Dear Parent:

The following information is needed before your child ___________________________ can begin school.

We look forward to welcoming your child to the Ho-Ho-Kus Public School.

Sincerely,

Dr. Alexis M. Eckert
Principal

____ Registration Form
____ Home Language Questionnaire
____ Medical and developmental history
____ Physical Exam Form
____ Immunization Record
____ Allergy Form
____ Birth Certificate
____ Proof of residency (Deed or lease)
____ Utility Bill
____ Publication Consent Form
____ Internet Policy
REGISTRATION FORM

Student Name: ________________________________ Gender: __________
            First                     Middle                      Last
Nickname: ____________________________________________
Address: _____________________________________________ Home Phone: _______
                                                  __________________________________________ email: __________
DOB: _____/_____/______ City of Birth: _________________ State: ______ Country: _________________
If Country of Birth is not US, Date of US Entry: ________________ Date of Entry into US School: ________
Race: White____ Black____ American Indian/Alaskan_______ Asian_______
Hawaiian Native/Pacific Islander ____________
Ethnicity: Hispanic______ Non-Hispanic__________

Previous School Attended: ___________________________________________________________________
Previous School Address: ___________________________________________ Phone: __________

<table>
<thead>
<tr>
<th>Father/Stepfather/Guardian (circle one)</th>
<th>Business Name/Address</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Cell Phone + Provider</td>
<td></td>
</tr>
<tr>
<td>Business Name/Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother/Stepmother/Guardian (circle one)</th>
<th>Business Name/Address</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Cell Phone + Provider</td>
<td></td>
</tr>
<tr>
<td>Business Name/Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Children in Family</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
</tbody>
</table>

Please continue →
### Emergency Contacts (other than parent)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Child’s Doctor</th>
<th>Phone</th>
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</tbody>
</table>

**Does your child have health insurance coverage?**

Yes ______ No ______

**If yes, what is the name of the insurance company?**

______________________________________________

**If no, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.**

**Are you interested in being contacted by NJ FamilyCare regarding this service?**

Yes ______ No ______
Ho-Ho Kus Public School
70 Lloyd Road - Ho-Ho-Kus, New Jersey 07423
201-652-4555
Diane Mardy, Ed.D                  Alexis M. Eckert, Ed.D.
Superintendent                  Principal

Parent/Guardian:

In order to register your child in the Ho-Ho-Kus Public School District, two forms of proof of residency must be presented.

These can be any of the following:

- A copy of a current lease or deed
- And
  - A copy of a current utility bill such as electric/gas, cable, telephone.

I, ____________________________, residing at,

__________________________________________

State that the information given on the attached registration form for

__________________________________________ is correct, and that if this

information is found to be false, I may be held responsible for the payment of

the child's tuition.

Signature ____________________________________________

Date __________________________________________________________________

Witnessed ____________________________________________
Dear Parents:

The state of New Jersey requires that every new parent to a school district complete a Home Language Questionnaire in order that we can serve the needs of each student. On the bottom of this form please indicate the language in which you prefer to receive communications (English, Spanish, Korean, Japanese, Chinese, etc.). Please fill out the Home Language Questionnaire and return the forms with your registration materials.

Thank you.

Sincerely,

Dr. Alexis M. Eckert
Principal

*****************************************************************
************************************************************
PLEASE PRINT:

In which language do you wish to receive communications?

Indicate language

Parent Signature ___________________________ Date ___________________________

*****************************************************************
************************************************************

*Definition of native language from the New Jersey Department of education: The language first used by student, or the language most often spoken at home regardless of the language spoken by the student.

*****************************************************************
************************************************************
FOR SCHOOL USE ONLY

Language ___________________________ Code ___________________________
PLEASE PRINT

* Parent/Guardian Language Questionnaire

Student ___________________________ Grade/Class, __________

Date of School Entrance ___________________________

Relationship of person completing the survey _______________________

Mother __________ Father ___________ Guardian __________

Directions: Circle the correct response for each of the following questions concerning your child.

