

**Cliffside Park School District
Student Entry Data Form**

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

Race: Hispanic/Latino ___ American Indian/Alaskan ___ Asian ___ Black/African American ___
Pacific Islander/Hawaiian ___ White ___

Last Name: _____ First: _____ Middle: _____

Address: _____ Primary Phone#: _____
(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 _____
<u>Check One</u> : Mother ___ Father ___ Guardian ___	<u>Check One</u> : 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

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
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

MEDICAL INFORMATION

A PHYSICAL EXAMINATION FORM COMPLETED BY THE CHILD'S PHYSICIAN DATED AFTER 9/1/2023

**Physical examination forms must be presented at the time of
registration.**

Proof of immunizations, **as required by State Law**. This must include the month, day and year in which the immunizations were administered and have the physician's signature or stamp. These documents will be reviewed by our school nurse during registration.

Kindergarten Medical

- A. Diphtheria-Whooping Cough-Tetanus (DPT) – Four doses with last one administered on or after the fourth birthday or any five doses.
- B. Polio – Three doses with last one administered on or after the fourth birthday or any four doses.
- C. Measles, Mumps and Rubella (MMR) – Two doses with one administered on or after the first birthday or laboratory evidence of immunity.
- D. Varicella Vaccine (Chicken Pox) – One dose administered on or after the first birthday or laboratory evidence of immunity.
- E. Hepatitis B – Three doses.

**Please submit any other information concerning your child's history
of illness, which may help us to better understand your child's
needs.**

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	Health History Dates	
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: _____

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: _____