



## South Plainfield Public Schools

125 Jackson Ave  
South Plainfield, NJ 07080  
908-754-4620  
spboe.org

Dr. Noreen Lishak  
Superintendent of Schools  
[nlishak@spboe.org](mailto:nlishak@spboe.org)

Mrs. Mary Malyska  
Assistant Superintendent  
[mmalyska@spboe.org](mailto:mmalyska@spboe.org)

Mr. James Damato  
Int. Board Secretary/Business Admin.  
[jdamoto@spboe.org](mailto:jdamoto@spboe.org)

### APPLICATION FOR ENROLLMENT ENROLLMENT CENTER REQUIREMENTS FOR ADMISSION OF STUDENTS

#### Child must accompany parent/guardian

1. Application for Enrollment: Completed and signed by parent or legal guardian.
2. Note: Official custody documents will be required if child does not reside with both parents.
3. Child's original birth certificate with raised seal.
4. Medical Record Form with required immunization records: dated, stamped and signed by child's doctor (valid within 365 days of enrollment).
5. Proof of Residency:  
**Owner**
  - a. Original deed, closing statement or current Property Tax statement from the borough  
and
  - b. Any two documents or bills with name, address and current date.**Renter**
  - c. Original legal lease or notarized rental agreement  
and
  - d. Any two documents or bills with name, address and current date.

**Domicile Students must complete Affidavit of Residency as well as Affidavit of Domicile.**

#### Transfer Students

6. Parental Release Form; Recent Report Card
7. Transfer Card and Immunization Record
8. Transcripts from the Previous School
9. Copy of IEP, if applicable.

**Note: Applications will not be accepted without all required documents.**

Mrs. Denise Hartje Enrollment Office 908.754.4620, ext. 222 Fax: 908.822.2704 Email: [dhartje@spboe.org](mailto:dhartje@spboe.org)



## SOUTH PLAINFIELD PUBLIC SCHOOLS APPLICATION FOR ENROLLMENT



Id#	Student First Name	Middle Name	Last Name
Address: House #		Street	
Date of Birth	Birth Place (Include City, State, Country)		Entry Date into Country
Language spoken in home:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	First Entry Date to US School
Ethnicity : <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: <input type="checkbox"/> W-White <input type="checkbox"/> B-Black/African American <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> P-Pacific Islander/Native American <input type="checkbox"/> A-Asian		

**GUARDIAN 1 MUST BE WHO THE STUDENT RESIDES WITH**

Guardian 1 Name	Guardian 1 Address	Guardian 1 Primary Phone
Guardian 1 Relationship	Guardian 1 E-mail Address	Phone Type <input type="checkbox"/> Landline <input type="checkbox"/> Cell <input type="checkbox"/> Work
Guardian 2 Name	Guardian 2 Address (If different from above)	Guardian 2 Primary Phone
Guardian 2 Relationship	Guardian 2 E-mail Address	Phone Type <input type="checkbox"/> Landline <input type="checkbox"/> Cell <input type="checkbox"/> Work
Emergency 1 Contact Name	Emergency 1 Contact Relationship	Emergency 1 Contact Primary Phone
Emergency 2 Contact Name	Emergency 2 Contact Relationship	Emergency 2 Contact Primary Phone

Authority of Guardianship \_\_\_\_\_

Is Child a transfer student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate from which school:	School	Location
Has your child ever been classified as a special needs or special education student? <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate type of program	<input type="checkbox"/> Self-contained <input type="checkbox"/> Resource Room <input type="checkbox"/> Supplemental <input type="checkbox"/> Speech <input type="checkbox"/> Other
Total number of children in family:	Number younger	Number older	

We reside at \_\_\_\_\_ in South Plainfield, Middlesex County, NJ and have lived there continuously for the past \_\_\_\_\_ years. I certify that the information supplied on this form is complete, true and correct to the best of my knowledge.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SCHOOL USE ONLY**

Date of School Entrance	School	Grade	Year of Grad
Own/Lease/Domiciled	Eligible for Transportation	Family ID	NJ_SID
PREVIOUSLY ATTENDED SO. PLFD. SCHOOLS:		Building	Grade      Year



**ORDINANCE #1524**

**AN ORDINANCE THAT WILL PROHIBIT ANY PARENT OR OTHER PERSON FROM ENROLLING A NON-RESIDENT STUDENT IN THE SOUTH PLAINFIELD SCHOOL SYSTEM**

Whereas, the Board of Education of the Borough of South Plainfield has approved a resolution dated October 19, 1999 requesting the Mayor and members of the South Plainfield Borough Council to enact an Ordinance that will prohibit any parent or other person from enrolling a non-resident student in the South Plainfield School System, and

Whereas, the Mayor and Council of the Borough of South Plainfield recognize that enrollment by non-resident students causes a financial burden on the residents of the Borough of South Plainfield.

Now therefore be it ordained by the Mayor and Council of the Borough of South Plainfield, that:

**SECTION 1.** It shall be unlawful for any parent or guardian to assist, aid, abet, allow, permit, suffer or encourage a minor to register or enroll in the South Plainfield School System where the minor is ineligible to attend as a result of the minor's non-resident status.

**SECTION 2.** It shall be unlawful for any person to knowingly permit his or her name, address or other residence designating documentation to be utilized in the registration or enrollment of any non-residence student in the Borough of South Plainfield School System unless previous approval has been granted by the Superintendent of the South Plainfield School System or his or her designee.

**SECTION 3.** Any person violating or failing to comply with any of the provisions of this section shall, upon conviction thereof, be punished by a fine of not more than One Thousand Dollars (\$1,000.00).

