

Lyndhurst High School

Registration Information



400 Weart Avenue
Lyndhurst, NJ 07071
Ph: 201.896.2100 Fax: 201.896.2088
www.lyndhurstschools.net

***Welcome to Lyndhurst High School
Home of the Golden Bears***

As per Lyndhurst Board of Education Policy, all documentation listed below is due in its entirety at the time of Registration. Thank you for your anticipated understanding and cooperation.

**Please Note: If the student is to be registered is “homeless,” please contact the Department of Special Services to speak with the district homeless liaison, Ms. Jamie Stevens..*

Required Documentation:

Received:

- | | |
|--|--------------------------|
| 1. AUTHORIZATION FOR THE RELEASE OF RECORDS..... | <input type="checkbox"/> |
| 2. COPY OF TRANSCRIPT | <input type="checkbox"/> |
| 3. TRANSFER CARD | <input type="checkbox"/> |
| 4. STUDENT IEP (Individual Educational Plan) if applicable | <input type="checkbox"/> |
| 5. STUDENT DATA SHEET | <input type="checkbox"/> |
| 6. SIBLING INFORMATION SHEET | <input type="checkbox"/> |
| 7. COPY OF BIRTH CERTIFICATE..... | <input type="checkbox"/> |
| 8. AFFIDAVIT OF RESIDENCE | <input type="checkbox"/> |
| 9. <u>Needed For Renters:</u> | |
| • LEASE AGREEMENT..... | <input type="checkbox"/> |
| 10. <u>Needed For Owners:</u> | |
| • DEED/MORTGAGE STATEMENT | <input type="checkbox"/> |
| or | |
| • TAX BILL..... | <input type="checkbox"/> |
| 11. A MINIMUM OF THREE OF THE FOLLOWING: | |
| • PAYROLL STUB..... | <input type="checkbox"/> |
| • UTILITY BILL (PSE&G, PHONE, WATER BILL) | <input type="checkbox"/> |
| • NJ MV DRIVERS LICENSE..... | <input type="checkbox"/> |
| • CREDIT CARD STATEMENT..... | <input type="checkbox"/> |

(Continued)

- 12. LEGAL COURT DOCUMENTATION OF CHILD CUSTODY (if applicable)
- 13. HEALTH FORMS
 - HEALTH HISTORY QUESTIONNAIRE
 - SPECIAL MEDICAL INFORMATION FORM
 - PHYSICAL EXAMINATION REPORT
 - IMMUNIZATION FORM
- 14. SCHOOL DISTRICT POLICIES & REGULATIONS
- 15. HOME LANGUAGE SURVEY
- 16. NETWORK/INTERNET ACCEPTABL USE POLICY/CONTRACT
- 17. MEDIA/PHOTO PERMISSION SLIP
- 18. NJSIAA TRANSFER FORM
- 19. VOTER REGISTRATION FORM

<p>For office use:</p> <p>Reviewed by: _____ Date: _____</p> <p>Authorized by: _____ Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
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LYNDHURST HIGH SCHOOL

AUTHORIZATION FOR THE RELEASE OF RECORDS

Student Name: _____ Enrolling for Grade: _____

Date of Birth: _____

Previous School Name: _____

Address: _____

School Telephone #: _____

School Fax #: _____

Dear Sir/Madam:

I hereby authorize you to release the following information and records:

- Educational – Transcript and Report Cards
- Medical - Including a copy of the student's immunization records (copy of A45)
- Psychological - Including committee on special education data
- All Test Scores
- I.E.P. (if applicable)
- Attendance Report
- Discipline Record
- Transfer Card
- State ID# (NJSMART number)

Records can be forwarded via the following:

<u>Via Mail:</u> Bernadette Montillo Lyndhurst High School 400 Weart Avenue Lyndhurst, NJ 07071	<u>Via Fax:</u> Fax: 201.939.6150 Attention: Bernadette Montillo	<u>Via Email:</u> BernadetteMontillo@lyndhurst.k12.nj.us
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Parent/Guardian Signature

Date

**LYNDHURST HIGH SCHOOL
STUDENT DATA SHEET**

Registering for Grade: _____

Date: _____

Student's Last Name

Student's First Name

Student's Street Address

City/State

Zip Code

Student's Date of Birth

Student's Sex (*circle*): Male Female

Student's Ethnic Origin (*check one*) White
 Native American

Black Asian
 Hispanic/Latino Pacific Islander

Is the student an American citizen: Yes

No

Native Language: _____

Language spoken at home: _____

Student's Birth City

Student's Birth State

Student's Birth Country

First entry date into US school

Student's Home Telephone #

Health Insurance Yes No

Insurance Company: _____

Student resides with (*circle*): Mother & Father Mother Only Father Only Guardian

