



BERGENFIELD PUBLIC SCHOOLS
Registration Form

School Entering:
Franklin Hoover
Jefferson Lincoln
Washington RWB BHS
Assigned Grade/HR:
ID #:

Student Information

Name:

Date of Birth:

Home Address:

Gender: Male Female

Home Phone #:

City, State of birth:

Language Spoken at Home:

Ethnicity:

- American Indian or Alaska Native
Asian
Black
Hispanic
Native Hawaiian or Other Pacific Islander
White Other:

International Students:

Birth Country:

Birth City:

Date Entered U.S.:

Date Entered 1st U.S School:

Date Entered NJ State School:

Check all that applies: IEP 504 ISP
health concerns ESL

Student's Former School

Name:

Address:

U.S. Military Status: Not military

Active duty National Guard/Reserve

Guardian/Household Information

Parent/Legal Guardian:

Email:

Cell#:

Work#:

Lives in household: Yes No

Relationship to student:

Parent/Legal Guardian:

Email:

Cell #:

Work #:

Lives in household: Yes No

Relationship to student:

Emergency Contacts Other Than Household Members

Name:

Relationship to Student:

Gender: Male Female

Cell Phone #:

Home/Work Phone #:

Name:

Relationship to Student:

Gender: Male Female

Cell Phone #:

Home/Work Phone #:

Insurance Information

Is your child covered by health insurance: Yes No Name of Insurance Co:

Doctor's Name & Address:

Doctor's Telephone #:

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 800-701-0710 or visit www.njfamilycare.org to apply online. The Bergenfield Board of Education may release my name and address to the NJ FamilyCare Program to contact me about health insurance. Yes No

Signature of Parent/Guardian:

Date:

**ALL OTHER CHILDREN IN THE HOUSEHOLD**

1. **Name:** \_\_\_\_\_  
**Name of Former School:** \_\_\_\_\_  
\_\_\_\_\_  
**Address of Former School:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Gender:** \_\_\_\_ Male \_\_\_\_ Female  
**City, State of birth:** \_\_\_\_\_  
**Country of birth:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_

2. **Student Name:** \_\_\_\_\_  
**Name of Former School:** \_\_\_\_\_  
\_\_\_\_\_  
**Address of Former School:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Gender:** \_\_\_\_ Male \_\_\_\_ Female  
**City, State of birth:** \_\_\_\_\_  
**Country of birth:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_

3. **Student Name:** \_\_\_\_\_  
**Name of Former School:** \_\_\_\_\_  
\_\_\_\_\_  
**Address of Former School:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Gender:** \_\_\_\_ Male \_\_\_\_ Female  
**City, State of birth:** \_\_\_\_\_  
**Country of birth:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_

4. **Student Name:** \_\_\_\_\_  
**Name of Former School:** \_\_\_\_\_  
\_\_\_\_\_  
**Address of Former School:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Gender:** \_\_\_\_ Male \_\_\_\_ Female  
**City, State of birth:** \_\_\_\_\_  
**Country of birth:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_

5. **Student Name:** \_\_\_\_\_  
**Name of Former School:** \_\_\_\_\_  
\_\_\_\_\_  
**Address of Former School:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Gender:** \_\_\_\_ Male \_\_\_\_ Female  
**City, State of birth:** \_\_\_\_\_  
**Country of birth:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_

**Comments/additional information you would like us to know:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SWORN STATEMENT OF LANDLORD**

I, \_\_\_\_\_ own the property located  
(Name of Owner/Leasing Agency)  
at \_\_\_\_\_ which is presently  
(Address of Rental Property)  
rented to \_\_\_\_\_.  
(Tenant's Name)

The only tenants who are permitted to reside in this rental unit are:  
(list each and every tenant including all children)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

The term of this lease is from \_\_\_\_\_ to \_\_\_\_\_.

The amount of rent being paid is \_\_\_\_\_.

This family has lived in this rental unit since \_\_\_\_\_.

I have attached a true copy of this lease if it is in written form. If it is not in written form please check here ( ).

\_\_\_\_\_  
Signature of Owner/Leasing Agent

Sworn and subscribed to  
before me this \_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Print Name (Owner/Leasing Agent)

\_\_\_\_\_  
Notary Public

Stamp & Seal required:



BERGENFIELD PUBLIC SCHOOL DISTRICT
100 South Prospect Avenue
Bergenfield, New Jersey 07621
201-385-8202

This is a LEGAL DOCUMENT. The information which you will provide will be used by the Bergenfield Public School District to determine whether the pupil is entitled to a free education in this school district. Please answer each question.

This affidavit is made in compliance with provisions of NJSA 18A:38-1 as amended and is being executed and delivered to the Superintendent of Schools of the Bergenfield Public School District for the specific purpose of inducing the District to permit the pupil named herein to obtain a free education in the public schools of the Bergenfield Public School District. I understand that the Bergenfield School System will rely on the truth of the statements made in this document. I also understand that I may be required to produce documents and/or records to demonstrate the truth of the statements I will make in this document.

I also understand that false execution of this affidavit is an offense punishable by civil and/or criminal law, and that if I provide false information, I could be held liable for payment of tuition at a cost of \$ \_\_\_\_\_ annually for the full period of Illegal attendance by this pupil.

PARENT AFFIDAVIT OF LEGAL RESIDENCE AND PUPIL DOMICILE

STATE OF NEW JERSEY )

: ss.