1. What language did the child learn when he/she first began to talk?
   English ___________ Other (specify) __________________________

2. What language does the family speak at home most of the time?
   English ___________ Other specify __________________________

3. What language does the mother speak to her child most of the time?
   English ___________ Other (specify) __________________________

4. What language does the father speak to the child most of the time?
   English ___________ Other (specify) __________________________

5. What language does the child speak to his/her mother most of the time?
   English ___________ Other (specify) __________________________

6. What language does the child speak to his/her father most of the time?
   English ___________ Other (specify) __________________________

7. What language does the child speak to his/her brothers and sisters most of the time?
   English ___________ Other (specify) __________________________

8. What language does the child speak to his/her friends most of the time?
   English ___________ Other (specify) __________________________

9. Please list any previous ESL/Bilingual Program attended, if any:
   Place ___________________________ Dates attended __________

Signature: ___________________________ Date: __________

(person completing the survey) ___________________________
The Board of Education recognizes as new technologies shift, the manner in which information is accessed, communicated, and transferred changes. 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 that 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, as defined in Regulation 2361, shall be subject to discipline or legal action:

A. Using the Computer Networks/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 Networks/Computers to violate copyrights, institutional or third party copyrights, license agreements or other contracts.

C. Using the Computer Networks/Computers in a manner that:
Acceptable Use of Computer Networks/Computers and Resources

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 purpose 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 but not limited to 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; 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.

In addition to 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 may 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 community input on the Internet safety policy contained in this 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 public meeting following the annual public hearing.

The school district will certify on an annual basis, that the school, 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 district’s Computer Networks/Computers and the Internet unless such pupil has filed with the principal's office a consent form signed by the pupil and his/her parent or legal guardian.

Violations

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

1. Use of the Computer Networks/Computers only under direct supervision;
POLICY

BOARD OF EDUCATION
H·HO·KUS

PROGRAM
2361/ Page 4 of 4
Acceptable Use of Computer Networks/
Computers and Resources

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.

N.J.S.A 2A:38A-3
Federal Communications Commission: Children's Internet Protection Act
Federal Communications Commission: Neighborhood Children's Internet Protection Act

Adopted: 20 November 2000
Revised: 15 November 2001
Revised: 31 March 2010
Revised: 18 September 2012
Parent or Guardian Internet Responsibility Agreement

As the parent or guardian of this student, I have read the Acceptable Use Policy for access to the district’s network resources. I understand that this access is designated for educational purposes and that the district has taken precautions to eliminate controversial and inappropriate materials. I realize that if a student is found to be involved in controversial or inappropriate sites, it will be considered a violation of this agreement. This may result in revocation of the student’s access privileges and/or other disciplinary action.

I understand that the inappropriate use of the network by my child could result in criminal and civil penalties. Further, I accept responsibility for any damages or injuries caused by my child’s use of the Internet, either in or out of school, in a manner which violates the terms and conditions of this agreement.

Having clearly been informed of the rules, regulations, and consequences of the User Agreement, I hereby give permission for my child to be issued access to the Internet.

Student Name ________________________________________________

Parent or Guardian _____________________________________________

Signature _____________________________________________________

Date __________________________
Consent Form for Publication of Student Work and/or Photographs

The school may publish photographs of your child and/or samples of work done by your child in a variety of ways. The publications could include, but are not limited to, school newsletters (online and in hard copy), school websites, and local newspapers.

If you check yes and sign below, it means that you agree to the following:

1. The school is permitted to publish photographs and/or videos in which your child appears and may also publish samples of your child’s work.
2. Your child’s name may be used.

The school will not use your child’s photograph or samples of your child’s work for any purpose other than for the education of students, or for the general promotion of public education and the school. Any photographs taken by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely. Your child’s picture, original work or video may be removed by the District at any time.

I agree, subject to the conditions set out above, to the publication of photographs, videos, and/or samples of my child’s work.

Student’s Name ___________________________________________ Homeroom Teacher _____________

_____ Yes to all

_____ No to all

Signature of Parent/Guardian ________________________________ Date ____________

The Ho-Ho-Kus Public School District is committed to a high standard of academic excellence in compliance with the core curriculum content standards in a safe and nurturing environment that will allow students to maximize their potential and prepare them to be responsible, contributing members of a diverse society.
A Message from the Health Office

Dear Parents,

I am delighted to welcome your child to kindergarten this coming September. In our school the health program has been designed to improve, protect, and promote the health of its children.

