

Northern Valley Regional High School District New Student Registration Requirements

Northern Valley Regional High School District
requires the following documents be presented BEFORE
registration appointment is scheduled.

(All documents must be original/if translated to English officially sealed)

PROOFS OF RESIDENCY AND IDENTITY

- House Deed/House Lease (Original-Signed) in Parents Name
- Two (2) Original/Current Utility Statement/Letter of New Service from provider
(Electric, Water, Gas, Telephone, Cable, property tax bill) in parents name
- Original Birth Certificate or Family Tree Certificate
In English - stating BOTH parent's and student names
- New Jersey Department of Motor Vehicles Photo Drivers License/Identification
(must be issued in parent name/address)
- Parents/Student Passport/Visa
- Complete Immunization Records/Current Physical (in English)
- Current Official/Unofficial Academic Transcript from Former School in English
- Current Report Card & Teacher recommendations for Course Placement
- State Testing Individual Score Reports
- IEP/504/Psycho Educational Testing – if child is classified
NV Guidance Department will not prepare a schedule for a child classified in another school without this documentation.
The NV Child Study Team must review and collaborate with guidance in student scheduling/registration.
- If divorced, original child custody agreement/proof of custodial parent status

Please contact Jenise Esposito at 201-784-1600, ext 24140, or email at esposito@nvnet.org
and schedule appointment to bring in the above documents. When required documentation
has been submitted and reviewed, a registration appointment will be scheduled.

All issues involving residency, guardianship or tuition contact:
Ms. Joannette Femia/Susan Parducci
Northern Valley Regional High School District Board of Education
162 Knickerbocker Road
Demarest, New Jersey 07627
201-768-2200 ext 12100

1:1 MACBOOK PROGRAM

Procedures for New Transfer Students

Transfer students that are newly enrolled in our schools during the school year should do the following to get up and running in our technology systems as soon as possible:

After the student is enrolled and active in PowerSchool, they should report to Tech Services in the building (2nd Floor across from Mathematics office in NVOT) When the student reports there, our technicians will set up their Single Sign On (SSO) network account, FirstClass account, and provide a loaner laptop. The new student's Haiku account will become active the following morning.

Next, student and parent must review the program material at <http://tech.nvnet.org> and decide whether the student will bring their own MacBook that meets our minimum specifications or if they will accept a school issued laptop. The parent/guardian must notify Mr. Janosz, Supervisor of Technology, of the decision via email at janosz@nvnet.org within one week of enrollment. Upon receiving the response via email, Mr. Janosz will guide the student and parent through the rest of the process.

SCHEDULED APPOINTMENT DATE: _____

NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT PRE-REGISTRATION/REGISTRATION/APPLICATION FORM

PLEASE COMPLETE BOTH SIDES, AND SIGN AT END OF FORM. USE STUDENT'S LEGAL NAME AS LISTED ON BIRTH CERTIFICATE

STUDENT DATA

Today's Date:	Student ID#	Grade Level	Homeroom	GC Initials

Last Name: _____ First Name: _____ Middle: _____ Preferred: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone# _____

Birth Date: _____ Country of Birth: (if not U. S.) _____

If the student was born outside of the United States, what is the First Date of Entry into a US School _____

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Ethnicity: (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not of Hispanic origin	Race: (check at least one, or all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Two or More races--if checked, please specify: _____
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Primary language spoken at home (indicate dialect if applicable, e.g. Mandarin, Cantonese) _____

Will a translator be needed for the appointment: Yes or No

FATHER Stepfather Legal Guardian Other _____

First Name _____

Last Name _____

Address (if different than student) _____

City _____ State/Zip _____

Home Phone # (if different than student) _____

Cell Phone # _____

Work Phone # _____

*EMAIL _____

MOTHER Stepmother Legal Guardian Other _____

First Name _____

Last Name _____

Address (if different than student) _____

City _____ State/Zip _____

Home Phone # (if different than student) _____

Cell Phone # _____

Work Phone # _____

*EMAIL _____

*THIS WILL BE YOUR PRIMARY EMAIL FOR ALL HIGH SCHOOL COMMUNICATIONS.

RESIDENTIAL STATUS

STUDENT RESIDES WITH (check one only):

Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother
 Divorced/Joint Custody Legal Guardian Other _____

Duplicate mailing should be sent to parent not residing at student's permanent home address: Yes No
If parents are divorced/separated, indicate if custodial agreement court documents are in place: Yes No

(If a custodial agreement exists, custody papers or notarized statement from the custodial parent must be provided to allow for a second reporting account for the student, i.e. report cards, messages from administrators, etc.)

STUDENT'S PREVIOUS SCHOOL INFORMATION

Previous/Present School _____ Public Private

Previous/Present School Address _____ City _____ State _____ Zip _____

Previous/Present School Telephone # _____ Contact Person _____

Grade Level Enrolled _____ Grade Level Completed _____

Last Day of Attendance (mm/dd/yyyy) _____ Start Date w/NVRHS (mm/dd/yyyy) _____

Was the student receiving Special Education and/or related services? Yes (provide copy of IEP) No

Was the student receiving Psycho Educational Testing? Yes (provide copy) No

Did the student have an Accommodation Plan under Section 504? Yes (provide copy of 504 Plan) No

Was the student in an ESL/ELL/Bilingual Program? Yes No

"I being the Parent/Guardian of said student, testify we are residing full time at this address. I agree to notify my child's school (Guidance Department) within five (5) school days following any change in residency, including any change in telephone number(s) and email(s). I agree to provide proper documentation as required by the school district to prove I am residing at this address. I have reviewed all statements on this form, and I hereby declare under penalty of perjury under the laws of the State of New Jersey that the foregoing information stated on this document is true and correct. I understand that anyone to have fraudulently represented information on this form may be liable for daily tuition rate established by the State of New Jersey for the student retroactive for the period of ineligible attendance in the Northern Valley Regional High School District as well as any related costs and/or fees, including attorney fees incurred as a result of such ineligible attendance.

Signature of Parent/Guardian _____

Date _____

Count Code: 03
District Code: 3710
School Code: 050 (Dem)
060 (OT)

_____ Tuition Student
_____ Regular Student
_____ Special Ed
_____ Audit Student

COMMENTS / NOTES:

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name: _____ Sex: M F Age: _____ Date of birth: _____

Parent/Guardian Name: _____ Phone: _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies: _____

Immunizations (most recent and dates administered): _____

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Other Information: _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____

Address: _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date: _____ Signature: _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

DATE OF EXAM: _____

Name: _____ DOB: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you even tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you even taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing question on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperflexity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____
- Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here:

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____