

DEPARTMENT OF SPECIAL SERVICES
SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS
(THIS IS AN "INFORMATION SHEET" ONLY. IT IS NOT AN OFFICIAL REGISTRATION FORM FOR YOUR CHILD)

February 2017

Dear Parents:

If you have a child entering kindergarten in September 2017, please read this bulletin. Should you know of a neighboring family with a child ready for school, please share this bulletin with them or notify the nearest elementary school so that they may provide the necessary information and registration material for the parents concerned. **NOTE:** This is only the first step of the registration process. **THIS IS NOT AN OFFICIAL REGISTRATION FORM.** School One parents/guardians will receive registration packets on Wednesday, April 26th at our kindergarten visitation. All registration forms must be completed and brought to the School One office in person during the month of May (more information to follow). Information regarding registration is available on the web at www.spfk12.org; go to *Information and Forms>Parents>Enrolling your Child>Registration Checklist*. If your child will be attending an SPF kindergarten program in the District, please contact that school directly for registration information.

Sincerely,
Lisa Rebimbas, Director of Special Services

INFORMATION CONCERNING KINDERGARTEN REGISTRATION AND ADMISSION

1. To be eligible for admission to kindergarten in the Scotch Plains-Fanwood Public Schools in September 2017, your child must be five years of age **on or before October 1, 2017.**
2. The registration must be supported by (1) proof of age (original birth certificate with raised seal), (2) four forms of proof of residency (see No. 7), and (3) written proof of immunizations.
3. Under Board of Education policy, which is supported by NJ State Administrative Code 8:57-4, parents are required to present evidence of: DPT 5 doses or (4 doses if one dose was administered after age 4) Ages 7-9 years 3 doses; Polio 4 doses or (3 doses if one dose was administered after age 4) Age 7 years and older any 3 doses; MMR-2 doses of a live measles-containing vaccine and 1 dose each of live mumps and rubella-containing vaccine on or after the first birthday (Laboratory evidence of immunity to Measles/Mumps/Rubella is acceptable in lieu of 2nd dose); Hepatitis B 3 doses or (If between ages 11-15 2 doses or Adolescent Hepatitis B); Varicella (Chickenpox) 1 dose after age 1 if born after 1-1-98; Meningococcal 1 dose needed administered at age 11 (6th Grade) if born after 1-1-97; Tdap 1 dose needed administered at age 11 (6th Grade) if born after 1-1-97 A Tuberculosis Skin test may be required if your child is transferring from another country and entering school in the US for the first time. The nurse in your child's building will advise you if the test is required. The only exemptions are for medical conditions as verified by a statement from the child's doctor, or a statement that such immunization interferes with the free exercise of the child's religious rights.
4. The primary responsibility for the total health needs of the child rests with the family and the child's own physician. Therefore, a report of an adequate physical examination completed by the child's physician within the last 365 days of the first day of school is required as the foundation for the child's school health record.
5. A dental examination is strongly recommended prior to school entrance.
6. Registration and medical forms are available at the various elementary schools.
7. Examples of required documentation of residency are property tax bill, deed, contract of sale, lease, mortgage or signed letter from landlord plus three (3) other dated items with name and address.

IF YOUR CHILD IS ENTERING KINDERGARTEN IN SEPTEMBER 2017, PLEASE RETURN THE LOWER PORTION OF THIS PAGE TO THE SCHOOL ONE MAIN OFFICE AS SOON AS POSSIBLE, BUT NO LATER THAN FEBRUARY 28, 2017.

SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS
INITIAL KINDERGARTEN ENROLLMENT INFORMATION 2017
(RETURN TO SCHOOL ONE MAIN OFFICE)

My child, _____, will enter SPF public school kindergarten in September 2017.
(please print)

Child's birthdate: Month _____ Day _____ Year _____ Gender: Male ___ Female ___

*My child attends _____ (check if applicable) a Scotch Plains-Fanwood School District Pre-K Program at:

Brunner ___ / Coles ___ / Evergreen ___ / McGinn ___ / School One ___ Name of Program: _____ Teacher: _____

*My child does NOT attend an SPF Pre-K Program _____ (check if applicable).

My child currently attends another Pre K program at: _____

Father/Guardian

Cell Phone Number

Work Phone Number

Mother/Guardian

Cell Phone Number

Work Phone Number

Street Address, City, State, Zip Code

Home Telephone Number

Nearest Cross Street

Email address

School One Kindergarten Visitation will be held on Wednesday, April 26th. A letter will be sent to you with more information. Please indicate which session you would prefer to attend: 9:15 a.m. _____ 1:15 p.m. _____

PLEASE COMPLETE AND RETURN THIS INITIAL ENROLLMENT FORM TO SCHOOL ONE AS SOON AS POSSIBLE, BUT NO LATER THAN FEBRUARY 28, 2017. REMEMBER, THIS IS AN "INFORMATION SHEET" ONLY AND NOT AN OFFICIAL REGISTRATION FORM FOR YOUR CHILD.