This Ordinance shall take effect after final passage and publication in accordance with the law.

\_\_\_\_\_  
Matthew P. Anesh  
Mayor

ATTEST:

\_\_\_\_\_  
Joann Graf  
Administrator/Municipal Clerk

\_\_\_\_\_  
Parent's/Guardian's Signature



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## Parental Request for Release of Student Records

(Please fill out completely)

**Previous School Attended & Address:**

**South Plainfield School Attending:**

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The following student \_\_\_\_\_ has enrolled in our school.

Please forward the following information as soon as possible:

1. Health records – original A-45 health card
2. Results of standardized tests (NJASK, HSPA, PSAT, SAT)
3. Current academic placement
4. Report cards
5. Any special services information child is receiving (IEP, 504 or I&RS plans)
6. Any other pertinent educational, psychological, and social information
7. Discipline records
8. ESL

Thank you in advance for your prompt response.

### Parent Authorization of Release of Records

Dated: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
(signature)

Address \_\_\_\_\_

Former Address \_\_\_\_\_

Denise Hartje, Enrollment Secretary  
125 Jackson Avenue, South Plainfield, NJ 07080  
(908) 754-4620, ext. 222

SOUTH PLAINFIELD PUBLIC SCHOOLS

LANGUAGE CENSUS FORM

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

Grade and date of Public School entry in the United States \_\_\_\_\_

1. What language(s) is spoken at home? \_\_\_\_\_

2. What language(s) did your child first learn to speak? \_\_\_\_\_

3. Has the student participated in an ESL/bilingual program in a previous school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School \_\_\_\_\_ Date \_\_\_\_\_

I understand that if a language other than English is spoken in the home the student's records will be reviewed, and if a skill deficiency is present he/she will be screened for the ESL Program.

\_\_\_\_\_  
Parent/Guardian's Signature DATE \_\_\_\_\_

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OFFICIAL USE ONLY

Assessment Date \_\_\_\_\_

1. Most recent Terra Nova Test Score: Total Reading (Nat. Pctl.) \_\_\_\_\_ Date \_\_\_\_\_

2. Most recent NJASK/GEPA/HSPA score: Reading \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

3. Other standardized achievement test information: Name of test \_\_\_\_\_

Level \_\_\_\_\_ Date of test \_\_\_\_\_ Total Reading (Nat. Pctl.) \_\_\_\_\_

4. Is this student performing below, on, or above grade level in reading? \_\_\_\_\_

5. What does the student's most recent report card indicate about reading achievement?

Reading instructional level \_\_\_\_\_ Reading grade \_\_\_\_\_

6. LAB/MAC Form/Level \_\_\_\_\_ Raw Score \_\_\_\_\_ Date of Testing \_\_\_\_\_

Recommended: ESL \_\_\_\_\_ Supplemental ESL \_\_\_\_\_ R/W Lab \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_

Not Recommended \_\_\_\_\_

7. Is this student Classified (Special Education)? \_\_\_\_\_

Will this student receive Basic Skills Improvement Program Services?

Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

**SOUTH PLAINFIELD PUBLIC SCHOOLS**  
**MEDICAL RECORD FORM**  
**POLICY 5141.3**

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

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Speech \_\_\_\_\_ Nutrition \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_ Teeth/Mouth \_\_\_\_\_ Ears \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_ Eyes \_\_\_\_\_

BP \_\_\_\_\_

Orthopedic: Structural \_\_\_\_\_ Posture \_\_\_\_\_ Feet \_\_\_\_\_

Nervous System \_\_\_\_\_ Thyroid \_\_\_\_\_ Abdomen \_\_\_\_\_

Genitals \_\_\_\_\_ Hernia \_\_\_\_\_

Vision: R \_\_\_\_\_ L \_\_\_\_\_

Vision with Glasses: R \_\_\_\_\_ L \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Disease History	Year	Disease History	Year	Disease History	Year
Allergies:		Drug Sensitivities:		Strep Infections:	
Asthma:		Chicken Pox:		Rheumatic Fever:	
Otitis Media:		Lyme Disease:		Mono-Nucleosis:	
Heart Disease:		Hepatitis:		Diabetes:	
Neuromuscular Disorders:		Congenital Disorders:		Convulsive Disorders:	
Other:		Other:		Other:	

Operations: \_\_\_\_\_ Date: \_\_\_\_\_

Record of REQUIRED immunizations (as of September 1, 1991, Chapter 14 of the N.J. State Sanitary Code: Immunization of Pupils in Schools and Child Care Centers)

Vaccine Type	Disease Date Mo./Day/Yr.	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.	Mo./Day/Yr.
Diphtheria Tetanus Pertussis (DPT) if TD or DT indicate as such in approp. box							
Polio-Oral Polio Vaccine (OPV), if Salk Vaccine indicate IPV in proper box							
Measles Mumps Rubella MMR							
Measles					Or Measles Serology	Date:	Titer:
Rubella					Or Rubella Serology	Date:	Titer:
Mumps					Or Mumps Serology	Date:	Titer:
Additional							
Haemophilus B HIB							
Hepatitis B Vaccine							
Varicella Vaccine							
Mantoux	Date:	Results:	Chest X-ray:	Date:	Results:	Medication Therapy:	

Mantoux may be required when student comes from another country or certain states and towns.

REQUIRED MEDICAL EXEMPTION

\_\_\_\_\_ Medical Exemption Attached

\_\_\_\_\_ Religious Exemption Attached

General Medical Conditions: \_\_\_\_\_

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\_\_\_\_\_  
Physician's Name & Stamp

\_\_\_\_\_  
Physician's Signature

Address \_\_\_\_\_

Date of Exam \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_