



Tenafly Public Schools
 500 Tenafly Road
 Tenafly, NJ 07670
 Office of the Superintendent
www.tenafly.k12.nj.us
 Fax: 201-569-3711



Revised Sept. 2017

TO: Parents/Legal Guardians
 FROM: Dr. Geoffrey Gordon, Interim Superintendent of Schools
 RE: Proof of Tenafly Residency

All Tenafly residents registering children for school must verify their residency at the Superintendent's office at the Tenafly Board of Education located at 500 Tenafly Road. **You must be physically residing in Tenafly to register a child for school.** Please bring the following proof-of-residency documents along with this completed registration packet. These requirements are in accordance with District Policy #5111. Contact Mrs. Nicoletti, our Registrar, at 201-816-4517 or mnicoletti@tenafly.k12.nj.us with any questions.

Required Documents: (ALL DOCUMENTS MUST BE OFFICIALLY TRANSLATED INTO ENGLISH)

- 1) An **original lease**, dated and signed, effective during the current school year. If the registrant owns their home, the **deed** is required.
- 2) A current tax bill/statement is required if the resident **owns** their home.
- 3) A **current utility bill OR work order/confirmation** (if you have just moved in) such as PSE&G, SUEZ water, landline phone, cable/internet provider) with resident's name and Tenafly address shown.
- 4) Proof of parent guardianship.
- 5) Your child's **original birth certificate (if born in the United States)**. **Actual passport (NOT a photocopy) is mandatory for all non-US born registrants.** (The Family Census Register may be needed if parent is not listed on Visa.) According to District Policy #5111, children shall be admitted to kindergarten provided he/she will have attained the age of five years on or before October 15 of the year in which admission is requested.
- 6) A **current bank statement/letter on your bank's letterhead OR vehicle registration** showing the family name and Tenafly address. An additional **current utility bill or work order/confirmation** may be provided if a bank statement/letter or vehicle registration is not possible.
- 7) The **Registration for Admission forms** must be **fully** completed. In addition, a completed **health history form with up-to-date immunizations** must be provided and reviewed by the school nurse before student may enter school. (If entering from outside the U.S., a physical is needed within 30 days; if entering from within the U.S., a physical within a year prior to the registration date must be submitted.)
- 8) Elementary report card, Middle & High School transcripts (**officially translated into English**) are required at the time of registration. Failure to present this may result in a delay in registration.
- 9) A **Certificate of Residency form** is to be completed by the parent/guardian. Once the above documents are provided and proof of residency has been established, our registrar will notarize the Certificate of Residency form. All processed paperwork will then be sent to the appropriate school's secretary and she will contact the parent/guardian to complete the registration process.

**TENAFLY BOARD OF EDUCATION
500 Tenafly Road, Tenafly, NJ 07670**

CERTIFICATE OF RESIDENCY

* This form must be notarized by a Tenafly Board of Education employee at the time of registration.

Date _____

I, _____, parent/guardian of,
(Name of Parent/Guardian – please print)

Full Name of Child ¹	Present Age	Grade Child is Entering in the Tenafly School District	Name of Tenafly Public School of Attendance

do hereby certify that I, along with my child, are officially residing in Tenafly at the following address:

I hereby submit to the Tenafly school district the following documents, which establish that my child and I are domiciled in Tenafly:

- A. An original lease, effective during the current school year, within the Borough of Tenafly **OR** a recorded deed showing ownership of a residence within the Borough of Tenafly and also a current property tax bill/statement; **AND**
- B. Proof of parent guardianship; **AND**
- C. A copy of a current utility bill showing my Tenafly residency address; **AND**
- D. **Original birth certificate** of my child, if born in the United States **OR** if born outside of the United States, my child's **actual passport**, not a photocopy of such (a Family Census Register may be required if parent is not listed on VISA); **AND**
- E. **ONE** of the following additional forms of documentation (circle the one provided):
 - 1. Current bank statement showing family surname and Tenafly residency address
 - 2. Current vehicle registration showing your Tenafly residency address

(Please note: Further documentation may be required (ie., Moving bill, additional utility bill, etc.)