COUNTY OF BERGEN )

\_\_\_\_\_, of full age, being sworn upon his/her oath according to law, deposes and says:
[Parent's Name]

- 1. I am executing this affidavit for the specific purpose of inducing the Bergenfield Public School District to provide a free education to my son/daughter whose name is: \_\_\_\_\_ and whose date of birth is \_\_\_\_\_.
2. I reside at the following address and affirm that I am not an occasional resident there:
House Number & Street Name: \_\_\_\_\_
City/Town/Boro: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
Telephone #: \_\_\_\_\_
3. Check either a or b below:
a. I own that residence, and I have attached a true copy of the Deed.
b. I rent or lease that residence, and I have attached a true copy of the lease. If I do not have a lease, I have attached a notarized statement from the owner of this residence which confirms that I am renting or leasing this residence for my domicile.
c. Other (Please explain below):
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

4. My son/daughter who is named above resides at the following address, is not an occasional resident there, and is not being domiciled there for the sole purpose of obtaining a free education from the Bergenfield Public School District.

House Number & Street Name: \_\_\_\_\_  
City/Town/Boro: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

5. My son/daughter who is named above:

\_\_\_\_\_ a. will live with me at this address during the school year. Phone # \_\_\_\_\_

\_\_\_\_\_ b. will live with me at another address during the school year. (If you checked this item, write the other address below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ c. will live with me at this address during the summer.

\_\_\_\_\_ d. will live with me at another address during the summer. (If you checked this item, write the other address below.)

This student has successfully completed grade \_\_\_\_\_. (Transcript is required)

6. SCHOOL ATTENDANCE INFORMATION

This student, in whose behalf I am filling this official affidavit, last attended:

a. Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

b. Address of School: \_\_\_\_\_

c. City: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

d. Country: \_\_\_\_\_

7. SIGNATURE OF PARENT COMPLETING THIS AFFIDAVIT.

I am making this affidavit pursuant to SA 18A38-1(b), to induce the Bergenfield Public School District to provide a free education for the pupil who is named in this affidavit.

I understand that if any of the information provided in this affidavit is changed for any reason, it is my responsibility to immediately notify the Superintendent of Schools of the Bergenfield Public School District.

The above statements and supporting attachments are true and complete to the best of my knowledge. I know that if they are willfully false, I will be subject to punishment prescribed by statute and will be assessed tuition for the full period of illegal attendance.

\_\_\_\_\_  
(Signature of Parent or LEGAL Guardian)

Sworn to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**BERGENFIELD BOARD OF EDUCATION  
225 WEST CLINTON AVENUE  
BERGENFIELD, NJ 07621**

**REGISTRATION QUESTIONNAIRE**

Student Name: \_\_\_\_\_  
PRINT

Guardian Name: \_\_\_\_\_  
PRINT

Has your child ever been referred for a special education evaluation? YES NO

Has your child ever been evaluated by a special education child study team? YES NO

Has your child ever been classified for special education and related services  
or for speech services? YES NO

Has your child ever had an IEP or ISP? YES NO

Do you have any reason to suspect that your child may have a learning,  
emotional or physical issue? YES NO

Has your child ever had a 504 plan? YES NO

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Step 1: Home Language Survey (Parent/Family Version)

**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 an English language learner (ELL). "Home" is defined as a student's current place of residence.

#### Student Information:

Student Name: \_\_\_\_\_ Date of Birth (YYYYMMDD): \_\_\_\_\_

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**

**BERGENFIELD PUBLIC SCHOOL DISTRICT**  
**Photograph / Image Consent Form**

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the district and/or school's website.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, email address, telephone numbers and locations and times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

**Check one of the following choices:**

- I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the school and/or district's public Internet site.
- I/We GRANT permission for this student's photo/image and name to be published on the school and/or district's public Internet site.
- I/We GRANT permission for this student's photo/image and all other personal identifiers listed above to be published on the school and/or district's public Internet site.
- I/We DO NOT GRANT permission for a photo/image that includes this student to be published on the school and/or district's public Internet site.

Student's Name (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name (print): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_



**Bergenfield Board of Education  
Internet & Electronic Information  
Access Agreement/Student Agreement**

Dear Student and Parents/Guardians:

Bergenfield Public School District's goal in providing access to the Internet and/or other sources of electronic information includes (1) providing a rich and interesting educational experience; (2) developing academic growth and excellence; and (3) developing skills related to research, use of computers, applications, software, and computer etiquette, responsibility, and accountability.

Any use of unapproved software or applications, including but not limited to Virtual Private Networks ("VPNs"), Proxy servers or sites, or copyrighted software, to bypass security measures on the Bergenfield School District network is forbidden. Please be advised that any unapproved software, applications, or resources used by a student puts the student's personal and private information at risk to parties who may impose harm. **All Internet use and communications must be related to research and educational objectives only.** Any violation of the Bergenfield Board of Education Policy 2361 (Acceptable Use Policy) and the Google Apps for Education Edition Agreement and Privacy Policy may result in immediate termination of access to the network. Other disciplinary actions may also be taken in proportion to the severity of the violation.

**STUDENT AGREEMENT**

As a condition of using Bergenfield School District's computers and devices, applications, software, and computer networks to access programs and/or information including, but not limited to, the Internet, Google G Suite for Education, such as Gmail, and related networks, I have read and agree to abide by the Bergenfield Board of Education Policy 2361 (Acceptable Use Policy) and the Google Apps for Education Edition Agreement and Privacy Policy. I understand that any violation of these guidelines or any inappropriate conduct related to computer usage may result in administrative action, including, but not limited to, revocation of my computer use and access, detention, suspension, expulsion, or legal prosecution. I understand and am fully responsible for my actions.