Who has legal residential custody of student named above? (*If Guardian, indicate relationship*)

Proof of Custody/Guardianship (*circle*): Court Papers Divorce Papers

Mother's Information

Father's Information

Name: _____

Fathers Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Employer's Address: _____

Employer's Address: _____

Employer's Phone: _____

Employer's Phone: _____

Emergency Contact: _____

Relationship to Student _____

This should not be the primary contact(s)

Emergency Phone: _____

Parent/Guardian Signature

**LYNDHURST HIGH SCHOOL
SIBLING INFORMATION SHEET**

Please list names of Lyndhurst Public Schools siblings/children residing with you (other than the child you are registering today)

	Name (please print)	Age	Grade	School
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

LYNDHURST HIGH SCHOOL

**AFFIDAVIT OF RESIDENCE
Sworn Statement of Parent/Guardians as to Residency**

State of New Jersey; County of Bergen

1) _____ and _____
(Parent/Guardian) (Parent/Guardian)

of full age, being duly sworn according to law, upon their oath, depose and say:

2) I/we am/are the parent/guardian of: _____
(Student's name)

3) I/we reside at _____
(Address of residency)

and said residence is now his, her, their residence, but not solely receive a free public education from Lyndhurst.

4) I/we am/are making the certification knowing that the Lyndhurst Board of Education will rely upon the truthfulness of the statements made herein, for registration of this student in _____ grade at _____ School, Lyndhurst, New Jersey.

Print Names(s) Parents/Guardians

Signature of Parent/Guardian

Print Names(s) Parents/Guardians

Signature of Parent/Guardian

ATTENTION:

Individuals filling out an affidavit of residence should be aware that:

The consequences of filing a false affidavit are unlawful and severe. The parent/guardian falsely signing an affidavit shall be assessed the tuition for the student prorated to the time of the board's request for a sworn statement from the resident, calculated on the basis of 1/180 of the total annual per pupil cost to local district multiplied by the number of days of ineligible attendance.

Any person who fraudulently allows a child of another person to use their residence and is not the primary financial supporter/legal guardian of the child or any person who fraudulently claims to have given up custody of his child to person in another district commits a criminal offense.

Signature of Acknowledgment

Date

Signature of Witness/Registrar

Date

LYNDHURST HIGH SCHOOL

STUDENT'S MEDICAL HISTORY

Every student who enters the Lyndhurst Public Schools for the first time is required to present documentation of a current medical examination and required immunizations.

The medical examination should include a physical examination and a complete medical history.

Please have your doctor complete the enclosed **form E3** and return it to the Board of Education office at the time of enrollment, **or no later than ten (10) days following the enrollment date.**

Important Medical Information: Please visit the **Nurse's Corner** on the District Website. You can review the basic medical rules and regulations. You will also be able to download any forms you will need for your child's **Medication Care Plan** so you can follow the **Medication Guidelines** before the first day of school.

If you have any questions or concerns regarding this matter, please do not hesitate to call me.

Thank you for your cooperation.

LYNDHURST HIGH SCHOOL

HEALTH HISTORY QUESTIONNAIRE Must be completed by parent or physician

Student's Name: _____

Preventative Health Screening:

<u>Screening Type</u>	<u>Date</u>	<u>Note if Abnormal</u>
Hearing:	_____	_____
Vision:	_____	_____

	Yes	No	Date	Description/Reason
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hearing Problem/Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High/Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kidney/Urinary Tract Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Medication Reactions	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Menstrual Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Muscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Orthopedic Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Strep Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ulcer/Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Visual Problem/Glasses/Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Is the student under the care of a physician? Yes No If yes, provide reason below.

Does the student take any regular medication? Yes No Please name medication and dosage below.

Are there any other physical emotional conditions that might bear on this child's abilities or performance?

