



**PALISADES PARK SCHOOL DISTRICT**  
**PALISADES PARK, NEW JERSEY**

Dr. Joseph Cirillo  
Superintendent of Schools  
Phone: 201-947-3560  
Fax: 201-585-9214



**Eligibility to attend Palisades Park Public Schools is determined by the Superintendent using the entirety of evidence presented and gathered. The following documents will help to prove your child's eligibility. Official notarization is recommended.**

1. PROOF OF AGE:
  - A. BIRTH CERTIFICATE – IF CHILD WAS BORN IN UNITED STATES
  - B. PASSPORT/VISA, ALIEN CARD OF FAMILY REGISTER
  - C. PARENT PHOTO IDENTIFICATION
  - D. DIVORCE/CUSTODY PAPERS, IF APPLICABLE
2. PRIMARY PROOF OF RESIDENCE:  
LEASE, DEED, MORTGAGE or STOCK CERTIFICATE  
TELEPHONE NUMBER OF LANDLORD OR MANAGEMENT OFFICE
3. THREE (3) ADDITIONAL PROOFS OF RESIDENCY. EXAMPLES ARE:
  - A. HOME PHONE BILL WITH A NUMBER AND ADDRESS OF SERVICE (page one of bill)
  - B. DRIVER'S LICENSE
  - C. CURRENT BILLS (PSE&G, WATER, OR CABLE)
  - D. CURRENT MAJOR CREDIT CARD BILL
  - E. POST OFFICE CHANGE OF ADDRESS
  - F. WORK ORDERS OR INVOICES
4. TRANSFER CARD AND REPORT CARD FROM PREVIOUS SCHOOL
5. **A COMPLETED PHYSICAL EXAMINATION FORM FOR REGISTRATION. THIS MUST BE SIGNED AND DATED BY THE DOCTOR WITHIN TWELVE (12) MONTHS PRIOR TO ENTERING.**
6. **IF CHILD IS ENTERING FROM OUT OF STATE OR COUNTRY, DOCUMENTATION OF THE MANTOUX TUBERCULIN SKIN TEST GIVEN NO MORE THAN SIX (6) MONTHS, AND GIVEN IN THE UNITED STATES, PRIOR TO ENTERING. IF THE MANTOUX TUBERCULIN SKIN TEST IS POSITIVE, YOU MUST SUBMIT A SEPARATE REPORT FROM THE RADIOLOGIST OF THE CHEST X-RAY RESULTS.**



PALISADES PARK BOARD OF EDUCATION  
410 SECOND STREET  
PALISADES PARK, NJ 07650  
PHONE (201)947-3550 FAX (201)585-9214

AFFIDAVIT OF OWNER/NON-RESIDENT OWNER  
PALISADES PARK, NJ

**STATEMENT OF PARENT/GUARDIAN AFFIRMING RESIDENCY IN THE  
BOROUGH OF PALISADES PARK, NJ**

Note: If parent/guardian is married, this statement must be signed by both husband and wife.

Statement of Residency in the Borough of Palisades Park, NJ

\_\_\_\_\_ and \_\_\_\_\_ of full age say(s):  
(mother/guardian's name) (father/guardian's name)

1. My/our domicile (permanent home) is in PALISADES PARK at \_\_\_\_\_.
2. I/we am/are the parent(s)/guardian(s) of the child(ren) named \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
3. I/we will assume all personal obligations for the child(ren) named above with respect to school requirements.
4. The answers, statements, and declarations made in the application for the admission of said child(ren) are absolutely true in all respects.
5. This statement, together with the requirements for admission, is made specifically to permit the Palisades Park Board of Education to accept the named above as legally qualified student(s) in the Palisades Park District public schools and without payment of tuition, knowing that the Palisades Park Board of Education will rely upon the truth of the statements herein contained.
6. I/we fully understand and agree that any false or fraudulent statements, answers or declarations contained in this affidavit or in the application for admission may render me/us personally liable to the Palisades Park Board of Education for the payment of tuition for the 2015/2016 school year.
7. I/we fully understand and agree that any false statements answers, or declarations contained in this affidavit or in the application for admission may subject me/us to criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2. If I/we am/are convicted for such a crime, I/we may be punished by a fine of up to \$7,500.00 and/or imprisoned for up to 18 months.

\_\_\_\_\_  
PARENT/GUARDIAN (print name)

\_\_\_\_\_  
PARENT/GUARDIAN (print name)

\_\_\_\_\_  
PARENT/GUARDIAN (signature)

\_\_\_\_\_  
PARENT/GUARDIAN (signature)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY STAMP

\_\_\_\_\_  
NOTARY (signature)



**LANGUAGE AND ETHNICITY INFORMATION SHEET**

STUDENT'S NAME \_\_\_\_\_, \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COUNTY OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