**Google Apps for Education Edition Agreement and Privacy Policy:**

[https://gsuite.google.com/intl/en/terms/education\\_terms.html](https://gsuite.google.com/intl/en/terms/education_terms.html)

Student's Name \_\_\_\_\_ (Please Print)

Student's ID Number \_\_\_\_\_ Grade \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND AGREEMENT**

I have read and discussed with \_\_\_\_\_ (Student's Name) the above agreement and the Board of Education Policy 2361 (Acceptable Use Policy) and the Google Apps for Education Edition Agreement and Privacy Policy. I understand that access to the Internet and related networks as well as to computer software, Google G Suite for Education including Gmail, and applications on school computers and devices are for **educational use only**.

Parents/Guardian's Name \_\_\_\_\_ (Please Print)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

The Board of Education recognizes as new technologies shift the manner in which information is accessed, communicated, and transferred; these changes will alter the nature of teaching and learning. Access to technology will allow pupils to explore databases, libraries, Internet sites, and bulletin boards while exchanging information with individuals throughout the world. The Board supports access by pupils to these information sources but reserves the right to limit in-school use to materials appropriate for educational purposes. The Board directs the Superintendent to effect training of teaching staff members in skills appropriate to analyzing and evaluating such resources as to appropriateness for educational purposes.

The Board also recognizes technology allows pupils access to information sources that have not been pre-screened by educators using Board approved standards. The Board therefore adopts the following standards of conduct for the use of computer networks and declares unethical, unacceptable, or illegal behavior as just cause for taking disciplinary action, limiting or revoking network access privileges, and/or instituting legal action.

The Board provides access to computer networks/computers for educational purposes only. The Board retains the right to restrict or terminate pupil access to computer networks/computers at any time, for any reason. School district personnel will monitor networks and online activity to maintain the integrity of the networks, ensure their proper use, and ensure compliance with Federal and State laws that regulate Internet safety.

### **Standards for Use of Computer Networks**

Any individual engaging in the following actions when using computer networks/computers shall be subject to discipline or legal action:

- A. Using the computer network/computers for illegal, inappropriate or obscene purposes, or in support of such activities. Illegal activities are defined as activities that violate Federal, State, local laws and regulations. Inappropriate activities are defined as those that violate the intended use of the networks. Obscene activities shall be defined as a violation of generally accepted social standards for use of publicly owned and operated communication vehicles.
- B. Using the computer network/computers to violate copyrights, institutional or third party copyrights, license agreements or other contracts.
- C. Using the computer network in a manner that:
  - 1. Intentionally disrupts network traffic or crashes the network;
  - 2. Degrades or disrupts equipment or system performance;
  - 3. Uses the computing resources of the school district for commercial purposes, financial gain, or fraud;
  - 4. Steals data or other intellectual property;
  - 5. Gains or seeks unauthorized access to the files of others or vandalizes the data of another person;
  - 6. Gains or seeks unauthorized access to resources or entities;
  - 7. Forges electronic mail messages or uses an account owned by others;
  - 8. Invades privacy of others;
  - 9. Posts anonymous messages;
  - 10. Possesses any data which is a violation of this Policy; and/or
  - 11. Engages in other activities that do not advance the educational purposes for which computer networks/computers are provided.

### **Internet Safety Protection**

As a condition for receipt of certain Federal funding, the school district shall be in compliance with the Children's Internet Protection Act, the Neighborhood Children's Internet Protection Act, and has installed technology protection measures for all computers in the school district, including computers in media centers/libraries. The technology protection must block and/or filter material and visual depictions that are obscene as defined in Section 1460 of Title 18, United States Code; child pornography, as defined in Section 2256 of Title 18, United States Code; are harmful to minors including any pictures, images, graphic image file or other material or visual depiction that taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; or depicts, describes, or represents in a patently offensive way, with respect to what is suitable for minors, sexual acts or conduct; or taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.

This Policy also establishes Internet safety policy and procedures in the district as required in the Neighborhood Children's Internet Protection Act. Policy 2361 addresses access by minors to inappropriate matter on the Internet and world wide web; the safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications; unauthorized access, including "hacking" and other unlawful activities by minors online; unauthorized disclosures, use, and dissemination of personal identification information regarding minors; and measures designed to restrict minors' access to materials harmful to minors.

Notwithstanding blocking and/or filtering the material and visual depictions prohibited in the Children's Internet Protection Act and the Neighborhood Children's Internet Protection Act, the Board shall determine other Internet material that is inappropriate for minors.

In accordance with the provisions of the Children's Internet Protection Act, the Superintendent of Schools or designee will develop and ensure education is provided to every pupil regarding appropriate online behavior, including pupils interacting with other individuals on social networking sites and/or chat rooms, and cyberbullying awareness and response.

The Board will provide reasonable public notice and will hold one annual public hearing during a regular monthly Board meeting or during a designated special Board meeting to address and receive public community input on the Internet safety policy - Policy and Regulation 2361. Any changes in Policy and Regulation 2361 since the previous year's annual public hearing will also be discussed at a meeting following the annual public hearing.

The school district will certify on an annual basis, that the schools, including media centers/libraries in the district, are in compliance with the Children's Internet Protection Act and the Neighborhood Children's Internet Protection Act and the school district enforces the requirements of these Acts and this Policy.

#### Consent Requirement

No pupil shall be allowed to use the school districts' computer networks/computers and the Internet unless they have filed with the main office a consent form signed by the pupil and his/her parent(s) or legal guardian(s).