Parent/Guardian Signature: _____ Date: _____

LYNDHURST HIGH SCHOOL
SPECIAL MEDICAL INFORMATION FORM

Student _____ Date _____

Address _____ Phone _____

School _____ Grade _____

Is your child currently under medical care? Yes No

If yes, what is the medication? _____

Is your child presently receiving any other type of therapy or treatment? Yes No

If yes, please explain briefly. _____

In the past, has your child ever received any therapy or treatment? Yes No

If yes, what was the problem? _____

When was treatment received? _____

Where was it administered? _____

Is there anything you feel we should know in order to assist your child in adjusting to the school environment? _____

Has your child ever been evaluated by a Child Study Team? Yes No

If yes when? _____

Parent/Guardian Signature

Date

LYNDHURST HIGH SCHOOL

PHYSICAL EXAMINATION REPORT

Please complete both pages

Student's Name: _____ Exam Date: _____ Age: _____ DOB: _____
 Address: _____ City/St/Zip _____ Phone # _____
 School: _____ Grade: _____ Sex: _____
 Physician: _____ Phone: _____ Fax: _____
 Address: _____ City/St/Zip _____

PHYSICIAN OR PROVIDER INFORMATION-PLEASE COMPLETE BOTH PAGES

Height: _____	Weight: _____	Blood Pressure: _____ / _____	Pulse: _____ bpm	Vision: R 20/____ L 20/____	Corrected: Yes/No	Contacts: Yes/No	Glasses: Yes/No
Hearing Screening: _____		Date Performed: _____		Note if Abnormal: _____			

	Normal	Abnormal Findings	Comments
Head/Neck			
Eyes/Sciara/Pupils			
Ears			
Nose/Mouth/Throat			
Heart: Murmurs/Rhythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. liver,spleen)			
Tanner Stage: Testes/Onset of Menses			
Hernia			
Neck/Back/Spine Range of Motion			
Scoliosis:			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination			
Romberg			
Heel Walk			
Tandem Walk			
Nose Touch			
Toe Walk			

Most recent immunizations/Dates: _____
Medications currently in use: _____
Additional observations: _____

LYNDHURST HIGH SCHOOL

IMMUNIZATION FORM

Student's Name: _____ Date of Birth: _____

A. Student may participate in athletics: Yes _____ No _____ Date: _____

B. Cleared after completing evaluation/rehabilitation for: _____

C. NOT CLEARED FOR: Collision _____ Contact _____ Non-contact _____
 Strenuous _____ Moderate _____ Non-strenuous _____

Diagnosis: _____

Recommendation: _____

EXAMINED BY: Physician's/Provider's Stamp:

Family Physician/Provider _____

School Physician _____ MD _____ DO _____ NP _____ PA _____

Physician's/Provider's Signature: _____

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	LEAD SCREENING	
						TEST DATE	RESULT
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combo if Td or DT, indicate in corner box Tdap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
POLIO-INACTIVATED POLIO Vaccine (IPV) If oral vaccine, indicate (OPV) in corner box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MEASLES, MUMPS, RUBELLA (MMR)						Document below single antigen vaccine receipt, serology titers, or varicella disease history Hepatitis B Date: _____ Titer: _____ Varicella Date: _____ Titer: _____ Measles Date: _____ Titer: _____ Mumps Date: _____ Titer: _____ Rubella Date: _____ Titer: _____	
HAEMOPHILUS B (HIB)**							
HEPATITIS B							
VARICELLA							
PNEUMOCOCCAL CONJUGATE**							
MENINGOCOCCAL							
HEPATITIS A ***							
HPV (HUMAN PAPILLOMAVIRUS)***							
OTHER							

Provisional admission attached – Date Granted _____
 Medical exemption attached
 Religious exemption attached

History	Year	History	Year	History	Year
Juvenile Rheumatoid Arthritis		Allergies		Hepatitis	
Autism Spectrum Disorders		Asthma		Lyme Disease	
Hematological Disorders		Congenital Disorder		Mononucleosis	
OPERATIONS OR INJURIES:		Convulsive Disorder		Neuromusc. Disorder	
		Diabetes		Chronic Otitis Media	
		Drug Allergies		Auto Immune Disorders	
		Heart Disease		Strep Infections	

NOTE: IF THE CHILD IS EXEMPT FROM A VACCINE DUE TO IMMUNITY, A COPY OF THE LAB REPORT IS REQUIRED

LYNDHURST HIGH SCHOOL

SCHOOL DISTRICT POLICIES & REGULATIONS

I understand that the Lyndhurst Board of Education policy manual is available on the Lyndhurst Board of Education's website at www.lyndhurstschools.net. On the quick links bar, click on "Bylaws and Policies for the Board of Education".

