



**West Essex Regional School District  
Guidance Department**

**Registration Process**

Congratulations on taking your first step in becoming a Knight! By this time your child should have been withdrawn from his/her previous school. Students cannot be on two school rolls at once, so in order to enroll at WERSD we need proof of withdrawal.

Enclosed is the paperwork that will need to be completed in order to register your child for schooling in the West Essex School District. Once the paperwork has been completed and all your documentation has been acquired, **please set up an appointment** to discuss your child's educational goals and create a class schedule.

**Note: You must have an appointment to enter the school buildings.**

Please use the enclosed **Registration Checklist** as a guideline to gather the necessary documents. To help with a smooth transition, you will need to have your **child's current transcript/schedule/grades sent to our office** prior to your appointment with the guidance counselor. The counselor will use the above mentioned data to advise and create the best schedule.

**Please contact us when you are ready to make your registration appointment**, and let us know if you have any questions.

Thank you,

The West Essex Guidance Team

Jessica Curran  
HS Administrative Assistant  
(973)228-1200 Ext. 1213  
[jcurran@westex.org](mailto:jcurran@westex.org)  
Fax: (973)228-5774

Patricia Galese  
MS Administrative Assistant  
(973)228-1200 Ext. 3311  
[pgalese@westex.org](mailto:pgalese@westex.org)  
Fax: 973-226-4693



West Essex Regional School District  
Guidance Department  
**Registration Form**

☆**Student Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Previous School Name: \_\_\_\_\_  
Previous School Address: \_\_\_\_\_  
Does your child have an IEP/504/Nurse Plan?     IEP\*     504     Medical     Not Applicable

\*If your child has an IEP, please contact the Director of Special Services at 973.228.1200 (HS ext:1221 or MS ext: 3123

☆**Guardian Information**

Guardian 1 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Guardian 1 Address: \_\_\_\_\_  
Employer/Occupation: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Guardian 2 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Guardian 2 Address: \_\_\_\_\_  
Employer/Occupation: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Parents/Guardians:     Living Together     Separated\*     Divorced\*

\*Unless otherwise noted, both parents/guardians will have access to student data and student records. Also, in order for both parents/guardians to access Genesis from their own emails they must both fill out the Genesis Parent Portal Registration Form.

Custody Documents:     Not Applicable     Provided to School     Not Provided  
Student Lives with:     Both Parents     Father     Mother     Other: \_\_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If student is born outside the United States, original US entry date: \_\_\_\_\_

Ethnic/Racial Category (check all that apply)

American Indian/Alaskan Native     Asian     Black     Hawaiian/Pacific Islander     Hispanic     White

☆**Language Survey**

Primary Language: \_\_\_\_\_ What language did your child speak first? \_\_\_\_\_

Does your child speak another language:     Yes     No    If so, which language(s): \_\_\_\_\_

In what language does the parent/guardian speak to the child most of the time? \_\_\_\_\_

☆**Signature of Parent/Guardian:** \_\_\_\_\_ Date: \_\_\_\_\_



**West Essex Regional School District**  
**Guidance Department**  
**Parent/Guardian Registration Checklist**

Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

- **Student's Original Birth Certificate and/or Current Passport**

**Suggestions for Proofs of Domicile:**

- **Parents Driver's License** - New "in-district" address must be listed. If this is not available at the time of registration, you have 60 days from the start date to provide it.
- **Proof of Residency** - Deed, Lease, or Contract of Sale.

- **3 Additional Proofs of Address** -

Utility Bill	Credit Card Statement
Bank Statement	Property Tax Bill
Voter Registration	Insurance Bill, etc.

All Proofs of Address identify the "in-district" address. If this is not available at the time of registration, you have 60 days from the start date to provide it.

- **Updated Health Records** -

All students must have completed a physical examination with a doctor within the last 12 months. Up to date immunization records must be provided.

- **Previous Academic Records which include/not limited to:    **Report Cards & Transcript****

- **Chromebook Payment** - \$25 charge on PaySchools. On our website, under Parents and Community, there is a link to PaySchool Central.