#### Violations

Individuals violating this Policy shall be subject to the consequences as indicated in Regulation 2361 and other appropriate discipline, which includes but are not limited to:

1. Use of the network only under direct supervision;
2. Suspension of network privileges;
3. Revocation of network privileges;
4. Suspension of computer privileges;
5. Revocation of computer privileges;
6. Suspension from school;
7. Expulsion from school; and/or
8. Legal action and prosecution by the authorities.

N.J.S.A. 2A:38A-3

Federal Communications Commission: Children's Internet Protection Act

Federal Communications Commission: Neighborhood Children's Internet Protection Act

## **STUDENT REGISTRATION REQUIREMENTS AND AGREEMENT**

***PLEASE READ THIS INFORMATION BEFORE YOU START  
THE REGISTRATION PROCESS.***

1. School age children whose Parent(s) or LEGAL Guardian(s) are able to document that they are LEGAL RESIDENTS of BERGENFIELD and are able to document residence, legal guardianship, and full financial responsibility for the child's support may be enrolled on a resident non-tuition basis.
2. A student is **NOT** a legal resident of Bergenfield simply because she/he is living in Bergenfield with an aunt or uncle or other relative **UNLESS** the SURROGATE COURT of BERGEN COUNTY HAS GRANTED COMPLETE CUSTODY TO THAT RELATIVE WHO IS A RESIDENT OF BERGENFIELD. It will be the sole responsibility of that relative to prove (a) that she/he is a legal resident of Bergenfield, (b) that Surrogate Court has granted custody to that relative, and (c) that said relative is paying in full for the entire cost of the student's support.
3. NON-RESIDENTS of Bergenfield **MAY** be accepted for registration, on a space-available basis, only after full payment by bank check of the full tuition for the time remaining in the academic year at the time of registration.
4. **Information for Persons Who Have Recently Purchased a Home in Bergenfield:**
  - A. You are **NOT** a Bergenfield resident until **AFTER** title to the Bergenfield residence has passed to you at closing and you actually live in your Bergenfield house.
  - B. School District Policy does **NOT** allow exceptions to this definition of "legal resident".
  - C. If you need to enroll your child(ren) in the Bergenfield Public Schools **BEFORE** you close title on your Bergenfield residence, you can do so **AS A NON-RESIDENT**. To enroll, you must present, at the time of registration, a cashier's check for the amount of tuition due up to and including the last day of the month of your scheduled closing.
  - D. If the closing of title is postponed, the "not-yet-resident" student may continue to attend the Bergenfield Public Schools only if you pay tuition one month in advance by cashier's check by the 30<sup>th</sup> of each month until the closing takes place and you are living in your Bergenfield residence.
  - E. If the purchase transaction does not occur, the parent or legal guardian must do one of the following:
    1. Pay tuition, by cashier's check, in advance for the remainder of the school year; or
    2. Withdraw the student from the Bergenfield Public School in which she/he was registered and return to the school in the community in which she/he is a legal resident.

## STUDENT REGISTRATION REQUIREMENTS AND AGREEMENT

- F. If a parent or legal guardian fails to comply with section “E” above, there will be no requirement that the Board of Education conduct a hearing to remove the non-resident student. The student’s registration will be canceled and the student will be refused admission to any and all classes in the Bergenfield Public School System. In addition, the parents or legal guardians of such student shall be held responsible for payment of back tuition, if any, at the rate of one-tenth the annual tuition rate per month plus interest at nine per cent per annum, plus all costs of collection and enforcement.
- G. In the event that parents or legal guardians default with regard to their obligations to pay tuition as described in this document, the Board of Education will proceed as though the parents or legal guardians had consented to the ex parte entry of judgment against them for their obligations under the terms herein set forth.
5. **Information for Persons Who Live in a Rented Residence in the Borough of Bergenfield:**
- A. You are **NOT** a Bergenfield resident for tuition-free school registration purposes unless you can furnish written proof that as the student’s parents or legal guardians (as declared by Surrogate Court of Bergen County) you are the **legal renters** of the Bergenfield premises claimed as a residence and, upon further investigation, can prove that you (and they) **DO**, in fact, **LIVE THERE**.
- B. School District Policy does **NOT** allow exceptions to this definition of “legal resident” and does not allow for tuition-free enrollment of non-resident students **UNDER ANY CIRCUMSTANCES**.
- C. **RENTERS ARE CAUTIONED TO ASK THAT YOUR LANDLORD FURNISH YOU WITH PROOF THAT THE APARTMENT OR THE HOUSE YOU ARE RENTING COMPLIES WITH ALL BOROUGH REQUIREMENTS TO QUALIFY AS A LEGAL RENTAL PROPERTY IN THE BOROUGH OF BERGENFIELD.** We **WILL** check your rental premises against the official records of the Borough of Bergenfield to verify that you are living in a property that has been approved by the Borough for use as a rental property or a property in which occupancy by other than the owner(s) has been approved by the borough. ***THIS CAUTION IS FOR YOUR PROTECTION AND TO ENSURE THAT BERGENFIELD’S TAXPAYERS DO NOT PAY THE BILL FOR STUDENTS WHOSE PARENTS HAVE RENTED A RESIDENCE WHICH THE BOROUGH HAS NOT APPROVED FOR THAT USE.***
- D. If there is pressing need for a student to be registered in the Bergenfield Public Schools before his/her parent(s) or legal guardian(s) can furnish **ALL** of the required proofs, the student will be accepted **ONLY AS A TUITION-PAYING NON- RESIDENT STUDENT**, **AND** only after payment-in-advance by cashier’s check of tuition for 2 months, at a rate of one-tenth per month of the state-established tuition rate, for that student’s grade level and level of programming.

