUST be completed prior to your appointment.

Please bring the following as proofs of residency:

1. **Four (4) proofs of residency** in Cliffside Park (**MUST** present **ALL** four proofs of residency listed below)
 - A. Lease/Deed/Property Tax Bill/Landlord Statement.
 - B. Most recent PSE&G bill, telephone bill, or cable bill.
 - C. Most recent bank statement.
 - D. Driver's license / NJMV ID
2. Your child's **original** birth certificate or passport.

NO CHILD WILL BE OFFICIALLY REGISTERED UNTIL ALL OF THE ABOVE REQUIREMENTS ARE MET.

Parents will be notified by mail of the school their child will be assigned to after the registration process is complete.

Cliffside Park Public Schools

NUEVO EN EL DISTRITO REGISTRO DE KINDERGARTEN 2021-2022

Para ingresar al Kindergarten,
un niño debe tener cinco años en o antes del 1 de octubre de 2021.

Los padres que planean registrar a su hijo en Kindergarten (Nuevo en el Distrito) para el mes de septiembre de 2021 deben seguir las instrucciones y fechas a continuación:

POR FAVOR LLAME PARA UNA CITA

Escuela #4 - 201-313-2340

Fechas y horarios de Registro

Abril 13, 14, 15, 16

9:30 a.m.-11:30 a.m. y 1:00 p.m. - 2:30 p.m.

14 y 15 de abril (horario nocturno) 6:00 pm a 8:00 pm

Para registrar a su (s) hijo (s) en las Escuelas Públicas de Cliffside Park, los siguientes formularios se encuentran en www.cliffsidepark.edu o puede recoger un paquete de los formularios en la Escuela 4 **ANTES** de su cita programada.

TODOS los formularios DEBEN completarse antes de su cita.

Por favor traiga lo siguiente como prueba de residencia:

1. **Cuatro (4) pruebas de residencia** en Cliffside Park (DEBE presentar TODAS las cuatro pruebas de residencia que se detallan a continuación)
 - A. Arrendamiento / escritura / Declaración de impuestos a la propiedad / Declaración del propietario.
 - B. La factura más reciente de PSE&G, factura de teléfono, o factura de cable.
 - C. Estado bancario más reciente.
 - D. Licencia de conducir / NJMV ID.
2. El certificado de nacimiento o el pasaporte **original** de su hijo.

NINGÚN NIÑO SERÁ OFICIALMENTE REGISTRADO HASTA QUE SE CUMPLAN TODOS LOS REQUISITOS.

Los padres serán notificados por correo indicando la escuela a la que su hijo será asignado una vez que se complete el proceso de inscripción.



Cliffside Park School District
Student Entry Data Form

Grade _____ Sex: M ___ F ___ Non-binary _____ Counselor _____

Last Name _____ First _____ Middle _____

Address _____ Primary Phone No. _____
(Please use the same number for all children)

Date of Birth _____ City/Country of Birth _____

If not born in the US: Date of Entry _____ Entry Date into US School _____
(Month-Day-Year) (Month-Day-Year)

Native Language _____ Home Language _____
(First language student spoke)

Preferred Language of Communication _____

Parent One: Name _____ Parent Two: Name _____
Check One: Mother ___ Father ___ Guardian ___ Check One: Mother ___ Father ___ Guardian ___
Parent One: Place of Birth _____ Parent Two: Place of Birth _____
Parent One: Occupation _____ Parent Two: Occupation _____
Parent One: Work Phone _____ Parent Two: Work Phone _____
Parent One: Cell Phone _____ Parent Two: Cell Phone _____
Parent One: Home Phone _____ Parent Two: Home Phone _____
Parent One: Email Address _____ Parent Two: Email Address _____

Marital Status of Parent(s): Married ___ Divorced ___ Separated ___ Single ___
(Check One) Domestic Partnership _____

Custody: Father ___ Mother ___ Guardian ___ Name _____
(Check One)

Siblings: Brothers ___ Sisters ___ If they attend our schools, please indicate below:
a. Name _____ School _____ Grade _____ b. Name _____ School _____ Grade _____
c. Name _____ School _____ Grade _____ d. Name _____ School _____ Grade _____
e. Name _____ School _____ Grade _____ f. Name _____ School _____ Grade _____

