



**Carteret
Public
Schools**

PreK Registration

Parent Information

2025 - 2026 Enrollment Period





Carteret Public Schools

PreK Registration Program



PreK inclusive classrooms

Each of our PreK classrooms can have 15 students and are inclusive of all learners.

Home school placement

Space in the entire PreK program, at all locations, is limited and based on enrollment. Home school placement is not guaranteed.

PreK self contained classrooms

We offer PreK in each of our elementary schools.

Transportation

Transportation for PreK is not provided (even if placement is not at homeschool)

Is my Child Eligible for Pre K?

PreK3

Children who are
the age of 3, by
October 1, 2025

PreK4

Children who are
the age of 4, by
October 1, 2025



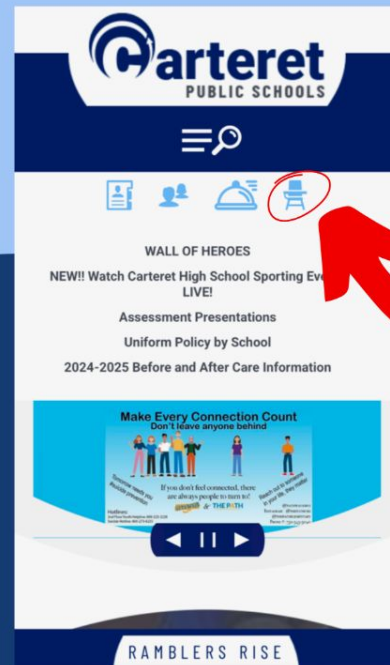
If you're concerned your preschool child, ages three through five, is developing differently, you can call the district Department of Special Services at 732-541-8960 x6015. Parents can request a child study team evaluation by sending a signed letter to the Board of Education, to the attention of the Department of Special Services.

Where do I go to register my child?



SCAN/CLICK ME

Scan or Click the QR Code or Visit
www.carteretschools.org and click on 'Student
Registration' / school desk icon



How do I register my child?

1



Once at the Registration Page select a translate-to language if applicable

2



Select **Pre-K**

3



Complete **Step 1**
(Pre-Registration)

4



Completion of **Step 1** will generate a confirmation page, instructing you to complete **Step 2** and a pre-registration ID#. If you do not see the confirmation, you have not successfully completed **Step 1**

Carteret Public Schools

590 Roosevelt Avenue, Carteret, NJ 07005
Main Office: 732-541-8960

✓ Complete



Click Here For

**STEP 2
REQUIRED
DOCUMENTS**

Haga Clic Aquí Para

**PASO 2
DOCUMENTOS
REQUERIDOS**



District



Translate

User Options


How To Register

continued

5



Complete **Step 2**
(Required Documents)

 RAMBLER'S RISE CARTERET PUBLIC SCHOOLS <small>www.carteretschools.org</small>	
Required Documents Checklist	
1.	Original birth Certificate (with raised seal) – must be in English
2.	Parent/Guardian Photo ID
3.	Proof of address (4 items in total) <ul style="list-style-type: none"> ➤ Deed (if you own the home) ➤ Current Lease or Notarized Affidavit (if you rent/don't have deed available) (Please note child/children's names must be on lease or affidavit) ➤ Three (3) additional documents such as: property tax bill, mortgage, voter registration, vehicle registration, license, permit, bank statement, utility bills, credit card bill, phone bill, pay stub, or cancelled checks. <p style="text-align: center;">**PLEASE NOTE** Proof must be in the Parent/Guardian's Name</p>
4.	Current Medical Records <ul style="list-style-type: none"> ➤ Physical (the Universal Child Health Record must be signed & stamped by physician) ➤ Immunizations Record ➤ TB test required if student was born/traveled outside the USA
5.	Custody <ul style="list-style-type: none"> ➤ Any legal document concerning a settlement agreement and/or court order (if applicable) regarding parental rights/limitations due to divorce or separation; Guardianship
6.	School Records <ul style="list-style-type: none"> ➤ Any previous school records including Special Services, most current IEP/Evaluations, LEP or 504 Plan
7.	Document Submission <ul style="list-style-type: none"> ➤ PreK Registrants email/text documents to: scollazo@carteretschools.org / 862.904.8225 ➤ K – 12th Grade Registrants email/mail + drop off documents to: registration@carteretschools.org 599 Roosevelt Avenue Carteret, NJ 07008

6



All documents in **Step 2**, must be submitted in order to complete the registration process