## STUDENT REGISTRATION REQUIREMENTS AND AGREEMENT

- E. If a parent or guardian fails to comply with the procedures for documenting residency, custody, and full financial responsibility that are described herein, and on the Affidavit of Residence which **MUST** be completed by the parent(s) and/or “host residents”, the student will be **DENIED** tuition-free admission. The student will then be admitted **ONLY** after payment-in-advance by cashier’s check of full tuition due for the remainder of the current school year, pro-rated at the rate of one tenth the state-established annual tuition rate, for that student’s grade level and level of special programming.
6. Should further investigation provide evidence that a student has been granted admission as a resident non-tuition-paying student on the basis of false, inaccurate, or otherwise misleading information which was provided as an inducement for the school system to grant tuition-free status, the student will be removed without need for a hearing conducted by the Board of Education. The persons who have furnished false information shall be prosecuted to the fullest extent of the law and shall be responsible for payment of back tuition, if any, at the rate of one tenth the annual state-established tuition rate for month plus interest at the rate of nine per cent per annum, plus all costs of collection and enforcement. The Board of Education shall proceed as though the parent(s) or the legal guardian(s) had consented to the ex parte entry of judgment against them for their obligations under the terms set forth herein and in the affidavit materials which were completed as part of the registration process.

### TUITION RATE APPROVED BY NJ DEPARTMENT OF EDUCATION FOR THE BERGENFIELD PUBLIC SCHOOLS 2020-2021

Preschool/Kindergarten	\$14,052 per year*
Grades 1-5	\$14,156 per year*
Grades 6-8	\$13,770 per year*
Grades 9-12	\$14,859 per year*
Learning and/or Lang. Disability	\$13,555 per year*
Emot. Reg. Imp. (BD)	\$48,764 per year*
Autism	\$83,472 per year*
Multiple Disability	\$26,156 per year*
Preschool Disability - FT	\$13,160 per year*

\*The school calendar from September 1 through the following June 30.

# STUDENT REGISTRATION REQUIREMENTS AND AGREEMENT

## AGREEMENT

I have read the publication entitled STUDENT REGISTRATION REQUIREMENTS AND AGREEMENT which was furnished to me by a representative of the Bergenfield Public School System. This will confirm my agreement to provide full and accurate information as requested by the Bergenfield Public School District and that I agree and understand that if these conditions are not met, then:

- a. I will be responsible for full tuition payment as of the student's first day of attendance in the Bergenfield Public School System as well as for the costs of collection and interest at the rate of nine percent per annum, and for payment of tuition for the remainder of the current school year;
- b. the student will be removed from attendance, with no need for a Hearing before the Board of Education, until and unless all financial obligations and arrears shall have been paid in full with interest and collection costs as they are described in this publication;
- c. the person(s) who have provided false, incomplete, or misleading information to the Bergenfield Public School System as an inducement for the school system to grant tuition-free resident status to the student will be subject to prosecution to the fullest extent of the law, and
- d. the Board of Education will proceed as though the parents or legal guardians had consented to the ex parte entry of judgment against them for their obligations under the terms set forth in this publication.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
School Official's Signature, Title

Date \_\_\_\_\_

Date: \_\_\_\_\_



# BERGENFIELD PUBLIC SCHOOL DISTRICT

*Where Children Come First*

80 South Prospect Avenue • Bergenfield, NJ 07621 • (201) 385-8600 x1609

Alice M. Nieves  
District Registrar

## Release of Records Request

Student's Last Name	First Name	Birth Date	Grade
_____	_____	____/____/____	_____
Previous School	Phone	Fax	
_____	(____) _____	(____) _____	
Town/City	State		
_____	_____		

The above named student has registered in our school district. Please send us the student's mandated records. Please make sure you send the following:

1. Attendance records
2. Test scores (NJASK, HSPA, ACCESS, MAC, etc.)
3. Grades (transcript including courses in progress)
4. All health records
5. Child Study Team records
6. Discipline records
7. And, all records required by the State Board of Education

Parent signature serves as notice to the parent that we are requesting such records. According to statute, you do not need parent consent to send the records. We need to provide them notice of request for such records.

_____ Parent/Guardian Signature	_____ Date
------------------------------------	---------------

Office use only – Please do not write below this line.

### PLEASE SEND RECORDS TO:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Franklin School<br>2 N Franklin Ave<br>Bergenfield, NJ 07621<br>Fax: 201-385-9708<br>Tel: 201-385-8581 | <input type="checkbox"/> Hoover School<br>273 Murray Hill Terr<br>Bergenfield, NJ 07621<br>Fax: 201-385-0946<br>Tel: 201-385-8582 | <input type="checkbox"/> Jefferson School<br>200 Hickory Ave<br>Bergenfield, NJ 07621<br>Fax: 201-385-9389<br>Tel: 201-385-8804 |
| <input type="checkbox"/> Lincoln School<br>115 Highview Ave<br>Bergenfield, NJ 07621<br>Fax: 201-385-9838<br>Tel: 201-385-8759  | <input type="checkbox"/> Washington School<br>49 S Summit St<br>Bergenfield, NJ 07621<br>Fax: 201-385-3703<br>Tel: 201-385-8771   |   |



**BERGENFIELD PUBLIC SCHOOL DISTRICT  
CONFIDENTIAL HEALTH HISTORY  
Pre-Kindergarten – Fifth Grade**

**A. GENERAL INFORMATION – Please Print**

Male \_\_\_\_\_

Female \_\_\_\_\_

\_\_\_\_\_  
Student's Last Name / First Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Country/ State of Birth

