

# Cliffside Park Public Schools

## NEW TO DISTRICT KINDERGARTEN REGISTRATION 2025-2026

To enter Kindergarten  
**a child must be five years of age on or before October 1<sup>st</sup> of 2025**

Parents who plan to enroll their child in Kindergarten (New to District) for September 2025 are to follow the guidelines and schedule below:

**PLEASE CALL FOR AN APPOINTMENT**  
**School #4 - 201-313-2340**  
**Registration Dates and Times**  
**March 24, 25, 26 & 27**  
**9:30am-11:30am and 1:00pm-2:30pm**  
**March 25 & 26 (Night Hours) 6:00pm-8:00pm**

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

**ALL forms MUST be completed prior to your appointment**

Please bring the following as proofs of residency:

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

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

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

# Cliffside Park Public Schools

## NUEVO EN EL DISTRITO REGISTRO DE KINDERGARTEN 2025-2026

Para ingresar a Kindergarten  
**Su niño/a debe tener cinco años en o antes del 1 de octubre de 2025**

Los padres que planean registrar a su hijo en Kindergarten (Nuevo en el Distrito) para el mes de septiembre de 2025 deben seguir las instrucciones y fechas a continuación:

POR FAVOR LLAME PARA UNA CITA

Escuela #4 - 201-313-2340

**Fechas y horarios de Registro**

**Marzo 24, 25, 26 & 27**

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

**25 y 26 de Marzo (horario nocturno) 6:00 pm a 8:00 pm**

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

**TODOS los formularios DEBEN completarse antes de su cita**

Por favor traiga lo siguiente como prueba de residencia:

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

**NINGÚN NIÑO/A SERÁ OFICIALMENTE REGISTRADO HASTA QUE SE CUMPLAN TODOS LOS REQUISITOS**

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



Cliffside Park School District
Student Entry Data Form

Grade \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Non-binary \_\_\_\_\_ Counselor \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ City/Country of Birth \_\_\_\_\_

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

Native Language \_\_\_\_\_ Home Language \_\_\_\_\_
(First language student spoke)

Preferred Language of Communication \_\_\_\_\_

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

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

Custody: Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Name \_\_\_\_\_
(Check One)

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

Name of Emergency Contact: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name and Address of School previously attended: \_\_\_\_\_

Check all that apply: Title One or BSIP Services \_\_\_ ESL \_\_\_ Speech \_\_\_ Gifted/Talented \_\_\_\_\_

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

Comments: \_\_\_\_\_

SCHOOL USE ONLY: Student ID# \_\_\_\_\_ Ethnic Code \_\_\_\_\_ Homeroom \_\_\_\_\_ Grade \_\_\_\_\_

Proof of Birth Submitted: Birth Certificate \_\_\_ Transfer Card \_\_\_ Passport \_\_\_\_\_

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

**CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT      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: \_\_\_\_\_

**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 9/1/2024**

**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 <sup>st</sup> Dose Mo/Day/Yr	2 <sup>nd</sup> Dose Mo/Day/Yr	3 <sup>rd</sup> Dose Mo/Day/Yr	4 <sup>th</sup> Dose Mo/Day/ Yr	5 <sup>th</sup> Dose Mo/Day/Yr	6 <sup>th</sup> 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			<b>Mantoux</b>		Result	

(only if indicated)

**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	Blood Pressure	Allergies	Surgeries
Heart	Genitalia	Abdomen	Chicken Pox	Rheumatic Fever
Skin	Scoliosis	Nutrition	German Measles	Convulsions
Hernia	Dental	Nervous System	Tuberculosis	Epilepsy
Coordination	Vision	Feet	Measles	Emotional Problems
		Lymph Nodes	Mumps	Serious Injury

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: \_\_\_\_\_

<b>Physician's Name:</b>	<b>Physician's Signature:</b>
<b>Address:</b>	<b>Date of Examination:</b>
<b>Phone:</b> _____ <b>Fax:</b> _____	<b>Email:</b> _____

(Physician's Stamp Required)