In preparation for entrance into kindergarten, the Health Office will need to review your child’s physical exam and immunization record prior to his/her admittance to school. Please bring your child’s most recent physical exam and immunization records with you to registration.

If your child’s 5-year-old physical will not be completed by June 1st, please supply a copy of his/her 4-year-old physical exam along with immunization status now and submit the updated forms when the actual 5-year-old physical takes place. Hearing and vision screening should be completed at the time of the physical exam as well.

Another important note is to be aware that medications will not be given in school without physician’s orders and written parental permission. If your child does require daily or as needed medications, please visit the district website and download a form that your physician can fill out detailing the medication and indications for use. These forms will only be valid for the following school year and may only be accepted if dated after August 15th.

Finally, please visit the district website under Health Office which lists various forms that can be used and some guidelines for subjects that range from tips in helping determine if your child needs to stay home from school, to notifying us that your child will be absent from school or arrive late, to restrictions from Physical Education due to illness or injury.

Thank you for your cooperation as we welcome your child to the Ho-Ho-Kus School kindergarten program. If there is any additional medical information that we need to know that will assist us in the care of your child, please contact me at kcinquegrana@hohokus.org or call me at 201.652.3236.

Sincerely,

Kate Cinquegrana, RN
Certified School Nurse
The Ho-Ho-Kus School Health Office

ILLNESS
At times it may it may be hard to know when to keep your child home from school due to illness. It may come down to a judgment call and your intuition usually gives you the answer. Here are a few rules of thumb to keep in mind as you make your decision that may be helpful:

- If a child has vomiting or diarrhea in the morning or the night before -- they should stay home. Your child should stay home for 24 hours after the last incident of vomiting or diarrhea. If your child vomits while at school, they should stay home the next school day.
- If a child has a fever - 100 degrees or higher, they should stay home for 24 hours after the fever has subsided without the use of fever reducing medication. Please be aware that if their temperature is 99.4 or higher in the morning the fever may be on the way up by later in the day.
- If a child complains of sore throat in combination with headache and/or vomiting, it may indicate strep throat. If they have strep throat, they must stay home until they have taken antibiotics for 24 hours and are asymptomatic.
- If a child has discharge or crust from eyes, please consult the pediatrician before coming to school. They should be treated and discharge-free before returning to school.
- If a child has a heavy cold or any illness that prevents them from being able to focus in the classroom; such as an incessant cough, a day at home might make all the difference.

ABSENCES
If your child will remain home from school due to illness or late due to an appointment be sure to call the Health Office at 201-652-3236 and state the student's name, grade and teachers name and reason for absence prior to 8:00am. A call will be necessary for every day your child will be absent or late to school.

INJURIES
If your child sustains an injury that requires sutures, a cast, immobilizer, crutches, etc. or has sustained a head injury, please contact me regarding the injury and provide a doctor’s note detailing the injury. If the restriction will be for an extended period, a doctor’s note is required to exclude them as well as return them to activities. In these cases, your child will need to be excluded from PE and recess. The restriction from recess provides additional rest to help them to feel better if they are ill or rest an injury so it can heal.

MEDICATIONS
Finally, if your child requires medication, new doctor’s orders are required every school year. Medication forms, Food Allergy Action Plans and Asthma Treatment plans are on the district website under Health Office, Health Forms. Please be sure these orders filled out by your doctor include the name of the student, the name of the medication, the dosage, the time to be given and the frequency to be medicated. They must be dated after August 15th of that school year, stamped and signed by your physician. Parental permission is also required before medication be given in school. Please note over-the-counter medications such as Tylenol, Ibuprofen, cough drops or lozenges, eye drops and nasal sprays may not be administered without a doctor’s order.

FOOD ALLERGIES
Since lunch is eaten in the classroom it is important for the Health Office to be aware of what foods students are allergic to, the expected reaction if accidental ingestion were to occur and whether or not a reaction would occur if the food was ingested or touched. It is also important to make us aware of what practices are put in place at home as far as food allergy management and whether your child is capable of avoiding the food allergen. Please provide this information to the Health Office as soon as possible.
HO-HO-KUS PUBLIC SCHOOL  
MEDICAL AND DEVELOPMENT HISTORY

Child's Name __________________________ Date of Birth: ____________________

Birth Weight ________________     Current Weight ____________ Height ________

Full term baby? Yes __________ No ________ How many months? ________________

<table>
<thead>
<tr>
<th>At what age did child:</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Say first words</td>
<td></td>
<td></td>
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<tr>
<td>Talk in sentences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give up napping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Become independent in toileting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin dressing independently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish hand preference (left or right)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate any medical information such as, hospitalizations, serious or recurrent illnesses, or accidents:

__________________________________________________________________________

__________________________________________________________________________

Does your child wear glasses? If so, at what age and why were they prescribed? Are they to be worn continuously?