¹ A Certificate of Residency form must be completed for each child in the district.

AND, IF APPLICABLE,

- F. Current signed affidavit forms stating that the student listed above resides with you and is financially dependent upon you even though you are not the child's parent or legal guardian. Attach to affidavit forms documentation of financial dependency, ie., IRS tax return showing student as your dependent.

Affirmation of Residency

I, _____, hereby affirm that I am the
(Please print parent/guardian name)

(Please check one) Parent _____ Guardian _____ Affidavit Host _____

of the child listed above. I further state that this form and the attached documentation constitute true and accurate proof that the child listed above resides with me within the Borough of Tenafly and will continue to do so. If the child listed above stops living with me, or if I move my residence out of the Borough of Tenafly, I will promptly notify the Tenafly Board of Education of this in writing.

If it is determined by investigation that the above stated address is not my valid Tenafly residency and the residence where the child named in this affidavit also resides, I acknowledge that I will be responsible to pay tuition to the Tenafly Board of Education for said child while attending the Tenafly Public School district and that unless the district approves continued school attendance as a tuition student, the child will be removed from the Tenafly school rolls and cease to attend Tenafly schools.

I certify that the foregoing statements made by me are true, and I am aware that if any of the foregoing statements made by me are false, I am subject to punishment.

(Signature of Parent/Guardian/Affidavit Host) (Phone number)

Subscribed and sworn to before me this _____ day of _____, 20 _____

(Signature of Notary)

Notary Public of _____

My Commission Expires on: _____

HIGH SCHOOL REGISTRATION FOR ADMISSION - TENAFLY PUBLIC SCHOOLS

(Rev. 9/2017)

Last Name _____ Given Name _____ Middle Initial _____

Residency Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Parents/Guardians _____

Date of Birth _____ Gender _____ Country of Citizenship _____

City of Birth _____ State of Birth _____ Country of Birth _____

Birth Documentation: Circle One BC – Birth Certificate (required for U.S. born) PP – Passport

Mandatory for all non U.S. Citizens:

First U.S. Entry Date: _____ First Entry in a U.S. School - Date: _____

**** Federal and State standards dictate that Hispanic is not a race; therefore, a race selection of White, Black, American Indian/Alaskan, Asian, Hawaiian native/other Pacific Islander, or Other must be selected in addition to a selection of Hispanic.**

Circle one or more of the following races:

Hispanic White Black American Indian/Alaskan Asian Hawaiian native/ other Pacific Islander

Primary Language spoken by the student: _____

Language spoken by the family at home: _____

Has the student previously attended a school in the U.S.? Circle One: Yes No

If Yes:
Name of Previous School _____ Grade _____

Address _____

City _____ State _____

Has the student previously been enrolled in any Tenafly school? Circle One: Yes No

If Yes - School Name: _____ Year student left the district: _____

Does the student have an educational disability: Circle One: Yes No

PARENT/GUARDIAN INFORMATION

Circle One: Parent Guardian Other:

Title First Name Last Name

Address (If different than student) City

State Zip Code Extra Mailing: Yes or No

Home Phone Cell Phone

Pager Number Primary Email Address

Employer Work Phone

Circle One: Parent Guardian Other:

Title First Name Last Name

Address (If different than student) City

State Zip Code Extra Mailing: Yes or No

Home Phone Cell Phone

Pager Number Primary Email Address

Employer Work Phone

Mandatory Military Information required by the State of New Jersey

Please check the appropriate answer:

_____ Not Active Military Connected (Student is not a dependent of a full-time, active duty member of the Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard))

_____ Active Military Connected (Student is a dependent of a full-time, active duty member of the Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard))

PRIMARY EMERGENCY CONTACTS:

Please supply two contacts in case of an emergency. These contacts may be parents, guardians, neighbors and/or extended family members.

Contact 1

Name _____ Relationship _____
Phone _____ Cell Phone _____ Work Phone _____

Contact 2

Name _____ Relationship _____
Phone _____ Cell Phone _____ Work Phone _____

The following information is required for NJ SMART (NJ Standards Measurement & Resource for Teaching) state reporting.