Some key policies to review are:

ATTENDANCE: FILE CODE:5200

SUSPENSION: FILE CODE: 5610

EXPULSION : FILE CODE : 5620

VIOLENCE, VANDALISM, HARRASSMENT, INTIMIDATION, BULLYING

ALCOHOL AND OTHER DRUG ABUSE

FILE CODE: 8461

WEAPONS AND DANGEROUS INSTRUMENTS

FILE CODE: 8467

Parent/Guardian Signature

Date

Student Name

Registering Grade

LYNDHURST HIGH SCHOOL

HOME LANGUAGE SURVEY

INTRODUCTION

This survey is the first of three steps to identify whether a student is eligible to be classified as an English language learner (ELL).

PURPOSE

The home language survey is used solely to offer appropriate educational services ([U.S. ED EL Toolkit, Chapter 1](#)). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____

Address: _____

SURVEY QUESTIONS

1.) List all languages used in the student's home.

2.) Was the first language used by the student a language other than English?

_____ No _____ Yes

3.) Does the student speak or understand a language other than English?

_____ No _____ Yes

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

_____ No _____ Yes

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

_____ No _____ Yes

LYNDHURST HIGH SCHOOL

HOME LANGUAGE SURVEY Spanish

INTRODUCCIÓN

Esta encuesta es el primero de tres pasos para identificar si un estudiante es elegible para ser estudiante del idioma inglés (ELL).

OBJETIVO

La encuesta sobre el idioma que se habla en casa se utiliza únicamente con el fin de ofrecer servicios educativos adecuados (de acuerdo con el capítulo 1 de la Herramienta EL del Departamento de Educación de EE. UU.). Esta encuesta es el primero de los tres pasos para determinar si un estudiante es elegible para ser identificado como estudiante de inglés (ELL, por sus siglas en inglés). En este sentido, se entiende por "Casa" el lugar de residencia actual del estudiante.

INFORMACIÓN DEL ESTUDIANTE

Nombre del estudiante: _____

Fecha de Nacimiento: _____

Dirección actual: _____

PREGUNTAS DE LA ENCUESTA

1.) Liste todos los idiomas que se hablan en la casa del estudiante.

2.) ¿El primer idioma hablado por el estudiante fue un idioma distinto del inglés?

_____ No _____ Sí

3.) ¿El estudiante habla o entiende un idioma distinto del inglés?

_____ No _____ Sí

4.) ¿Cuando se relaciona con otras personas en casa (por ejemplo: padres, encargados, hermanos), el estudiante entiende o habla en un idioma distinto del inglés **la mayor parte del tiempo**?

_____ No _____ Sí

5.) ¿Cuando se relaciona con otras personas fuera de casa (por ejemplo, amigos, cuidadores), el estudiante entiende o habla en un idioma distinto del inglés **la mayor parte del tiempo**?

_____ No _____ Sí

SONDAZH E GJUHËS SË FAMISË

Albanian

Prezantimi

Ky sondazh është i pari nga tre hapat për të identifikuar nëse një student ka të drejtë të klasifikohet si nxënës i gjuhës angleze.

Qëllimi

Sondazhi i gjuhës amtare përdoret vetëm për të ofruar shërbime të përshtatshme arsimore ([U.S. ED EL Toolkit](#), Kapitulli 1). Ky sondazh është i pari nga tre hapat për të identifikuar nëse një student ka të drejtë ose jo për t'u identifikuar si nxënës i gjuhës angleze. "Shtëpia" përkufizohet si vendbanimi aktual i studentit.

Informacioni i Studentit

Emri i studentit: _____ Data e lindjes: _____

Adresa e tanishme: _____

Pyetjet e anketës

1.) Listoni të gjitha gjuhët e përdorura në shtëpinë e studentit.

2.) A ishte gjuha e parë e përdorur nga studentin një gjuhë tjetër përveç anglishtes?

_____ Jo _____ po

3.) A flet ose kupton studentin një gjuhë tjetër përveç anglishtes?

_____ Jo _____ po

4.) Kur ndërvepron me të tjerët në shtëpi (shembull: prindërit, kujdestarët, vëllezërit e motrat), a kupton ose përdor studentin një gjuhë tjetër përveç anglishtes shumicën e kohës?

_____ Jo _____ po

5.) Kur ndërvepron me të tjerët jashtë shtëpisë (shembull: miqtë, kujdestarët), a kupton ose përdor studentin një gjuhë tjetër përveç anglishtes shumicën e kohës?