__________________________________________________________________________

Does your child get frequent ear infections or have any permanent hearing loss?

__________________________________________________________________________

Does your child have asthma or other allergies?

__________________________________________________________________________

List any medications currently or previously taken on a regular basis:

__________________________________________________________________________

Please describe any physical conditions your child has which may affect his/her participation in school activities.

__________________________________________________________________________

Signature of parent or guardian ____________________________________________ Date: __________________
HO-HO-KUS PUBLIC SCHOOL HEALTH OFFICE
ALLERGY HISTORY

Name of Student ____________________________ Grade _____ Age ______

Identify your child's *specific allergen:*
__________________________________________
__________________________________________
__________________________________________

Please provide us with *exact* history:
How long has this severe allergy been evident?
__________________________________________
__________________________________________

What symptoms occurred at time of reaction?
__________________________________________
__________________________________________
__________________________________________

Where was your child treated? ____________________________

Did your child have Epinephrine administrated? ____________ Benadryl? ____________

What was the date of the most recent allergic reaction? ____________________________

How responsible is your child in avoiding the allergen?
__________________________________________
__________________________________________

Has your child ever been tested for allergies? Yes ____________ No ____________

Name of allergist ____________________________
Date of testing ____________________________

Does your child have asthma or reactive airway disease? Yes ____________ No ____________

What are the triggers (cold, exercise, illness)?
__________________________________________
__________________________________________
__________________________________________
STUDENT HEALTH EXAMINATION FORM
HO-HO-KUS PUBLIC SCHOOL HEALTH OFFICE

Date of Physical Examination: _______________________
Student's Name ___________________________________ Birth Date ________ Grade ________

PHYSICAL EXAMINATION

Height-_________________________________ Weight ______________
Apical Heart Rate_______________________ Blood Pressure-__________

<table>
<thead>
<tr>
<th>General Condition</th>
<th></th>
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<tbody>
<tr>
<td>Head and Neck</td>
<td>Abdomen</td>
</tr>
<tr>
<td>Eyes</td>
<td>Hernia</td>
</tr>
<tr>
<td>Ears</td>
<td>Skin</td>
</tr>
<tr>
<td>Nose</td>
<td>Genito-Urinary</td>
</tr>
<tr>
<td>Throat</td>
<td>Extremities</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>Nervous System</td>
</tr>
<tr>
<td>Cardiac Condition</td>
<td>Spinal Screening</td>
</tr>
<tr>
<td>Lungs</td>
<td>Orthoped</td>
</tr>
</tbody>
</table>

Vision Testing: (R) 20/_______ (L) ___________ Glasses YIN ______ Contacts YIN ______
Hearing Testing (R) ______________ (L) ____________

ALLERGIC TO: ____________________________________________

REACTION TO BEE/INSECT STING ________________________________

HISTORY

Communicable Diseases:
Chicken Pox (Date) _______ / ________, Measles (Date) ________ / ______
German Measles (Date) _______ / ________, Mumps (Date) ________ / ______

Medical (All Acute and Chronic Illnesses): ________________________________

Orthopedic Defects (Past and Present) ______________________________________

Special Medication: Yes _____ No ___ Medication ___________________________ Purpose ______________________

Restricted Activity: Yes _____ No ___ Reason _____________________________

Mantoux Tuberculin Test:
(A) Student transferring from out of country must see school nurse to determine if testing needed.

(B) Previous results of Mantoux testing:
Date: ___________ Results: ________ Chest X-Ray: ___________ Medications: __________________________

***PLEASE PROVIDE A COPY OF STUDENT'S IMMUNIZATIONS***

Physician's Name ___________________________ Physician Stamp-__________________________

Physician's Signature _________________________________ Date _______________________