Health Insurance Status: Is student currently insured? Circle one: Yes No

Name of Health Insurance Provider _____

STUDENT HEALTH INFORMATION:

Physician _____ Physician's Phone _____
Physician's address _____
City _____ State _____

SIBLINGS: (Other Children)

Name	Gender	Date of Birth	School

Parent/Guardian Signature (MANDATORY) _____ Date _____

**For emergency purposes, the Tenafly Police Department will have access to student and parent/guardian contact information.*



500 Tenafly Road, Tenafly, NJ 07670-1796

Genesis Parent Portal Access Registration

The Tenafly Public Schools district uses the Genesis Parent Portal as a home-to-school communication system.

Parents/guardians are required to sign and complete all forms pertaining to each of their children. Once complete, parents will have the opportunity to view and monitor their children's attendance, class schedule, and grades, as well as printing progress reports and report cards.

Please note: None of the above mentioned documents are mailed or sent home with the student. They are only available online.

To register for this service, please sign and complete all the information requested below.

Please complete one form only for all the children you are registering. (Only one (1) Parent Portal account per family.)

PLEASE PRINT LEGIBLY

Parent/Legal Guardian primary email address: _____
 (This is required as it will become your Login ID)

Parent/Legal Guardian Last Name _____ Parent/Legal Guardian First Name _____

Relationship to student(s) _____

Home Phone # _____ Cell Phone # _____

Student's Last Name	Student's First Name	Student's Grade & School

Parent/Guardian Signature _____

Form should be submitted at time of registration. Once your request has been processed, you will receive an email with your login (the email address you submitted on this form) and password information.



Tenafly

PUBLIC SCHOOLS

500 TENAFLY ROAD • TENAFLY • NEW JERSEY 07670

NAME OF STUDENT (please print) _____ DATE OF BIRTH _____ CURRENT GRADE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

IS STUDENT CURRENTLY CLASSIFIED? NO YES, CLASSIFICATION _____

HAS STUDENT EVER BEEN CLASSIFIED? NO YES, CLASSIFICATION _____

WAS STUDENT EVER EVALUATED FOR SPECIAL EDUCATION RELATED SERVICES? NO YES

DO YOU HAVE ANY REASON TO SUSPECT THAT YOUR CHILD MAY HAVE A LEARNING, EMOTIONAL, OR PHYSICAL ISSUE? NO YES

SUPPORTING DOCUMENTATION ATTACHED (please check all that apply):

IEP IFSP ISP

504

EVALUATIONS

DOCTOR'S NOTE

TEACHER/SCHOOL CORRESPONDENCE

OTHER _____

COMMENTS: _____

NAME OF TRANSFERRING SCHOOL _____ PUBLIC OR PRIVATE SCHOOL _____ SCHOOL PHONE _____

ADDRESS OF SCHOOL _____ CITY _____ STATE _____ ZIP CODE _____

PARENT NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ OTHER PHONE _____

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

SIGNATURE OF PARENT/GUARDIAN _____ PRINT NAME _____ DATE _____



Tenafly
PUBLIC SCHOOLS



Tenafly High School
Guidance Department

19 Columbus Drive, Tenafly, NJ 07670
Tel: 201-816-6641 – Fax: 201-816-6638
www.tenafly.k12.nj.us

December 2016

**TO: NEW REGISTRANTS FROM OUTSIDE OF THE
UNITED STATES**

In order to place a student appropriately and award High School credit, a student must present an official transcript in a signed/sealed envelope. All documents must be in English and translations must be done by an accredited agency.

At the time of initial registration, you will be admitted to our school. However, if you do not provide this official documentation within **ONE MONTH** of your date of entry, you will then be placed in ninth grade.