_____ Jo _____ po

استبيان حول لغة البيت

هذا الاستطلاع هو الخطوة

هذا الاستطلاع هو الخطوة الأولى من ثلاث خطوات لتحديد ما إذا كان الطالب مؤهلاً لتصنيفه كمتعلم للغة الإنجليزية.

الهدف

يستخدم الاستبيان المتعلق بلغة البيت فقط لتقديم خدمات تعليمية مناسبة (مجموعة أدوات متعلم الإنجليزية بالولايات المتحدة، الفصل الأول). يعد هذا الاستبيان الخطوة الأولى من أصل ثلاث خطوات لتحديد ما إذا كان الطالب مؤهلاً ليتم تحديده كمتعلم للغة الإنجليزية أم لا. يتم تعريف مصطلح "البيت" على أنه مكان إقامة الطالب الحالي.

معلومات الطالب:

اسم الطالب: _____ تاريخ الميلاد (سنة/شهر/يوم): _____
العنوان الحالي: _____

أسئلة الاستبيان

1. اسرد قائمة بجميع اللغات المستخدمة في منزل الطالب.

2. هل كانت اللغة الأولى التي يستخدمها الطالب لغة أخرى غير الإنجليزية؟

لا _____ نعم _____

3. هل يتكلم الطالب أو يفهم لغة أخرى غير الإنجليزية؟

لا _____ نعم _____

4. عند التفاعل مع الآخرين في المنزل (على سبيل المثال: الآباء والأوصياء والأشقاء)، هل يفهم الطالب أو يستخدم لغة أخرى غير الإنجليزية في معظم الأوقات؟

لا _____ نعم _____

5. عند التفاعل مع الآخرين خارج المنزل (على سبيل المثال: الأصدقاء ومقدمي الرعاية)، هل يفهم الطالب أو يستخدم لغة أخرى غير الإنجليزية في معظم الأوقات؟

لا _____ نعم _____

Ankieta dotycząca języka domowego Polish

WPROWADZANIE

Ta ankieta jest pierwszym z trzech kroków w celu określenia, czy uczeń kwalifikuje się do zaklasyfikowania jako uczący się języka angielskiego.

Cel

Ankieta dotycząca języka domowego jest wykorzystywana wyłącznie do sporządzenia oferty odpowiednich usług edukacyjnych ([U.S. ED EL Toolkit](#), rozdział 1). Ta ankieta jest pierwszym z trzech kroków mających na celu określenie, czy uczeń kwalifikuje się do uzyskania statusu osoby uczącej się języka angielskiego (ELL). „Dom” oznacza aktualne miejsce zamieszkania studenta.

Informacja o studencie

Imie studenta: _____ Data urodzenia: _____

Aktualny Adres: _____

Pytania ankietowe

1.) Wypisz wszystkie języki używane w domu ucznia.

2.) Czy pierwszy język używany przez ucznia był językiem innym niż angielski?

___ Nie ___ Tak

3.) Czy uczeń mówi lub rozumie język inny niż angielski?

___ Nie ___ Tak

4.) Czy podczas interakcji z innymi osobami w domu (na przykład: rodzice, opiekunowie, rodzeństwo) uczeń przez **większość czasu** rozumie lub korzysta z języka innego niż angielski?

___ Nie ___ Tak

5.) Czy podczas interakcji z innymi osobami poza domem (na przykład: przyjaciele, opiekunowie), uczeń przez **większość czasu** rozumie lub korzysta z języka innego niż angielski?

___ Nie ___ Tak

Pesquisa sobre idioma usado em casa

Portuguese

Introdução

Esta pesquisa é a primeira das três etapas para identificar se um aluno está qualificado para ser classificado como aluno da língua inglesa.

Objetivo

A pesquisa sobre idioma usado em casa é realizada apenas com a objetivo de oferecer serviços educacionais adequados ([Kit de ferramentas para ELs do Departamento de Educação dos EUA](#), capítulo 1). Esta pesquisa é a primeira de três etapas para identificar ou não se um aluno é elegível para ser identificado como um Aprendiz de língua inglesa (ELL). “Casa” é definido como o local atual de residência do aluno.

Informações do aluno

Nome do aluno: _____ Data de nascimento: _____

Endereço atual: _____

Perguntas da pesquisa

1.) Escreve todos os idiomas usados na casa do aluno.

2.) O primeiro idioma usado pelo aluno foi um idioma diferente do inglês?

_____ Não _____ Sim

3.) O aluno fala ou entende um idioma diferente do inglês?