7



Documentation can be submitted via email, text, mail or mail drop box located at the Board of Education building

8



Central Registration will only contact you once documents have been submitted and in the order they're received

- **Child's Birth Certificate**
 - Must be fully visible/legible
- **Parent(s) / Guardian(s) Photo ID**
- **Deed / Lease or notarized Affidavit**
 - If providing a Lease: full Lease terms must be listed, child must be listed as an occupant and signature page must be included
 - If providing an Affidavit, child's name must be listed as an occupant

DEED

Record & Return To

Andrew Lipat, Esq.
408 Main Street
Suite 502
Bosman, NJ 07005

This Deed is made as of M

Linda Q. Concepcion and

Whose address is 527 Orchard

AND

527 Orchard Avenue LLC

Whose address is 527 Orchard

The words "Grantor" and "

TRANSFER OF C
PROPERTY described below
CENTS (\$10.00) consideration

THE grantor acknowledge

TAX MAP REFERENCE

Borough of Palisades

No property tax identified

PROPERTY The
land being located in
The legal description of the

SEE LEGAL DESCRIPTION

BEING THE SAME PREMISES
Pays Q. Concepcion and
County Clerk/Registrar's Office

BEING commonly known

THE PURPOSE of this deed

SUBJECT to the following
governmental authorities,
may, granted or to be granted

RELIANT

THIS IS A LEGALLY BINDING LEASE THAT WILL BECOME FINAL WITHIN THREE BUSINESS DAYS.
DEEDING URL: www.njstateassociation.com/real-estate

NEW JERSEY ASSOCIATION OF REALTORS® STANDARD FORM OF RESIDENTIAL LEASE

©2006 NEW JERSEY ASSOCIATION OF REALTORS, INC.

REAL ESTATE
ASSOCIATION OF
NEW JERSEY

SECTION C – TENANCY

TENANT FORM A AFFIDAVIT OF RESIDENCY OF LANDLORD/OWNER

STATE OF NEW JERSEY)

COUNTY OF MIDDLESEX) ss:

To: The Cartaret Board of Education

This Affidavit of Residency of Landlord/Owner is to be completed by the landlord/property owner in Cartaret where there does not exist a written lease.

I, _____, of full age, being duly sworn

(Name of landlord/owner)

according to law, depose and say:

➤ I am the landlord/owner of the premises located at

(Street Address)

Cartaret, New Jersey 07008

➤ _____ is a tenant at these premises.

(Name of Tenant)

➤ The following school-age child/children reside(s) at these premises with the above-named tenant

(Print name(s) of child/children living with tenant below):

BETWEEN LAND

whose address is:

AND TENANT,

whose address is:

The word "Land

lord" means

The word "Ten

ant" means

1. CONDOMINIUM

must be included

IN DOMINUM OR

IS SOLD TO A

A NOTICE, AND

FOR THE DEED

2. PROPERTY

(apartment #)

3. TERM: The

the "Term," if the

has any liability

SWORN From 125.50

form/simplicity

</

Required Documents

continued

- Any (3) Current bills:
 - phone
 - electricity
 - gas
 - cc or bank account
 - insurance
 - car registration, etc.

PSEG New Jersey
We make things work for you.
Visit www.psegny.com

Amount Due \$145.00
Please Pay By Feb 28th, 2024

Customer ID: 9078-7869-2 | Account: 2490035031
Service To: STEVEN J ALEXANDER /
234 BEACON AVE APT 36, JERSEY CITY, NJ 07306, USA

ELIZABETHTOWN GAS

528 AMBOY AVE STE 2
WOODBRIDGE NJ 07095

June 28, 2022
Account Number: 0937289962
Report gas leak: 800-492-8009
Customer Contact Center: 800-242-5830
www.elizabethtowngas.com

verizon ADDRESS COMPANY
CITY, STATE, ZIP CODE

Manage Your Account Account Number Date Due
www.vzw.com 219800345-10876 02/07/2024
Change your address at vzw.com/changeaddress Invoice Number 9004067341

Quick Bill Summary Jan 05 - Feb 06

Previous Balance: *Join back for details* \$98.35
No Payment Received \$98.35
Balance Forward Due Immediately \$0.00

Account Charges and Credits
Includes Late Fee of \$5.00 \$5.00
Monthly Charges \$80.12
Phone and Number Changes \$0.34

Verizon Wireless News
Change To Your Service
Thank you for your wireless business. You recently made a change to your service. Your new bill will reflect usage from your last bill and service adjustments resulting from the plan/feature change.