Jayne Bembridge
Director of Guidance



Tenafly High School
Guidance Department

19 Columbus Drive, Tenafly, NJ 07670-1796
Tel: 201-816-6640 Fax: 201-871-6638
www.tenafly.k12.nj.us

Authorization for Pupil Record Release

To: _____

Student: _____
Address: _____

Attn: _____

Phone #: _____ Grade: _____

Date of Request: _____

Student Date of Birth: _____

I, _____, authorize the school district to release the official records checked below of the above mentioned student to:

**Tenafly High School Counseling Office
Attn: Kathy Leuck
19 Columbus Drive
Tenafly, NJ 07670**

Records Authorized for Release:

- | | |
|--|---|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> 504 Accommodations |
| <input type="checkbox"/> Testing Records | <input type="checkbox"/> Reports Regarding I.E.P. |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Remediation-Supportive Service |
| <input type="checkbox"/> Attendance/Disciplinary Records | <input type="checkbox"/> ALL OF THE ABOVE |

Signature of Parent/Guardian: _____

Signature of Student (18 or older): _____

<input type="checkbox"/> Mailed/Faxed Date(s): _____ Documents Recvd. _____



Lynn Trager
Superintendent of Schools
Email: ltrager@tenafly.k12.nj.us

500 Tenafly Road, Tenafly, NJ 07670
Tel: 201-816-4501 – Fax: 201-816-4521

Spring 2016

Dear Parent/Guardian:


In accordance with the New Jersey Department of Education Administrative Code 6A:16.2.2, The Tenafly Board of Education requires a recent physical examination for each student entering kindergarten, third, sixth, and ninth grades. A physical exam is also needed for new students entering the district for the first time.

The enclosed health form is to be completed by your family physician after he/she has conducted the examination.

Please be sure the top of the health form is completed and accurate and includes the child's name and address in order to assure records are properly maintained in the school for each Tenafly student. This form should be returned to the school your child will be attending in September.

Thank you for your cooperation.

Sincerely,



Lynn Trager
Superintendent of Schools



Dr. M. Owens, M.D.
School Physician

MEDICAL REQUIREMENTS FOR SCHOOL ENTRY

Health history, a physical exam and current immunization records are required prior to school entry. Any student requiring Mantoux tuberculin skin testing (by the NJ State Dept of Health) must submit documentation prior to school entry. It is **strongly urged** that all students entering Tenafly Public Schools for the first time show proof of a Mantoux test. Documentation must include the date and results of the test (in millimeters of the induration).

Immunization Requirements

Nursery and Pre-K

- 4 doses of DPT
- 3 doses of Polio
- 1 dose of MMR given on or after 1st birthday
- A minimum of 1 dose Pneumococcal given after the first birthday
- A minimum of 1 dose HIB given on or after the first birthday
- 1 dose of Varicella vaccine given on or after 1st birthday or proof of immunity to the chickenpox
- 1 dose of Influenza to be given between September 1- December 31 each year

Kindergarten and Grade 1

- 4 doses of DPT- one dose given on or after 4th birthday or any 5 doses
- 3 doses of Polio-one dose given on or after 4th birthday or any 4 doses
- 1 dose of Mumps and Rubella vaccine given on or after 1st birthday
- 2 doses of Measles vaccine given on or after 1st birthday
- 3 doses of Hepatitis B vaccine
- 1 dose of Varicella vaccine given on or after 1st birthday or proof of immunity to the chickenpox

Grade 6 –Entering 9/1/08 or after

- 1 dose of Meningococcal vaccine at age 11 through 12 years with a booster dose at age 16.
- 1 dose Meningococcal vaccine at age 13 through 18 years, if pupil is not previously vaccinated.
If first dose is administered at age 16 years or older, a booster dose is not needed
- 1 dose of Tdap vaccine given at age 11 through 18 years.
Minimum age: Boostrix at age 10 and Adacel at age 11.
**Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid – containing vaccine. **

High School

- All entrants must have immunization requirements listed above completed.

Please take this list with you when you visit your pediatrician and review it together. Also, please note that according to NJ State Law, the age requirements are **very important** and are **strictly enforced**.