_____ Não _____ Sim

4.) Ao interagir com outras pessoas em casa (exemplo: pais, responsáveis, irmãos), o aluno entende ou usa um idioma diferente do inglês **na maioria das vezes**?

_____ Não _____ Sim

5.) Ao interagir com outras pessoas fora de casa (exemplo: amigos, cuidadores), o aluno entende ou usa um idioma diferente do inglês **na maioria das vezes**?

_____ Não _____ Sim

Evde Konuşulan Dil Anketi

Turkish

GİRİŞ

Bu anket, bir öğrencinin İngilizce öğrenen olarak sınıflandırılmaya uygun olup olmadığını belirlemeye yönelik üç adımdan ilkidir.

AMAÇ

Evde konuşulan dil anketi yalnızca uygun eğitim hizmetlerini sunmak için kullanılacaktır ([U.S. ED EL Toolkit](#), Bölüm 1). Bu anket öğrencinin İngilizce öğrenmeye uygun olup olmadığını belirlemeye yönelik üç adımdan ilkidir. "Ev", öğrencinin mevcut ikamet yeri olarak tanımlanır.

Öğrenci Bilgileri

Öğrencinin İsmi: _____ Doğum Tarihi: _____

Mevcut Adresi: _____

Anket Soruları

1.) Öğrencinin ikamet ettiği evde kullanılan tüm dilleri listeleyiniz.

2.) Öğrenci tarafından kullanılan ilk dil, İngilizce dışında başka bir dil miydi?

_____ Hayır _____ Evet

3.) Öğrenci İngilizce'den başka bir dili anlıyor mu ve konuşuyor mu?

_____ Hayır _____ Evet

4.) Öğrenci, evin içinde başkalarıyla (örneğin: ebeveynleri, velileri, kardeşleri ile) etkileşimde bulunurken, çoğu zaman İngilizce dışında başka bir dili işitiyor mu veya kullanıyor mu?

_____ Hayır _____ Evet

5.) Öğrenci, evin dışarısında başkalarıyla (örneğin: arkadaşları, bakıcıları ile) etkileşimde bulunurken, çoğu zaman İngilizce dışında başka bir dili işitiyor mu veya kullanıyor mu?

_____ Hayır _____ Evet

LYNDHURST HIGH SCHOOL

MILITARY and FERPA

Military:

Lyndhurst High School is obligated to comply with any request from a military recruiter for directory information. This directory information includes, but is not limited to, names, addresses and phone numbers of all junior and senior students. This is in effect unless a parent requests this information not be disclosed to the military. **This must be done in writing and submitted to High School Main Office.**

Family Educational Rights and Privacy Act:

Be aware that we will continue to have directory information included in certain school publications. Examples of these publications are: yearbooks, graduation programs, newspaper articles, video tapes, honor roll lists or other recognition lists, school programs and sports sheets with student information on them. If you do not wish to have your child's information appear on any school lists or publications, **you must also submit this request in writing to High School Main Office.**

LYNDHURST HIGH SCHOOL

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that the Lyndhurst School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Lyndhurst may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Lyndhurst School District to include this type of information from your child's education records in certain school publications. Examples include:

- A play bill, showing your student's role in a drama production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets, such as for wrestling, showing weight and height of team members
- On-line media promoting the school and programs

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the high school that they do not want their student's information disclosed without their prior written consent.

If you do not want the Lyndhurst School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing. The Lyndhurst School District has designated the following information as directory information:

- Student's Name
- Address
- Telephone listing
- Electronic Mail Address
- Photograph
- Date and Place of Birth
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- The most recent education agency or institution attended
- Dates of Attendance
- Grade Level

LYNDHURST HIGH SCHOOL

Lyndhurst Board of Education Network/Internet Acceptable Use Policy/Contract

We ask that you and your child read this Policy/Contract completely.

A parent or guardian must sign the contract if the child is under the age of 18. No student will be allowed to use the Internet without a signed contract on file. The terms of this contract will be in effect throughout their tenure at Lyndhurst High School.

Should you have any questions or concerns, please call the Main Office at 201-896-2100. Thank you for your cooperation in this matter.

I have read, understand, and will abide by, the above terms and conditions of this contract. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. I understand that any violation of the above noted guidelines and regulations could result in the revocation of my access rights, the imposition of school discipline, criminal prosecution, and other appropriate legal action.