If transferring in, please state:

\_\_\_\_\_  
Name of Prior School

\_\_\_\_\_  
Address - City & State

**B. PLEASE FILL IN THE FOLLOWING INFORMATION:**

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Cell Phone

C. I hereby give permission for the school to take necessary action in an extreme emergency, including permission for the Bergenfield Ambulance Corps to transport my child to the following hospital of my choice. (Check one)

- Englewood Hospital    Holy Name Hospital    Hackensack Medical Center    Nearest One

**EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN**

Information on this form will be shared with appropriate staff members if it is pertinent to the child's health /safety.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

D. **FAMILY HEALTH HISTORY:** Include significant information such as heart disease, diabetes, cancer, TB, emotional or mental illness, etc.

Mother's Health \_\_\_\_\_ Father's Health \_\_\_\_\_

<u>Names of other children</u>	<u>Birth Date</u>	<u>Sex</u>	<u>General Health</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. **BIRTH HISTORY:** Were there any unusual problems during pregnancy or delivery? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Was the baby full term? \_\_\_\_\_ Premature? \_\_\_\_\_ Birth weight \_\_\_\_\_

Explain any significant health problems your child may have had as an infant:  
\_\_\_\_\_

F. **DEVELOPMENTAL HISTORY PAST/PRESENT:** Has your child demonstrated any problems in the following areas? If so, please explain:

Speech \_\_\_\_\_

Walking \_\_\_\_\_

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

G. **MEDICAL HISTORY:** Please check if this is a problem area and explain:

Allergies \_\_\_\_\_

Food (please list products) \_\_\_\_\_

Insect bites or stings \_\_\_\_\_

Eczema (skin rashes) \_\_\_\_\_

Medications \_\_\_\_\_

Asthma \_\_\_\_\_

Date of onset \_\_\_\_\_ Frequency \_\_\_\_\_ Type of reaction \_\_\_\_\_

Medication: (Name, dosage, frequency given) \_\_\_\_\_

Dental \_\_\_\_\_

Ear Infections \_\_\_\_\_

- Severe respiratory infections/illness \_\_\_\_\_
- Convulsive disorder \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Kidney \_\_\_\_\_
- Heart \_\_\_\_\_
- Stomach/Intestinal \_\_\_\_\_
- Operations \_\_\_\_\_
- Injuries \_\_\_\_\_
- Other \_\_\_\_\_

Please indicate the approximate dates for any diseases your child may have had:

Chicken Pox \_\_\_\_\_ Other \_\_\_\_\_

**H. CURRENT CONSIDERATIONS:** Is your child under medical treatment at present? \_\_\_\_\_

For what? \_\_\_\_\_

If so, by whom? \_\_\_\_\_

Physician's Name and Address

Does your child wear any type of medical appliance, i.e., hearing aid, brace, shoe cookie? \_\_\_\_\_

Does your child take any medication? \_\_\_\_\_ Reason \_\_\_\_\_

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

How often \_\_\_\_\_

Must medication be given during school hours? \_\_\_\_\_ (A physician and parent statement is required for any medication to be given in school.)

Is there any medical reason your child should not take Physical Education/Gym? \_\_\_\_\_

If yes, why \_\_\_\_\_

***A physician's statement is required if your child is unable to participate in physical education.***

Is there any health information that you feel would be helpful in planning for your child's school year?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If there is any change in any of the above information, kindly inform the Health Office.**

**BERGENFIELD PUBLIC SCHOOL DISTRICT  
CONFIDENTIAL HEALTH HISTORY  
PRE-KINDERGARTEN**

**A. GENERAL INFORMATION – Please Print**

Student's Last Name / First Name \_\_\_\_\_ Birth Date (Mo/Day/Yr) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Student's Home Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Country/ State of Birth \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Hand Preference: Right \_\_\_\_\_ Left \_\_\_\_\_ Uses Both Equally \_\_\_\_\_

(Check with whom child resides):

Parent/Legal Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian's Place of Business: Telephone #: \_\_\_\_\_

Name of Business \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Place of Business (Parent/Guardian): Telephone #: \_\_\_\_\_

Name of Business \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Child's Pediatrician/ Physician \_\_\_\_\_  
Name of Doctor

Address \_\_\_\_\_ City \_\_\_\_\_ Telephone Number \_\_\_\_\_

In case of an accident or illness and you are not available, whom may we contact?

1) Name \_\_\_\_\_ (Male/Female) Telephone No. \_\_\_\_\_

2) Name \_\_\_\_\_ (Male/Female) Telephone No. \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY REQUIRING AN AMBULANCE, THE BERGENFIELD AMBULANCE CORPS WILL TRANSPORT YOUR CHILD TO (Indicate Preference):

- Englewood Hospital    Holy Name Hospital    Hackensack Medical Center    Nearest One  
IN THE EVENT YOUR CHILD IS PLACED IN AN "OUT OF DISTRICT SCHOOL", HE/SHE WILL BE TAKEN TO THE NEAREST HOSPITAL.

**B. FAMILY HEALTH HISTORY:** Include significant information such as Heart Disease, Diabetes, Cancer, TB, Emotional or Mental Illness, etc.