TENAFLY PUBLIC SCHOOLS Tenafly, New Jersey

IMMUNIZATION REGISTRY NUMBER _____

Name of Child (Last, First, M.I.) _____ Date of Birth (Mo/Day/Yr) _____ Sex Male Female

PARENT OR GUARDIAN NAME _____ ADDRESS _____ TELEPHONE NO. _____

VACCINE TYPE	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose	LEAD SCREENING	
	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Yes	Date
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination <i>(If Td or Dt, indicate in corner box)</i>							
Tdap							
POLIO - INACTIVATED POLIO VACCINE (IPV) <i>If oral vaccine, indicate (OPV) in corner box</i>							
MEASLES, MUMPS, RUBELLA (MMR)							
HAEMOPHILUS B (HIB)**						TB Screening [Mantoux]	Date Results [MM]
HEPATITIS B							
VARICELLA						Chest Xray	Date Results
PNEUMOCOCCAL CONJUGATE**							
MENINGOCOCCAL							
HEPATITIS A ***						Therapy	Started Completed
HPV (HUMAN PAPILLOMAVIRUS) ***							
OTHER						BCG	Date

HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR
FOOD ALLERGIES		DIABETES		LYME DISEASE		JUVENILE RHEUMATOID ARTHRITIS	
NON-FOOD/NON-DRUG ALLERGIES		INFLUENZA (FLU)		MONONUCLEOSIS		AUTISM SPECTRUM DISORDERS	
		OTHER		NEUROMUSC. DISORDER		HEMATOLOGICAL DISORDERS	
ASTHMA		DRUG ALLERGIES		CHRONIC OTITIS MEDIA		ADD/ADHD	
CONGENITAL DISORDER		HEART DISEASE		AUTO IMMUNE DISORDERS		CONCUSSION/TBI	
CONVULSIVE DISORDER		HEPATITIS		STREP INFECTIONS			

Is child receiving medication No Yes . if yes, explain: _____

PRIVATE PHYSICIAN'S REPORT

PHYSICIAN'S REMARKS

EXAMINATION

Check if normal, otherwise (X) and give details

General Condition _____

Height _____ Weight _____

Eyes _____ Vision R 20/ _____ L 20/ _____

Ears _____ Hearing _____

Throat _____ Teeth _____

Heart _____ Blood Pressure _____

Abdomen _____ Hernia _____

Gait _____ Neuro _____

Skin _____

Feet _____ Posture _____ Spine _____

Other _____

_____ is in _____ condition and may safely engage in all usual activities, except as noted above.

Date of examination (mo/day/yr) _____

_____ M.D.
Physician's stamp required



Tenafly Board of Education
www.tenafly.k12.nj.us

500 Tenafly Road, Tenafly, NJ 07670
Tel: 201-816-4502 – Fax: 201-816-4521

TENAFLY SCHOOL DISTRICT MEDICATION POLICY

April 2016

Dear Parents/Guardians:

According to a State Regulation only a school nurse or a parent/guardian can administer medication. The following policy was adopted by the Tenafly Board of Education pertaining to the administering of prescription and non-prescription medications within the school building:

Administering Medication

The Board shall not be responsible for the diagnosis and treatment of pupil illnesses. The administration of medication to a pupil during school hours will be permitted only when failure to take such medicine would jeopardize the health of the pupil, or the pupil would not be able to attend school if the medicine were not made available to him/her during school hours.

Before any medication may be administered to or by any pupil during school hours, the Board shall require the written request of the parent/guardian which shall give permission for such administration. This permission shall relieve the Board and its employees of liability for administration of medication.

For prescribed medication the Board requires:

- a) The written order of the prescribing physician and/or the prescription label prior to administering medication. The written order or label shall include:
 - 1) name of medication
 - 2) dosage
 - 3) time at which or the special circumstances under which medication shall be administered.
- b) Completion of Medication Form by parent/guardian permitting administration of medication. Both documents shall be kept on file in the office of the school nurse.

For non-prescription medication the Board requires:

- a) A written order from the physician which shall include:
 - 1) name of medication
 - 2) dosage
 - 3) time at which or the special circumstances under which medication shall be administered.
- b) Completion of Medication Dispensing Form by parent/guardian.