Name of User: _____ Student # _____
(Print)

Signature of User: _____ Date: _____

Parent or Guardian: If a user is under the age of 18, a parent or guardian must also read and sign this agreement.

As the parent or guardian of this student, I have read the terms and conditions for access to the Lyndhurst Public School's electronic network. I understand that this access is designed for educational purposes. I recognize that it is impossible for the District to restrict access to all controversial materials and will not hold them responsible for materials acquired on the Internet.

I understand that the improper or inappropriate use of the network by my child could result in school discipline, criminal and civil penalties. I accept full responsibility for any damages or injuries caused by my child's use of the District network and Internet, either in or outside of school, in a manner which violates the terms and conditions set forth in this agreement.

I hereby give my permission to issue electronic network access for my child and certify that the information contained on this form is correct.

Parent/Guardian Name: _____
(Print)

Parent/Guardian Signature: _____ Date _____

LYNDHURST HIGH SCHOOL

MEDIA/PHOTO PERMISSION SLIP

Lyndhurst High School proudly uses the media to celebrate the success of its students. Such forms of media include, but are not limited to, our school newspaper, local community newspapers, *Twitter*, live streaming and our school website.

Please indicate below whether photos, words, live streams, etc. and videos of your child may be used for the purpose of sharing news of Lyndhurst High School with the community.

I give permission for my child, _____, to be photographed, video recorded and/or interviewed during the course of the school year.

I **do not** give permission for my child _____ to be photographed, video recorded and/or interviewed during the course of the school year.

This photograph/video/interview and the student's name may also be published.

Parent/Guardian Signature

Name (Please Print)

Date

Home Phone #

Cell Phone #

LYNDHURST HIGH SCHOOL

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION TRANSFER FORM

THE UNDERSIGNED HEREBY CERTIFY THAT THE STUDENT NAMED HEREIN HAS TRANSFERRED TO HIS/HER PRESENT SCHOOL OF ENROLLMENT WITHOUT INDUCEMENT OR RECRUITMENT OR TO SEEK AN ATHLETIC ADVANTAGE. THE PARENTS/GUARDIANS ALSO AGREE TO THE SUBMISSION TO THE NJSIAA OF ANY PERTINENT RECORDS, INCLUDING TRANSCRIPTS, MAINTAINED BY THE SCHOOLS. REFUSAL TO SIGN THE TRANSFER FORM **MAY NOT** BE BASED UPON NONPAYMENT OF FEES, FAILURE TO RETURN SCHOOL PROPERTY AND THE LIKE. **THE TRANSFER FORM IS NECESSARY FOR STUDENTS WHO ARE RESIDING WITH THEIR PARENTS WHO HAVE MOVED TO THE UNITED STATES OR WHO HAVE MOVED FROM ONE SECONDARY SCHOOL DISTRICT TO ANOTHER SECONDARY SCHOOL DISTRICT.**

STEP 1 – TO BE COMPLETED BY **PRESENT SCHOOL** AND FORWARDED TO PREVIOUS SCHOOL (PLEASE PRINT LEGIBLY)

Name of **Present School**: _____ City: _____ Check if Choice School?

Student's Name: _____ Student's Date of Birth: _____
Date of Enrollment at Present School (If enrollment occurs after the beginning of the school year, Month, Day, Year, student first attended class: _____

Principal's Name: _____ Principal's Signature: _____ Date: _____

Athletic Director's Name: _____ Athletic Director's Signature: _____ Date: _____

Student's Name: _____ Student's Signature: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

Parent/Guardian **PRESENT** complete Address: _____

STEP 2 – TO BE COMPLETED BY **PREVIOUS SCHOOL** IMMEDIATELY AND RETURNED TO PRESENT SCHOOL

Name of **Previous School**: _____ City: _____

Date of Withdrawal: _____ Student first entered 9th grade/school: _____ Date: _____

Parent/Guardian **PREVIOUS** Address: _____

A. List all sports in which the student participated on a varsity level in a sports season during the calendar year prior to the transfer:

1. _____ 2. _____ 3. _____

Student is ineligible for thirty (30) calendar days from the start of the Present School's regular schedule for each sport listed above.

B. Has the student participated in a 9-12 program while in the 6, 7, 8th grade? _____ Yes _____ No (See Bylaws, Art.V, Sec.4.I)

ATTENTION: If the student is from a high school in a foreign country which does not sponsor interscholastic athletics, the adult(s) with whom the student is domiciled must attach a summary of the sports in which the student participated in a non-school community and/or national team/program for participants 14 years old or above. Said participation will be evaluated in "non -school" play to determine varsity status.