Name of Emergency Contact: _____ Relation to student: _____

Primary Phone: _____ Secondary Phone: _____

Name and Address of School previously attended: _____

Check all that apply: Title One or BSIP Services ___ ESL ___ Speech ___ Gifted/Talented _____

Has your child ever been retained: Yes ___ No ___ If Yes, what grade(s) _____

Comments: _____

SCHOOL USE ONLY: Student ID# _____ Ethnic Code _____ Homeroom _____ Grade _____

Proof of Birth Submitted: Birth Certificate ___ Transfer Card ___ Passport _____

Student ID – (Note: If student attended a Cliffside Park School, please REACTIVATE old ID #)

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT
525 Palisade Avenue
Cliffside Park, NJ 07010

AFFIDAVIT OF RESIDENCY

STATE OF NEW JERSEY:

SS:

COUNTY OF BERGEN:

I, _____, of full age, being duly sworn according to law,
upon my oath depose and say:

I, _____, parent/guardian, hereby certify that my
child(ren) and I are officially residing at _____, in the
Borough/Township/City of _____.

Name of Children	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby submit the following forms of proof, which establish that my child(ren)
and I are domiciled in the Borough of Cliffside Park:

One (1) of the following:

- Deed of Home
- Property Tax Bill
- Mortgage Statement
- Official Current Lease with termination date clearly indicated on the lease agreement along with the Notarized Landlord Affidavit.

One (1) of the following:

- Driver's License or Photo Id with current address-Used for Identification Purposes

Three (3) of the following (showing family name and Cliffside Park address:

- Current Utility Bill (PSE&G, Cable, Telephone, Water)
- Current Bank Statement
- NJ Vehicle Registration
- Other proof as per N.J.S.A. 18A; N.J.S.A. 6A: _____

Please note that additional documentation may be required.

I further state that this form and the attached documents constitute true and accurate proof that the student(s) listed above reside with me within the Borough of Cliffside Park and will continue to do so. If any child(ren) listed above stops living with me, or if I move my residence out of the Borough of Cliffside Park, I will promptly notify the Cliffside Park Board of Education in writing.

“If it is determined by investigation that the above stated is not my valid Cliffside Park residency and the residence where the child(ren) names in this affidavit also resides, I acknowledge that I will be responsible to pay the tuition to the Cliffside Park Board of Education for those children listed above while attending the Cliffside Park Public School system and that unless the District approves continued school attendance as a tuition student, the child(ren) may be removed from the school. I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.”

The person signing the affidavit understands that any false statement, answers, or declarations contained in this affidavit may subject the affiant to criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2. If a person is convicted of such a crime, he or she may be punished by a fine of up to \$10,000.00, or be imprisoned for up to 18months, or both.

Signature of Parent/Guardian

Subscribed and sworn to before me

This ____ day of _____, 20____ (Signed)_____

Notary Public of _____

Commission Expires _____

(Notary Stamp with name of Notary and Seal)

CLIFFSIDE PARK BOARD OF EDUCATION

Landlord's Statement

Full Name of Landlord

Address of Landlord

**Home & Cell Telephone
of Landlord**

Name of Tenant(s)

Address of Tenant

**Name of Child(ren)
Residing with
Tenant(s)**

I, the owner of the property listed above, hereby affirm that the parent(s) / guardian(s) and of the children above do reside in the Borough of Cliffside Park.

I understand that if the residency information that I am providing is found to be false I will be responsible – along with the person(s) named as the tenant(s) – for all the tuition costs and fees paid by the Cliffside Park Board of Education in addition to any legal fees that may be incurred. I further understand that the current tuition rate is \$8,500 per year.

Further, I understand that any person – including landlords – who fraudulently allows a child of another person to use his or her residence or address and is not the primary financial supporter of that child and/or any person who fraudulently claims to have given up custody of his or her child to a person in another district commits a **CRIMINAL OFFENSE** which is punishable by law.

Landlords's Signature

Date

**Sworn and Subscribed
To me on (Date)**

Name of Notary

Address of Notary

Phone Number of Notary

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT

REGISTRATION STATEMENT

The Board of Education request that you provide the following information:

Parents Name: _____

Address: _____

Phone Number: _____

The student(s) currently residing with you are: **Please print or type your responses.**

Name(s) of student(s)	Age	Grade	School of Attendance

Please be advised that ALL REQUIRED items listed below MUST BE SUBMITTED in order to completely process your registration. All documents must show family name and Cliffside Park Address.