Note: A label for non-prescription medication is not acceptable.
Medications should be brought to the school in the original container.

We thank you for your cooperation concerning this policy.
If you have any questions regarding this policy, please call the School Nurse.



Office of the Nurse

TENAFLY HIGH SCHOOL
19 Columbus Drive
Tenafly, NJ 07670-1698
Tel: 201-816-6670
Fax: 201-837-1035

A MESSAGE FROM THE HEALTH OFFICE

Dear Parent/Guardian:

In order to dispense medication in school we need to have specific medicating orders from both a parent/guardian and a physician. This is true even for over-the-counter medication. Orders must include the name, the dose, and the timing of the medication (i.e. Tylenol, 2 tablets, every 4 hours, as needed).

Please have the Medication Dispensing Form completed, and returned to the Health Office as soon as possible, if you want your child to have medication while in school.

With a doctor's permission, only asthma inhalers and Epi-Pens may be self-administered. You may want to provide the Health Office with a backup inhaler or Epi-Pen for your child to use, if he/she forgets their medication.

Sincerely,

A handwritten signature in cursive script that reads 'Cynthia Cassiello'.

Cynthia Cassiello, BSN, MS, RN

Certified School Nurse

Tenafly High School

**I. DOCTOR'S REQUEST/INSTRUCTIONS FOR MEDICINE TO BE GIVEN BY SCHOOL NURSE.
TO BE FILLED OUT BY PHYSICIAN**

The following medication is to be administered to my patient. _____

MEDICATION _____ DOSE AND ROUTE _____

TIME GIVEN _____ DIAGNOSIS _____

SIGNIFICANT SIDE EFFECTS _____

LENGTH OF TREATMENT _____

M.D. Signature

Print M.D. Name

**II. DOCTOR'S REQUEST / INSTRUCTIONS FOR STUDENT SELF-ADMINISTRATION OF
MEDICATION FOR A POTENTIALLY LIFE THREATENING ILLNESS.**

TO BE FILLED OUT BY PHYSICIAN

The following medication is to be self-administered by my patient. _____

I hereby certify that my patient has a life threatening illness and that my patient is capable of and has been instructed in the proper administration of the required medication.

MEDICATION _____ DOSE AND ROUTE _____

TIME GIVEN _____ DIAGNOSIS _____

LENGTH OF TREATMENT _____

SIGNIFICANT SIDE EFFECTS _____

Date

M.D. Signature

Print M.D. Name

III. PARENT REQUEST AND RELEASE

TO BE COMPLETED BY PARENT/GUARDIAN

I request my child, _____ to (receive) (self-administer) the medication designated above. I have been informed by the school district that the school district, its agents, servants, and employees shall incur no liability whatsoever as a result of any untoward reaction arising from the administration of medicine by my child. I hereby indemnify and hold harmless the TENAFly BOARD OF EDUCATION, its agents, servants, and employees from any and all claims and shall defend any lawsuit that may arise out of or in connection with the administration of medicine by my child.

Date

Signature of Parent/Guardian



Lynn Trager
Superintendent of Schools

500 Tenafly Road, Tenafly, NJ 07670
Tel: 201-816-4501 - Fax: 201-816-4521
Email: ltrager@tenafly.k12.nj.us

*Revised September 2016

Delayed School Openings, Early Dismissal, or Emergency School Closings

In the event of bad weather or emergency conditions, it is the Board of Education's policy that the Tenafly Schools remain open unless a decision is made by the Superintendent to delay the opening of schools or to close for the day. If schools remain open, parents are to send their children to school at their discretion, depending on weather and driving conditions. All staff members are expected to report to work as usual.

If there is a delayed opening, early dismissal, or closing before the start of the school day, an announcement will be made on the following:

****Honeywell Reverse 911** To all Students and Staff
Tenafly Announcement Line **201-816-7729**
Tenafly Schools Website www.tenafly.k12.nj.us

	Station
WINS	1010AM
CBS TV	Channel 2
News 12 New Jersey	Channel 12
WABC-TV	Channel 7
Fox 5 News	Channel 5
WNBC	Channel 4
FIOS1	FIOS1

** Please be sure to sign up for the Honeywell Alert System. Also, be sure to have all you contact information updated in the event of an early dismissal.