Mother's Health \_\_\_\_\_ Father's Health \_\_\_\_\_

Names of siblings/other children      Birth Date      Sex      General Health

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. BIRTH HISTORY:** Were there any unusual problems during pregnancy or delivery? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Was the baby full term? \_\_\_\_\_ Premature? \_\_\_\_\_ Birth weight \_\_\_\_\_

Did the baby need oxygen? \_\_\_\_\_ Did the baby stay longer than the mother in hospital? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Circle those problems the baby may have experienced: jaundice, convulsions, deformities, respiratory difficulties, feeding difficulties, i.e., swallowing, colic, vomiting, diarrhea, abnormal crying.

**D. DEVELOPMENTAL HISTORY (PAST/PRESENT):** Did your child attend an Infant Stimulation Center? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Has your child demonstrated any problems in the following areas? If so, please explain:

Language/Speech \_\_\_\_\_

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Sitting \_\_\_\_\_

Crawling \_\_\_\_\_

Standing \_\_\_\_\_

Walking \_\_\_\_\_

Toilet Training \_\_\_\_\_ Bladder Control \_\_\_\_\_ Bowel Control \_\_\_\_\_

Does your child wear diapers? \_\_\_\_\_ During the day? \_\_\_\_\_ During the night? \_\_\_\_\_

**E. MEDICAL HISTORY:** Please check if the following pertains to your child and explain:

Allergies

Food (please list products) \_\_\_\_\_

Insect bites or stings \_\_\_\_\_

Eczema (skin rashes) \_\_\_\_\_

Hives \_\_\_\_\_

Dust/Pollen \_\_\_\_\_

Hay fever \_\_\_\_\_

Medications \_\_\_\_\_

- Asthma \_\_\_\_\_  
 Date of onset \_\_\_\_\_ Frequency \_\_\_\_\_ Type of reaction \_\_\_\_\_  
 Medication: (Name, dosage, frequency given) \_\_\_\_\_
- Dental \_\_\_\_\_
- Ear Infections \_\_\_\_\_
- Severe respiratory infections/illness \_\_\_\_\_
- Convulsive disorder \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Kidney \_\_\_\_\_
- Heart \_\_\_\_\_
- Stomach/Intestinal \_\_\_\_\_
- Orthopedic/Muscular \_\_\_\_\_
- Injuries (fractures, sutures, etc) \_\_\_\_\_
- Operations \_\_\_\_\_
- Hospitalizations (Date and reason other than listed above) \_\_\_\_\_  
 \_\_\_\_\_
- Other \_\_\_\_\_

Please indicate the approximate dates for any diseases/illnesses your child may have had:

Chicken Pox: \_\_\_\_\_ Pneumonia \_\_\_\_\_ Other \_\_\_\_\_

Is your child under the care of a specialist? Please explain:

Doctor \_\_\_\_\_  
 Dentist \_\_\_\_\_  
 Psychologist \_\_\_\_\_  
 Speech Therapist \_\_\_\_\_  
 Physical Therapist \_\_\_\_\_  
 Occupational Therapist \_\_\_\_\_  
 Other \_\_\_\_\_

Does your child wear?

Glasses \_\_\_\_\_ Hearing Aid \_\_\_\_\_

Medical appliance (i.e. brace, shoe cookie) \_\_\_\_\_

Is your child on a special diet? \_\_\_\_\_

If so, please describe \_\_\_\_\_

**F. SOCIAL/EMOTIONAL:**

Place a check on the line between the closest words which best describe your child:

- Happy - - - - - Sad
- Outgoing - - - - - Shy
- Easy Going - - - - - Nervous
- Separates easily (from parent/guardian) - - - - - Does not separate easily (from parent/guardian)
- Plays well with others - - - - - Plays alone

Has your child ever experienced an upsetting emotional shock? (auto accident, death, divorce, or other situation) \_\_\_\_\_ If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**G. CURRENT CONSIDERATIONS:**

If your child is presently under medical treatment, please explain:

For what? \_\_\_\_\_ By whom? \_\_\_\_\_

Does your child take any medication? \_\_\_\_\_ Dosage? \_\_\_\_\_ How often? \_\_\_\_\_

Must medication be given during school hours? \_\_\_\_\_

(A physician’s and parent’s statement is required for any medication to be given in school.)

**H. TRANSPORTATION INFORMATION:** Does your child have any special behavior/physical/medical problems that should be considered when transportation arrangements are made?

\_\_\_\_\_

**I. ADDITIONAL CONSIDERATIONS:** Is there any additional information that you feel would be helpful in planning for your child’s school year?

\_\_\_\_\_

If there is any change of the above information, kindly inform the Health Office. If there are any other concerns that you wish to share with us, please contact any of the staff (teacher, principal, school nurse, therapist, or psychologist) at the school in which your child may attend. Thank you for your cooperation in completing this form. It will help make your child’s pre-school experience a more fulfilling one.

I HEREBY GIVE PERMISSION FOR THE SCHOOL TO TAKE NECESSARY ACTION IN FOLLOWING MEDICAL PROTOCOL IN ANY EXTREME EMERGENCY. I AM AWARE THAT EVERY EFFORT WILL BE MADE TO CONTACT THE CHILD’S PARENT/GUARDIAN.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**BERGENFIELD PUBLIC SCHOOL DISTRICT  
HEALTH SERVICES DEPARTMENT**

**Required Physical Exams - Grades 1-5**

To: Parents/Guardians:

In compliance with School Law Title 18A:40-4 and School Board Policy 5141, a physical examination is required for your child. The exam may be done by the School Physician or by the private physician of your choice which would be at your own expense. The school nurse will issue the medical exam form should you choose to go to your private physician. The deadline for private physicals is in accordance with School Board Policy 5141 “within 60 days of entrance” for the school year.