LANGUAGE(S) SPOKEN AT HOME: BY PARENTS: \_\_\_\_\_  
BY STUDENTS: \_\_\_\_\_  
DIALECT USED: \_\_\_\_\_

FIRST LANGUAGE SPOKEN BY STUDENT (PRIMARY LANGUAGE) \_\_\_\_\_

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

1. IS THIS STUDENT A CITIZEN OF THE U.S.A.? YES: \_\_\_\_ NO: \_\_\_\_
2. IF "NO", CIRCLE THE STUDENT'S IMMIGRATION STATUS: VISA, RESIDENT ALIEN, OTHER
3. COUNTY OF CITIZENSHIP (IF NOT U.S.)? \_\_\_\_\_
4. WHAT WAS THE STUDENT'S RESIDENT COUNTRY BEFORE ENTERING THE U.S.A.? \_\_\_\_\_
5. DATE OF ENTRY TO THE U.S.A.: \_\_\_\_\_
6. DATE OF ENTRY TO NEW JERSEY SCHOOLS: \_\_\_\_\_ IN WHAT GRADE: \_\_\_\_\_
7. HOW MANY YEARS HAS THE STUDENT BEEN IN THE PUBLIC SCHOOL SYSTEM IN THE U.S.A.?
8. HOW MANY YEARS HAS THE STUDENT BEEN IN THE PUBLIC SCHOOL SYSTEM IN THE U.S.A.?
9. HAS THERE BEEN ANY INTERRUPTION IN THE STUDENT'S AMERICAN EDUCATION? \_\_\_\_\_ IF YES PLEASE EXPLAIN: \_\_\_\_\_
10. NUMBER OF YEARS IN THE FOLLOWING PROGRAMS: ESL \_\_\_\_ BILINGUAL \_\_\_\_
11. HAS THE STUDENT PASSED THE ESL PROGRAM? YES: \_\_\_\_ NO: \_\_\_\_
12. WHAT WAS THE NAME AND DATE OF THE TEST AND WHERE WAS THE STUDENT TESTED? \_\_\_\_\_
13. GRADE AS OF SEPTEMBER 30<sup>TH</sup> OF THE PRESENT SCHOOL YEAR: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## REQUEST FOR SPECIAL SERVICES INFORMATION

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

Students Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

My child has an Individualized Educational Plan (IEP) from his/her previous school.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

My child has a 504 Plan from his/her previous school.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Parent's Signature: \_\_\_\_\_

Dear Parents/Guardians,

The policy of the Physical Education Department requires that all students participating in physical education activities must be in sound physical condition. If there is any medical reason that your child's activities should be restricted or curtailed, kindly make notation below and return this form to the school nurse.

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Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ My son/daughter may participate fully in all physical education activities.

\_\_\_\_\_ My son/daughter may not participate fully in all physical education activities.

If your child may not participate, please explain why below.

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Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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PALISADES PARK, NEW JERSEY

Dr. Joseph Cirillo

Superintendent of Schools

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**TRANSCRIPT REQUEST FORM**

Dear Principal:

\_\_\_\_\_, a former student in your school is now enrolled in the Palisades Park Public School System.

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

Dr. Charles Smith Early Childhood Center 201-947-2761  
Fax 201-947-0945

Charles A. Lindbergh Elementary School 201-947-3556  
Fax 201-947-2721

Palisades Park Jr./Sr. High School 201-941-1100  
Fax 201-941-3419

Previous School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State & Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**SID NUMBERS**

(Student Identification Numbers)

**PLEASE NOTE:**

All students transferring into the Palisades Park School District from another NJ Public School District, grades Kindergarten thru 12<sup>th</sup>, must have his/her SID number.

The SID number must be provided by the exiting school to complete the registration and enrollment in Palisades Park Schools. (It is the parent/guardian's responsibility to obtain this number if the exiting NJ school does not list it on the transfer documents.)

Student Identification numbers are being assigned by the NJ State Dept. of Education and it is a mandate for all NJ public school students to have an SID number.

Thank you for your cooperation.



PALISADES PARK BOARD OF EDUCATION  
PALISADES PARK, NJ 07650

Dear Parents/Guardians,

On occasion, we photograph our students for newspaper articles, educational pamphlets, videos and miscellaneous activities that occur during the school year. These photographs enhance the written word and activities occurring at school. We are requesting permission from you, the parents/guardians to randomly select your child to be photographed either individually, in groups or as a member of a particular class.

Please return the bottom portion of this letter as soon as possible. We will record your response and keep this permission slip until you child leaves his/her current school.

Thank you for your attention and cooperation. We hope you will enjoy the forthcoming newsworthy articles about our school district!!

Sincerely,  
Principal

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\_\_\_\_I willingly give my permission for my child's photo to be taken and utilized for school news articles and videos pertaining to activities and events at the school. I understand that I may withdraw this permission at any time. Furthermore, I grant permission to keep this slip as part of my child's permanent record.

\_\_\_\_I do not give permission for my child's photo to be taken and utilized for school purposes.

Student's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

IF A STUDENT IS GOING TO BE ABSENT OR LATE TO SCHOOL,  
PLEASE CALL THE SCHOOL BY 8:30 A.M. DAILY.

Dr. Charles Smith Early Childhood Center 201-947-2761

Charles A. Lindbergh Elementary School 201-947-3556

Palisades Park Jr./Sr. High School 201-941-1100