General Information

1. Fire siren will NOT be sounded in the event of a school closing.
2. School office telephones will NOT be staffed until the usual or delayed hour.

If schools are closed during the day, SACC, Recreation programs, and any building use activities will be cancelled that night.

DELAYED OPENINGS –

All schools would open 2 hours after their usual starting time as follows:

ELEM 10:30 am; TMS 10:13 am; THS 9:55 am

EARLY DISMISSAL TIMES –

All schools would dismiss at these times:

ELEM 12:45 pm; TMS 12:20pm; THS 12:00 noon



NEW JERSEY EARLY INTERVENTION SYSTEM

<http://www.nj.gov/health/fhs/eis>

The Early Intervention System (EIS), under the Department of Health, implements New Jersey's statewide system of services for infants and toddlers, birth to age three, with developmental delays or disabilities, and their families.

**To make a referral to the NJEIS
call the
Statewide Toll Free Referral Number
at
888-653-4463**

This number will connect you to a regional system point of entry (SPOE) for the NJEIS.

For children, birth to age 21 with special health care needs referrals can be made through 21 county Special Child Health Case Management Units. Additional information is available at <http://www.nj.gov/health/fhs/sch/sccase.shtml>.



Parent Association for Special Education in Tenafly Public Schools (PASET)

PASET is a parent organization designed to facilitate the exchange of information and promote parent advocacy in an effort to improve the school system for all children.

PASET is a parents' non-profit organization that:

- Works closely with Tenafly District Administrators
- Develops town programs
- Sponsors meetings with guest speakers
- Arranges informal breakfast meetings to discuss areas of concern and interest
- Has developed a Parent Directory
- Continues to expand its resources with local parent referrals
- Organizes yearly fund raisers

PLEASE JOIN US! WE NEED YOUR HELP

Email your name to INFO@PASET.ORG to be informed of upcoming events and programs. For more information, School Representatives can be reached at:

Maugham Representative:
Andrea Orlando

Middle School Representative:
Mona Bhansali

Mackay Representative:
Maria Frey

High School Representative:
Catherine Santiago

Smith Representative:
Stephanie Glenn

Out of District Representative:
Jacki Saltzman

Stillman Representative:
Matt Libien

Please refer to the Tenafly School Borough Calendar for PASET morning meeting schedule.

Every family counts....together we make a difference!

PASET INFORMATION

PASET grew out of an existing parent organization which was founded over 20 years ago. Today, **PASET** is a pro-active group of motivated parent volunteers who have children with special needs in Tenafly. An important component of **PASET** is connecting parents to share thoughts and concerns.

With a confidential database of over one hundred families, **PASET** shares information about upcoming meetings, local conferences, and relevant topics of interest. There is a **PASET** representation in every school as well as an out-of-district representative.

PASET has sponsored successful fundraisers and Tenafly's first Special Education Teacher Appreciation Night. Well attended, free parent seminars have included:

***Speech and Language Pathologist, Arlene Rubin:
"What Parents Can Do to Facilitate Social Skills"**

***LCSW, Parent/Child Advocate, Joy Goodman:
"Working with School Districts after Schaffer v. Weast"**

***Financial Advisor at UBS, Michael Beloff:
"Life Planning for your Special Needs Child"**

***MSW, The Forum School, Meryl Segal:
"The Right School Program for your Child"**

***Esq. G. Emerson Dickman:
"Personal Reflections: Dyslexia"**

Future speakers are based on parent input. Email your ideas to info@paset.org

PASET works with the Tenafly community to ensure that all Tenafly families have equal access to community resources. **PASET** strives to address the needs of its families by creating recreational as well as educational opportunities. Working with the Recreation Department, the Mayor, the Youth Center, Tenafly Police Department, Access for All committee, and with the Tenafly Public Schools, several successful activities and programs have been formed.