- Affidavit of Residency (*notarized*)
- One of the following: Mortgage Statement, Property Tax Bill and/or Deed
- Official Current Lease with termination date clearly indicated and Landlord Statement (*notarized*)
- Current Utility Bill (PSE&G, Telephone, Cable, Water)
- Bank Statement
- Driver’s License with current address or Photo ID-Used for Identification Purposes
- Student Birth Certificate (*original with official seal preferred*) OR Passport

If you reside with a family member or friend, the host must complete and notarize a Residency Affidavit #2 and an Affidavit of Residency.

Students registering for Pre-Kindergarten must be 4 years old by October 1st of that school year.

Students registering for Kindergarten must be 5 years old by October 1st of that school year.

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT

RESIDENCY DECLARATION

I _____ hereby swear under penalty of law that the documentation that I am providing is true and accurate.

I further declare that _____ is domiciled (living with) me in the Borough of Cliffside Park and is declared as a dependent on my income tax return.

Signature

Please Print Name

Dated:

Witnessed By:

Dated:

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT Re-Registration Form
STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____ M/F: _____

Address: _____

School
 Attending: _____

Regular Education

Special Education

Parents/Guardians	Mother	Father	Guardian
Name			
Native Language			
Custody Arrangements			
Address			
Own or Rent			
Home Phone			
Business Name			
Business Address			
Business Phone			
Cell Phone			

I certify that all of the information contained in this application is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government. I further understand that it is the policy of the Cliffside Park Board of Education to prosecute all cases of fraud to the fullest extent of the law and to recover full tuition costs and legal fees, where applicable.

 Signature of Parent

 Date

Please Print Name: _____

BOROUGH OF CLIFFSIDE PARK SCHOOL DISTRICT
RESIDENCY AFFIDAVIT #1 (AFFIDAVIT PUPILS)
(PARENT/GUARDIAN)

STATE OF NEW JERSEY:

SS:

COUNTY OF BERGEN:

I, _____, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the parent/guardian of a child by the name of _____ (hereinafter referred to as "my child").
2. I am domiciled and reside at _____
This has been my place of domicile and residence since _____
3. My child is living with _____ (hereinafter referred to as the "Cliffside Park resident").
4. The Cliffside Park resident resides at _____ in the Borough of Cliffside Park, County of Bergen and State of New Jersey.
5. My child is living in the Cliffside Park resident's home identified above and is being supported by the Cliffside Park resident, without any remuneration from me or anyone else, as if he/she was the Cliffside Park resident's own child.
6. No other person is making any financial contribution for food, clothing or lodging on behalf of my child.
7. The Cliffside Park resident intends to keep and support my child gratuitously for a longer time than merely through the school year.
8. The Cliffside Park resident shall assume all personal obligations of my child relative to school requirements and shall ensure that the child complies with all of the policies, rules and regulations of the District and the laws of the State of New Jersey. In addition, I also assume joint and several liability, along with the Cliffside Park resident, for any tuition assessed if my child is determined to have been ineligible for tuition-free enrollment in the District during any period of tuition-free enrollment which was allowed by the Borough of Cliffside Park Board of Education (hereinafter referred to as the "Board of Education").

9. I am not capable of supporting or providing care for my child due to the following family or economic hardship: _____
10. I agree to submit additional documentation that the District may request in order to support the validity of the statements I have made herein.
11. This Affidavit is submitted for the purpose of inducing the Board of Education to accept my child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board of Education's reliance upon the truthfulness and accuracy of this information. If any of the statements contained in this Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing, and will remain subject to all other obligations and/or liabilities which I have assumed elsewhere in this Affidavit. Furthermore, I understand that if I have fraudulently claimed to have given up custody of my child to the Cliffside Park resident, I may be found guilty of a disorderly persons offense under N.J.S.A. 18A:38-1(c).