Complete school physical examinations including a review of the body systems such as skin, cardio-respiratory, musculoskeletal, etc. are performed by the school doctor/pediatrician with the assistance of the school nurse. Urine testing for sugar and protein will not be part of this exam.

If an abnormality is detected in any area of the physical assessment, it will be reported to you. Should you receive such a notice, it is expected you will take your child to his/her own doctor for follow up care. If you do not receive a notice, this indicates that your child was in good physical health at the time of the examination.

Kindly check below indicating your preference, sign and complete this form and return promptly to the school nurse:

---

Student Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_ HR \_\_\_\_\_  
Last First

I would prefer that my child have a:

\_\_\_\_\_ Private physical at my expense

\_\_\_\_\_ School Physical

---

Signature of Parent / Guardian

---

Date

If your child has had a recent physical exam (within 1 year) please provide information to the school nurse.



**HEALTH SERVICES DEPARTMENT  
BERGENFIELD PUBLIC SCHOOLS  
SCHOOL EXAMINATION FORM  
Grades: Pre-K through 5**

NAME (last) \_\_\_\_\_ (first) \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**PHYSICAL REPORT:**

Grade \_\_\_\_\_ Age \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_

Eyes \_\_\_\_\_ R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Ears \_\_\_\_\_ Hearing R \_\_\_\_\_ L \_\_\_\_\_

Respiratory \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Abdomen \_\_\_\_\_ Genitalia \_\_\_\_\_

Musculoskeletal \_\_\_\_\_ Skin \_\_\_\_\_

Neurological \_\_\_\_\_

**LABORATORY:** Urinalysis \_\_\_\_\_ HGB/HT \_\_\_\_\_ Other \_\_\_\_\_

**COMMENTS:**

**IMMUNIZATIONS**

*(Insert dates)*

Complete for new students. Otherwise only those since last report.

DPT	DPT	DPT	Hepatitis B	Hep B	Hep B
DPT	Td	Td	Hib	Hib	Hib
Polio (OPV/IPV)	Polio (OPV/IPV)	Polio (OPV/IPV)	Flu		
Polio (OPV/IPV)	Polio (OPV/IPV)	Polio (OPV/IPV)	PCV		
MMR			Mantoux	Date Planted	Date Read
Varivax				Results	

**RECOMMENDATIONS:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Any defect of vision, hearing or speech that the school could compensate for by proper seating, etc? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any conditions limiting<br>--Classroom activity?<br>--Physical education? .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any significant allergies? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any condition which may result in a classroom emergency .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any emotional, mental or physical condition requiring periodic medical observation? .....                  | <input type="checkbox"/> | <input type="checkbox"/> |

**COMMENTS:**

STAMP:

Phone \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_ M.D.

*Signature*

BERGENFIELD PUBLIC SCHOOLS  
21-22 ONE-TIME STUDENT HEALTH SCREENER PAPER FORM

STUDENT NAME: \_\_\_\_\_

I certify I will not send my child, to any school programs if he/she meet any of the following criteria:

- Tested positive for COVID-19 in the past week.
- Has been in close contact with someone who has tested positive for COVID-19 in the past week AND is not fully vaccinated
- Has any of the following symptoms: shortness of breath, cough difficulty breathing, olfactory disorder, loss or change in ability to taste
- Has two or more of the following systems: runny/stuffy nose, fever (greater than 100.0 F), chills shivers, sore throat, muscle aches, headache, tired/fatigued, nausea vomiting, diarrhea
- Has taken fever-reducing medication for the purpose of reducing a fever
- Has taken fever-reducing medication for the purpose of reducing a fever
- Has traveled out of the country or been in contact with someone who has been in the past 14 days AND is not fully vaccinated
- Has traveled to a state other than NY, CT, PA or DE or been in contact with someone who has been in 14 days and is not fully vaccinated.

By printing and signing your name below serves as your signature and certification of this form.

**Print name**

**Signature**

**\* Please return the form to the main office.**

BERGENFIELD PUBLIC SCHOOLS

21-22 SOLO UNA VEZ FORMULARIO DE EVALUACIÓN DE SALUD DEL ESTUDIANTE

NOMBRE DEL EL ESTUDIANTE: \_\_\_\_\_

Certifico que no enviaré a mi hijo/hija a ningún programa de la escuela si cumple con alguno de los siguientes criterios:

- Dio positivo para COVID-19 la semana pasada
- Ha estado en contacto cercano con alguien que dio positivo en la prueba de COVID-19 en la última semana Y no está completamente vacunado
- Tiene CUALQUIERA de los siguientes síntomas: dificultad para respirar, tos, dificultad para respirar, trastorno olfativo, pérdida o cambio en la capacidad para saborear
- Tiene dos o más de los siguientes síntomas: secreción / nariz tapada, fiebre (más de 100.0 f), escalofríos, escalofríos, dolor de garganta, dolores musculares, dolor de cabeza, cansado / fatigado, náuseas / vómitos, diarrea
- Ha tomado medicamentos para reducir la fiebre con el fin de reducir la fiebre.
- Ha viajado fuera del país o ha estado en contacto con alguien que ha estado en los últimos 14 días Y no está completamente vacunado.
- Ha viajado a un estado que no sea NY, CT, PA o DE o ha estado en contacto con alguien que ha estado en los últimos 14 días Y no está completamente vacunado.

Al imprimir y firmar su nombre a continuación, sirve como su firma y certificación de este formulario.

**Imprimir nombre**

**Firma**

**\* Devuelva el formulario a la oficina principal.**