In collaboration with Special Services, **PASET** supports parent and teacher education. Communicating with Special Services and School Administrators helps contribute to **PASET's** goal of positive community awareness and appreciation of individual differences.

Project CHILD FIND

1-800-322-8174

Project CHILD FIND is a free referral service and public awareness campaign to assist in the identification of unserved/underserved youth with a delay or disability from birth through twenty-one years of age.

In addition, Project CHILD FIND develops and distributes information to the public about early intervention services and special education programs throughout New Jersey.

Project CHILD FIND's comprehensive efforts include:

1. Assisting families of infants and toddlers, birth through two, concerned about their child's development by directing all requests regarding early intervention to the family's local Special Child Health Case Management Unit. If you need the number for your Special Child Health Case Management Unit, call:

Project CHILD FIND

1-800-322-8174

2. Assisting families of preschoolers, three through five, concerned about their child's development by directing requests to their local school district.
3. Helping families access community services through referral.
4. Promoting community and public awareness of all children with disabilities by providing information.
5. Assisting local school district boards of education to identify unserved children from age three through twenty-one who are in need of special education and related services.

Information through Project CHILD FIND may be obtained by calling the toll-free number, 1-800-322-8174, which is in service 7 days a week, 24-hours a day. All calls received are confidential.

Project CHILD FIND was established by the New Jersey Department of Education through I.D.E.A., Part B funds from the U.S. Department of Education.

WHAT CAN WE DO TO HELP?

INFANTS and TODDLERS

For more information for accessing help for Infants and Toddlers (Birth to Three)

How to make a Referral

For further information on New Jersey's Early Intervention System

<http://www.state.nj.us/health/fhs/eiphome.htm>.

For further information on your Regional Early Intervention Collaborative

For further information on transition at age three

<http://njcis.org>

Order form for available brochures

PRESCHOOL CHILDREN AND STUDENTS

For more information for accessing help for Preschool Children and Students
(Three through Twenty-one)

How to make a Referral

Child Development Checklist (print or order)

List de Verificacion del desarrollo del nino (print or order)

Child Development Poster

Order form for available materials

**THE TENAFLY POLICE
DEPARTMENT MEANS
PUBLIC SERVICE!**



TENAFLY

For Special Needs

The Community ID PROGRAM



**WE OFFER A VARIETY
OF PUBLIC SAFETY
INITIATIVES AND
ARE ALWAYS ADDING
AND IMPROVING ON
THESE PROGRAMS TO
FURTHER PROTECT
OUR RESIDENTS AND
PREVENT CRIME IN
OUR NEIGHBORHOODS.**

**TENAFLY POLICE
DEPT.
100 Riveredge Rd.
Tenafly, NJ 07670**

**Headquarters:
201-568-5100**

**Emergencies:
9-1-1**

**Robert Chamberlain
Chief of Police**

SPECIAL NEEDS PROGRAM

**A COLLABORATIVE
EFFORT BETWEEN THE
POLICE DEPARTMENT
AND THE
"ACCESS FOR ALL"
COMMITTEE**

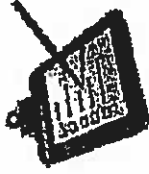
**LET'S THINK AHEAD TO
EFFECTIVELY
PREVENT TRAGEDIES AND
ENSURE THE SAFETY
OF ALL OF OUR
RESIDENTS**

The Special Needs Program provides first responders with vital medical information in the event of an emergency or when an individual is not able to give that information themselves.

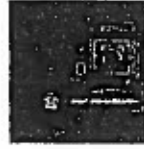
Participating individuals will be issued a photo Identification card that corresponds to a confidential file of emergency information that is maintained by the Tenafly Police Department

Tenafly is proud to offer the Community ID, a Potentially lifesaving initiative for residents who have special needs, including functional or developmental disabilities, or those who might require special handling by law enforcement.

**APPLICATIONS ARE
AVAILABLE AT THE
TENAFLY RECREATION
OFFICE**



**Just Complete
an Application**



**and Sit for a
Photo**

**Please call for an
appointment!
201-871-3008**