Sworn and subscribed to before me
This _____ day of _____
20_____

Signature of Applicant

Printed Name of Applicant

NOTARY PUBLIC OF NEW JERSEY

BOROUGH OF CLIFFSIDE PARK SCHOOL DISTRICT
RESIDENCY AFFIDAVIT #2 (AFFIDAVIT PUPILS)
(NON-PARENT RESIDENT)

STATE OF NEW JERSEY :

SS:

COUNTY OF BERGEN :

I, _____, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am domiciled and resident at _____, in the Borough of Cliffside Park, County of Bergen and State of New Jersey. This has been my place of domicile and residence since _____.
2. I own/rent (circle one) the premises identified above. If the premises are rented, I have attached a copy of the lease and have provided an affidavit from the landlord. If the premises are owned, I have attached a copy of the deed.
3. I desire to register a child by the name of _____ (hereinafter referred to as the "child") in the Cliffside Park School District (hereinafter referred to as "District").
4. The child is living with me in my home in the Borough of Cliffside Park address listed above and is being supported by me, without remuneration from his/her parent(s) or anyone else, as if he/she was my own child.
5. No other person is making any financial contribution for food, clothing or lodging on behalf of the child.
6. I agree to submit additional documentation which the District may request in order to support the validity of the statements I have made herein.
7. I intend to keep and support the child gratuitously for a longer time than merely through the school year.
8. I shall assume all personal obligations for the child relative to school requirements, including but not limited to joint and several liability, along with the child's parent(s)/guardian(s), for any tuition assessed if the child is determined to have been ineligible for tuition-free enrollment in the District during any period of tuition-free enrollment which was allowed by the Cliffside Park Board of Education (hereinafter referred to as "the Board of Education"). I shall also ensure that the child complies with all of the policies, rules and regulations of the District and the laws of the State of New Jersey.

9. The child's parents are not capable of supporting or providing care for the child due to the following family or economic hardship: _____

Furthermore, the child is not residing with me solely for the purpose of receiving a free public education in the District.

10. This Affidavit is submitted to the purpose of inducing the Board of Education to accept the child as a student in the Cliffside Park School District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board of Education's reliance upon the truthfulness and accuracy of this information. If any of the statements contained in this Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing, and will remain subject to all other obligations and/or liabilities which I have assumed elsewhere in this Affidavit. Furthermore, I understand that if I fraudulently allow the child to use my Cliffside Park residence and I am not the financial supporter of the child, I may be found guilty of a disorderly persons offence under N.J.S.A. 18A:38-1 (c).

Signature of Applicant

Printed Name of Applicant

Sworn and subscribed to before me

This _____ day of _____ 20 ____.

NOTARY PUBLIC OF NEW JERSEY

(Signed) _____

Commission Expires: _____

(Notary Stamp with name of Notary and Seal)

Cliffside Park Public Schools

A physical examination MUST have been performed within 365 days of entrance into school

Name: _____ **School:** _____ **D.O.B:** _____

Address: _____ **Grade:** _____

VACCINE TYPE	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th Dose Mo/Day/Yr	6 th Dose Mo/Day/Yr
DTP, DT, DTaP, Tdap, Td Or Tdap (indicate Type)						
Polio (Indicate OPV or IPV)						
M M R						
Measles (Live)						
Rubella						
Mumps						
HbPV/HIB						
Hepatitis B						
Varicella			Gardasil			
Pneumococcal Conjugate						
Meningococcal			Flu Vaccine			
Hepatitis A			Mantoux Only		Result	

Physician's Examination: Code: No Defect = 0 Defects = X Under Treatment = T

Eyes	Hearing	Height	<u>Health History Dates</u>	
Ears	Throat	Weight	Asthma	Diabetes
Nose	Lungs	Lymph Nodes	Chicken Pox	Operations
Heart	Allergies	Abdomen	German Measles	Rheumatic Fever
Skin	Genitalia	Nutrition	Tuberculosis	Convulsions
Hernia	Scoliosis	Nervous System	Serious Injury	Epilepsy
Coordination	Teeth	Feet	Measles	Emotional Problems
Vision		Blood Pressure	Mumps	

General Condition: _____

May May not – participate in all physical activities and athletic competition

The above mentioned student is is not on medication - Name of medication: _____

Reason for medication: _____ Other medical concerns: _____

Physician's Name:	Physician's Signature:
Address:	Date of Examination:
Phone: _____ Fax: _____	Email: _____