Check box if there is evidence that the student transferred for athletic advantage

Check box if there is evidence that the student was recruited.

IF EITHER BOX IS CHECKED, WRITTEN EVIDENCE OF SUCH MUST BE SENT DIRECTLY TO NJSIAA FOR REVIEW.

(If either of the two boxes is checked, or the form is not signed by the Principal and/or Athletic Director of the previous school, the transfer student is not eligible for regular season interscholastic competition until a hearing is held by NJSIAA.)

Principal's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

If unsigned, please state reason(s): _____

PLEASE FORWARD ALL FORMS/DOCUMENTS TO LARRY WHITE AT THE NJSIAA OFFICE:
lwhite@NJSIAA.org OR Fax to: 609-259-3047 OR Mail to: P. O. Box 487, Robbinsville, NJ 08691
Revised 4/2014 S\Theresa\MyFiles\Eligibility\Forms\Transfer form revised April 2014



New Jersey Voter Registration Application

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Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY	
2 Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No <small>(If No, DO NOT complete this form)</small>			Will you be 18 years of age by the next election? <input type="radio"/> Yes <input type="radio"/> No <small>(If No, DO NOT complete this form)</small>				Clerk
3 Last Name		First Name	Middle Name or Initial	Suffix (Jr., Sr., III)			Registration #
4 Date of Birth							Office Time Stamp
5 NJ Driver's License Number or MVC Non-driver ID Number			If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____				
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
6 Home Address <small>(DO NOT use PO Box)</small>		Apt.	Municipality	County	State		Zip Code
7 Mailing Address if different from above		Apt.	Municipality	County	State		Zip Code
8 Last Address Registered to Vote <small>(DO NOT use PO Box)</small>		Apt.	Municipality	County	State		Zip Code
							<input type="checkbox"/> by mail <input type="checkbox"/> in person
9 Former Name if Making Name Change			a. Day Phone Number <small>(Optional)</small> _____ b. E-Mail Address <small>(Optional)</small> _____				
10 Do you wish to declare a political party affiliation? <input type="radio"/> Yes, the party name is _____ <small>(Optional)</small> <input type="radio"/> No, I do not wish to be affiliated with any political party.							
11 Gender <input type="radio"/> Female <input type="radio"/> Male		Declaration - I swear or affirm that: <ul style="list-style-type: none"> ● I am a U.S. Citizen ● I live at the above address ● I will be at least 18 years old on or before the next election 				<ul style="list-style-type: none"> ● I will have resided in the State and county at least 30 days before the next election ● I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws 	<ul style="list-style-type: none"> ● I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1
Signature: Sign or mark and date on lines below x _____ Date _____			If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____				

Important Instructions for sections 5, 6 and 10

5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo ID, or a document with your name and current address on it to avoid having to provide identification at the polling place.

Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- | | | |
|---|---|---|
| <input type="checkbox"/> voting by mail | <input type="checkbox"/> polling place accessibility | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment | |

For further information visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)



New Jersey Voter Registration Information

You can register to vote if:

- You are a United States citizen
- You will be 18 years of age by the next election
- You will be a resident of the State and county 30 days before the election
- You are **NOT** currently serving a sentence, probation or parole because of a felony conviction

Registration Deadline: 21 days before an election

Your County Commissioner of Registration will notify you if your application is accepted. If it is not accepted, you will be notified on how to complete and/or correct the application.

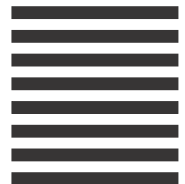
Questions? visit Elections.NJ.gov or call toll-free 1-877-NJVOTER (1-877-658-6837)

1 FOLD



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 206 TRENTON NJ
POSTAGE WILL BE PAID BY ADDRESSEE

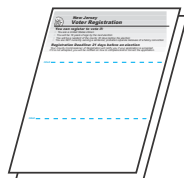


MERCER COUNTY COMMISSIONER OF REGISTRATION
PO BOX 8068
TRENTON NJ 08650-9905

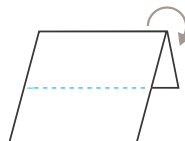


2 FOLD

Important: Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



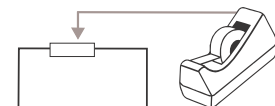
Put both pages together as shown



1 fold top down



2 fold bottom up



3 Tape top shut

TAPE HERE **3**