Students are required to read and sign a Student Chromebook Contract which can only be found on the Parent Portal. Students receive a Chromebook or access their portal until the form is filled out.

- **Custody Documents** - If applicable

- **504 Documents** - If applicable                      • **IEP Documents** - If Applicable



West Essex Regional School District  
Guidance Department

**Checklist: Office Use Only**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Did the student **withdraw** from last school?  Yes  No  
1. Proof of Withdrawal Form received:  Yes  No

**Documentation Checklist**

2. **Made a Copy of Identification:**  Birth Certificate or  Passport  Yes  No  
 Waiting

3. **Proof of Residency:**  Deed  Contract of Sale  Lease  
**Closing Date Issues?**  Yes  No Anticipated Closing Date:  
\_\_\_\_\_

4. **Made a Copy of Parent/Guardian Driver's License?**  Yes  No

5. **Three additional Proofs of Residency:**

- |   |  |
|---|--|
| <input type="checkbox"/> Utility Bill       | <input type="checkbox"/> Credit Card Statement |
| <input type="checkbox"/> Bank Statement     | <input type="checkbox"/> Property Tax Bill     |
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Insurance Bill, etc   |

6. Immunization Records  
7. Current Physical  
8. Genesis Registration Forms  
9. Student Records Release Form  
10. Chromebook Payment (Agreement filled out in Parent Portal)  
11. Academic Records:  Report Cards  Transcript

**If Applicable:**

- A. IEP/504  
B. Custody Affidavits  
C. Passport  
D. Visa  
E. Green Card  
F. Affidavit of Domicile

Transcript Evaluation Worksheet

Emailed:  Donna Coco  Mike Johnson  Attendance (Locker)  Nurse  CST



**West Essex Regional School District  
Guidance Department**

**Proof of Withdrawal**

(To be filled out by previous school's Admission Registrar)

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

Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Check One: Student has withdrawn from your school and is off your rolls:     Yes     No

Signature of Admissions Registrar: \_\_\_\_\_

Print Admissions Registrar Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



**West Essex Regional School District  
Guidance Department**

**Frequently Asked Questions**

- **Genesis Parent Portal** – Once registration is complete, you will be sent a “Welcome Email” asking you to create a Genesis Password. Parents and Students both access Genesis through separate accounts. Parents use their own email and password and students use their West Essex email and password that will be provided to them. **\*\*ONCE YOU ARE SENT A GENESIS WELCOME EMAIL, PLEASE GO TO GENESIS AND CLICK ON THE STUDENT DATA TAB UP TOP AND COMPLETE THE ITEMS UNDER THE DOCUMENTS TAB AND FORMS TAB.\*\***
- **Sports** – If you are interested in playing sports at WEHS, please register on the Genesis Parent Portal. There you will also see information about the \$100.00 Activity Fee that is required to participate in any co-curricular activity/sports. Any questions – Athletic Department (973)228-1200 x1262.
- **Clubs** – A brochure with information about clubs & extracurricular activities offered at WEHS can be found in the Guidance Department or Main Office.
- **Flexible Rotating Drop Schedule** – Information can be found on the High School homepage under Bell Schedule.
- **Chromebook** – A Username & Password will be assigned to your student once they receive their Chromebook. Students are required to read and sign a Student Chromebook Contract which can only be found on the Parent Portal. Students will be unable to access their portal until the form is filled out.
- **Transportation/Bus Routes** – Bus schedules can be found on the District Website under the Parents & Community tab. You will be assigned a Bus Route at Registration. You can access your Bus Route # on the Genesis Parent Portal under the “Summary” page.
- **ID cards** – An ID card will be generated once a student has their Class Photo taken in the beginning of the school year. ID numbers are used as Attendance if a student comes in late.
- **Cafeteria/Lunch Accounts** – Money can be put on a student’s account by going to the District Website and accessing the Parents & community tab.
- **Locker Numbers & Combinations** – Lockers are assigned once a student is registered. If a student forgets their locker #/combo, this can be found on Genesis under the “Summary” page.
- **Summer Assignments** – If a student is registering over the summer, students can see if there are summer assignments by looking on the individual teacher’s website, which can be accessed from the District Homepage. Teacher names will be listed on your student’s schedule. You can also see the Summer Reading List under the WEHS on the HS Website.