OFFICIAL MAIL-IN BALLOT
RETURN IN FIVE DAYS TO
OFFICE OF THE MORRIS COUNTY CLERK
P.O. BOX 315
MORRISTOWN, N.J. 07960-0315

To protect your vote:
IT IS AGAINST THE LAW FOR ANYONE EXCEPT YOU THE VOTER TO OPEN, MARK, INSPECT OR SEAL THIS BALLOT.
However, a family member may assist you in doing so.

118003704 GENERAL ELECTION
14050408 JACKSON WOODRUFF 02/09
Cong 011 Leg 27 File: F004 SPE Page 9002

0794-032432 C009

ELIZABETH GAS

First Name Last Name
Address
City, State, Zip Code

LOG IN AMOUNT DUE \$102.85
Make checks payable to Elizabeth Gas.
Please attach this card only with payment.

Address Company
City, State, Zip Code

☐ Check here and fill out the back of this slip if your billing address has changed or you are adding or changing your email address.

237600345107679004067341617680503245768023642100427

Proofs must be in parent/guardian's name!

Bills must be current/of the registration year!

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
--------------------------------	---	----------------------

Does Child Have Health Insurance?
☐ Yes ☐ No
If Yes, Name of Child's Health Insurance Carrier

Parent/Guardian Name

Parent/Guardian Name

I give my consent for my child

Signature/Date

Date of Physical Examination:

Abnormalities Noted:

IMMUNIZATIONS

Chronic Medical Conditions/Related:
• List medical conditions/ongoing concerns:

Medications/Treatments
• List medications/treatments:

Limitations to Physical Activity
• List limitations/special considerations:

Special Equipment Needs
• List items necessary for daily activities:

Allergies/Sensitivities
• List allergies:

Special Diet/Vitamin & Mineral Supplement
• List dietary specifications:

Behavioral Issues/Mental Health Issues
• List behavioral/mental health issues:

Emergency Plans
• List emergency plan that might be required in the event of an emergency/symptoms to watch for:

Type Screening

Hgb/Hct

Lead: ☐ Capillary ☐ Venous

TB (mm of Induration)

Other:

Other:

I have examined the above

☐ participate fully in all child's

Name of Health Care Provider (Print)

Signature/Date

Today's Date: _____

DOB: _____

Grade: _____

Dear Parent / Guardian,

State law stipulates that all required immunizations be completed. If the school does not have proof of the required immunizations, your child will (by law) be excluded from attending school.

DTP Immunization DTP ____ TD ____	Polio Immunization Sabin ____ IPV ____	M.M.R. Vaccine (on or after first birthday)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____ (Measles Booster or #2 MMR)
3. _____	3. _____ (booster after age 4)	
4. _____ (booster after age 4)	4. _____ (any 4 doses)	Hepatitis B Vaccine
5. _____ (any 5 doses)		1. _____
6. _____ (10 th birthday or later)		2. _____
		3. _____

Meningococcal Vaccine 6 th Grade	Mantoux Test
Vaccination Date _____	Date Administered _____
	Date Read _____
Varicella	Results
1. _____ or _____ Date of Disease _____	
	Pneumococcal Conjugate Vaccine PreK
Hib Vaccine PreK	1. _____
1. _____ (on or after 1 st birthday)	Influenza Vaccine
2. _____	1. _____
3. _____	

Physicians Signature: _____ Date: _____

Physician Stamp:

Required Documents continued

- Current Physical
- Complete Immunization Record

Section I of the Universal Health Record must be completed, signed & dated by the parent/guardian

Section II must be signed, dated and stamped by the Physician for it to be valid

Expired Physicals will not be accepted

Please visit the district [website](#) for New Jersey's list of required immunizations

Report of Guardian Cover Page

In the Matter of the Report of

_____, Guardian(s) for
_____, an Incapacitated Person.

Superior Court of New Jersey
Chancery Division - Probate Part
County of _____
Docket No. _____

Civil Action Guardian's Report for the Period _____

This report must be filed by every Guardian within fourteen (14) days of the date of the _____, unless the Judge otherwise specifies. File the original with the _____.