West Essex Regional School District  
Guidance Department

**Genesis Parent Portal Registration Form**

\*Parents/Guardians not residing in the same household must

fill out the following page labeled **Two Household Family Genesis Portal Registration Form**.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**I. Guardian:**

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**II Guardian:**

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**III.**

<p><b>Parent/Guardian Username Information</b> Your Username will be the Email Address you use as your Genesis Login. Please be sure to print your email address clearly</p>
Username/Email Address (print clearly):
Parent Guardian Signature:
Date:



**West Essex Regional School District  
Guidance Department**

**Two Household Family- Genesis Portal Registration Form**

**This form is to be completed and submitted for children that have parents living in separate homes.**

The Genesis Parent Portal allows parents to access their child's gradebooks for each course, Report Cards, Progress Reports, assessment scores, and attendance.

**I. Guardian 1- (the parent with whom the child primarily resides)**

Parent/Guardian Name:	
Street Address:	
City & Zip Code:	
Phone:	Phone:
Email Address:	

**II. Guardian 2-**

Parent/Guardian Name:	
Street Address:	
City & Zip Code:	
Phone:	Phone:
Email Address:	

Parent/Guardian Signature:	Date Signed:
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OFFICE USE:



Date entered in Genesis: \_\_\_\_\_ Entered by: \_\_\_\_\_



**West Essex Regional School District  
Guidance Department**

**Student Records Release Request**

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

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

I hereby give permission to:

Previous School Name: \_\_\_\_\_

Previous School Street Address:  
\_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

To release all past and present Medical, Educational, Discipline, Academic, Special Services along with the Student Transfer Card, including the student's New Jersey SID number, if applicable, pertaining to the above named child and mail to:

West Essex Regional High School  
Attention: Guidance Department  
West Greenbrook Road  
North Caldwell, NJ 07006

West Essex Regional Middle School  
Attention: Guidance Department  
West Greenbrook Road  
North Caldwell, NJ 07006

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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



**West Essex Regional School District  
Guidance Department**

**Affidavit**

**(To be filled out if student will live with anyone other than parent/guardian in the WERSD)**

Affidavit of Domicile for the purpose of attendance at West Essex Regional School District - Free of charge when a person is living with a resident from one of the following towns: Essex Fells, Fairfield, North Caldwell, or Roseland.

State of New Jersey

County of Essex

I, \_\_\_\_\_, do swear under oath to the following: (name of resident)

1. I am a resident of and maintain my home in the West Essex Regional School District, County of Essex, at (street address)\_\_\_\_\_
2. I own \_\_\_Rent\_\_\_ (check one) my home at the above address. If I am renting my home, I have either attached to this affidavit a copy of my written lease or, if I do not have a written lease, I have supplied an affidavit from my landlord confirming the fact that I am renting my home from the landlord.
3. Name of Parent(s)\_\_\_\_\_ Name of Children\_\_\_\_\_ are residing with me at the above address.
4. The above named child/children have resided in my home since and will remain for (length of stay)\_\_\_\_\_
5. I am related to the parent and the child as follows\_\_\_\_\_
6. I have been furnished a copy of the N.J.S.A 18A:38-1 and acknowledge that I have read the same.
7. I am aware that any person who makes a false statement or permits false statements to be made concerning residence for the purpose of allowing non-resident students to attend West Essex Regional School District, commits a disorderly persons offense pursuant to N.J. 18A:38-1.
8. I hereby authorize the West Essex Regional School District to investigate and confirm any and all statements by me in this affidavit.
9. If any of the above named children move from the residence where they are presently situated, I will immediately notify the Registrar and the West Essex School District.

Signature of Resident \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

A Notary Public of the State of New Jersey



My Commission expires \_\_\_\_\_

**West Essex Regional School District  
Guidance Department**

**Affidavit - Sworn Statement**

**As per WERSD Policy 5111 Eligibility of Resident/Nonresident Students:**

- (1) The **student's parent or guardian must file a sworn statement** that he or she is not capable of supporting or providing care for the student due to family or economic hardship and that the student is not residing with the other person solely for the purpose of receiving a free public education.
  
- (2) The **person keeping the student must provide a sworn statement** that he or she is domiciled within the school district, is supporting the child without remuneration, and intends to do so for a longer time than the school term, and will assume all personal obligations for the student pertaining to school requirements.



West Essex Regional School District
Guidance Department

Administration of Medication

High School Nurse: ext 1240
Fax: 973-228-5726

Middle School Nurse: ext: 3340
Fax: 973-228-8512

- 1. Pupils requiring medication (prescription or over-the-counter/non-prescription) at school must have written authorization from their child's private healthcare provider licensed in Medicine, Osteopathy, Dentistry, Physician's Assistant or Advanced Practice Nurse, which identifies the name of pupil, diagnosis of pupil, name of medication, dosage and time of administration.
2. The parent/guardian should bring the medication to school in the ORIGINAL container, appropriately labeled by the pharmacy. Parent/guardian responsible for retrieving medication at the end of the school year. If not retrieved, medication will be discarded.
3. The certified school nurse, school nurse substitute, school physician, and parent/legal guardian are the ONLY people permitted to administer medication(s) to the student during school hours.

\*\*\*\*\*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Possible side effects? \_\_\_\_\_

Medication to be omitted on 1/2 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Prescribing Physician's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Prescribing Physician's Signature \_\_\_\_\_ Physician's Stamp \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

To my knowledge, my child is not allergic to this medication. I hereby release and hold harmless the Board, its agents, servants, and employees from any and all liability for injuries or other damages which may result to the student, his/her servants and representatives which may result from administration of the medication. It is the student's responsibility to come to the Nurse's office for medication unless s/he is physically unable to do so.



Parent(s)/Guardian(s) Signature(s)

Date

West Essex Regional School District
Guidance Department

Physical Examination and Immunization Form

PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN OR DESIGNEE. PLEASE ATTACH IMMUNIZATIONS.

NAME: GRADE: DATE OF BIRTH:

Health History:
ALLERGIES: List all known allergies: Describe reaction and management of reaction:
MEDICATIONS: List ALL medications (prescription, over-the-counter, non-prescription) taken routinely.
HEIGHT: WEIGHT: B/P: HEART RATE: VISION: OD 20/ OS 20/ OD 20/ CORRECTED: YES NO

Table with 3 columns: Category, NORMAL, COMMENTS:(EXPLAIN ALL ABNORMAL FINDINGS). Rows include APPEARANCE, SKIN, EYES/EARS/NOSE/THROAT, LYMPH NODES, HEART, LUNGS, ABDOMEN, GENITOURINARY, CNS, NEUROMUSCULAR, MUSCULO-SKELETAL, EXTREMITIES, SPINE.

SEIZURE DISORDER: YES NO TYPE SCOLIOSIS: Negative Positive: Degree: Treatment:

Hearing Right Left TB SCREENING: DATE PLACED DATE READ RESULT

STUDENT MAY PARTICIPATE IN ALL PHYSICAL EDUCATION ACTIVITIES: YES NO

STUDENT MAY NOT PARTICIPATE IN THE FOLLOWING PHYSICAL ACTIVITY(IES):



PHYSICIAN'S NAME AND ADDRESS (PLEASE PRINT):  
TELEPHONE NUMBER:  
PHYSICAL EXAM MUST BE COMPLETED IN FULL

PHYSICIAN'S SIGNATURE:  
DATE OF EXAMINATION

**West Essex Regional School District**  
**Guidance Department**  
**Emergency Contact Form**

☆**Student Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

☆**Parent/Guardian Information**

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

List 2 people who will assume temporary care of your Child(ren) if you cannot be reached:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

In case of an Emergency, I hereby authorize the school to call the physician or dentist indicated below to follow his/her instructions:

Physician: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

☆**Signature of Parent/Guardian:** \_\_\_\_\_ Date: \_\_\_\_\_