1. Guardian's Current Information*

Street address: _____
City: _____
Include mailing address, if different
Mailing address: _____
City: _____
Phone: _____ ext. _____ Email Address: _____
Select one: ☐ Guardian of Person ☐ Guardian of Estate
Guardian's relationship to the Incapacitated Person? _____
State any changes to the guardian's criminal or civil judgment history, including _____

*If needed, attach a separate page with additional information, including _____

2. Incapacitated Person's Current Information: does he/she reside with the guardian? **If No**, complete the incapacitated person's residency information below.

A. Incapacitated Person's address: If the incapacitated person lives in a home, the Director or person responsible for the incapacitated person's care.
Address: _____
City: _____
Telephone Number: _____ ext. _____
Contact Name: _____

B. State the average number of visits you or your designee made to the incapacitated person during the _____ period: _____.

3. Identify all Guardianship responsibilities (check all that apply):

☐ Manage financial affairs ☐ Provide necessities ☐ F
☐ Provide transportation ☐ Housekeeping ☐ F
☐ Social Security Representative Payee

List all other responsibilities assumed: _____

4. State if you believe the guardianship should continue? State reason: _____

5. Is there any change to the guardianship estate? **If Yes**, describe: _____

6. Are any modifications or adjustments needed in the guardianship? **If Yes**, describe: _____

Revised Form Promulgated by Directive #11-21 (04/29/2021), CN 11797 (Guardianship - Rep)



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DEPARTMENT OF ADULT AND COMMUNITY EDUCATION

Section 504 School Site Accommodation Plan

Name: _____ Date: _____ Student ID#: _____
Date of Birth: _____ School: _____
Program: _____ Instructor: _____

- ☐ Yes ☐ No 1. Does the student have a physical or mental impairment which substantially limits a major life activity? If YES, describe the limitation(s) _____
- ☐ Yes ☐ No 2. Is written verification of the disability on file? If YES to questions 1 and 2, student meets Section 504 eligibility criteria.
- ☐ Yes ☐ No 3. Does the student's disability require any instructional accommodations and/or related aids and services in order for the student to benefit from his/her educational experience?

The student's specific needs are: _____

The following accommodations/strategies may be implemented to meet the student's needs:

Instructional	Assistive Technology con't	Support Services
Oral reading of text	Calculator	Interpreter (hearing impaired/deaf)
Alternative text (taped, large print, Braille)	Headphones	Note taker
Video, etc.	Furniture adaptations	Peer buddy
Tutoring	Computer devices/software	Volunteer/mentor
Study skills	Closed captioning	Other
Test taking strategies	Other	
Flexible seating	Testing	Miscellaneous
Preferential seating	Flexible scheduling	State exam assistance
Extended program time	Oral testing	Agency referral
Other	Additional time	Counseling
	Reader	Behavior/attendance contract
	Audio version	Time Management
	Revised format	Other
	Electronic speller	
	Magnifier	
	Other	

Other accommodations/strategies: _____

Signatures of Plan Participants:

Signature of Student _____ Date _____ Signature of LEA Representative _____ Date _____

Signature of Instructor _____ Date _____ Signature of Parent/Guardian (if applicable) _____ Date _____

Signature of Data Processor _____ Date _____

PSBD 2405 (New: 1/15/2014) ORIGINAL - ESE Folder COPY - Fax to Department of Adult and Community Ed 561-649-6028

Required Documents continued

If Applicable

- Custody Court Order
- IEP/Evaluations, LEP or 504 Plan

When do I register my child?



PreK Registration opens
February 11th



Additional Registrants will be
waitlisted once capacity is reached





Frequently Asked Questions

- **Does my child have to be potty trained?**
 - No. Staff will work with parents on toileting.
- **Do you offer transportation?**
 - No. The district does not provide transportation (even if placement is not at homeschool).
- **Does registering guarantee my child a PreK spot?**
 - No. Placement is based on enrollment and subject to assignment by the district.
- **Can I select which school my child will attend?**
 - No. A random selection process is used for placement.
- **I registered my child online, why haven't I heard back from anyone?**
 - Completing both Step 1 & Step 2 are required in order to receive a status update.
- **I completed Step 1 & Step 2, why haven't I heard back from anyone yet?**
 - Central Registration processes a high volume of notifications from parents and response times may vary. Rest assured, all inquiries are addressed in the order they are received. You will receive a notification once we have reviewed your child's registration documents.



For Additional Questions & Documentation Submission

Email: scollazo@carteretschools.org

Phone: 732.541.8960 ext. 6007

Text: 862.904.8225



**Thanks for
Staying Informed!**