



Montclair School District

High School Registration Packet for Students NOT Already Attending a Montclair Public School

2014 – 2015

Before visiting the school, view the video, “Inside Montclair High School” It is in three parts: [Part1](#), [Part2](#) and [Part3](#),

You can fill out the application and other forms in this package by typing online, then print them out, and sign where necessary **You MUST create and sign three separate copies of the one page-application on page 3**. You may also print out three copies of the form, and fill each of them in by hand. You only need one copy of supporting material and other forms.

Whichever method you choose, you must deliver the THREE COPIES of the application form, signed where necessary, **BY HAND**, to the main High School office at 100 Chestnut Street. They may NOT be mailed, but must be brought in with all necessary supporting documents (only one copy of each is necessary) specified in the package.

You may register at any time, now or through the summer, at the High School, 100 Chestnut Street. There will be an orientation meeting scheduled for August, date to be determined.

This package includes:

Document Checklist	2
Registration Requirements	3-7
Registration Form	8
Student All-Media Consent Form.....	9
Physical Examination Form	10-11
Student Health Survey	12
High School Information	13-14
Transportation	15
Guide to Navigating Through the School System.....	16-18

Document Checklist

for Registering High Students

Below, you **MUST** bring the documents in items 1-6 to Registration. Your child will **NOT be registered** without them.

- 1 Registration Form (**page 8** of this packet.) **Make and bring three (3) copies.**
*Note: This is the **only** document that requires 3 copies.*
 - 2 Child's **birth certificate** or its equivalent (i.e. passport).
 - 3 Any **one (1)** of the proofs of residence described in **Group A** on **page 3** of this packet.
 - 4 Any **three (3)** of the documents described in **Group B** on **page 3** of this packet.
 - 5 Proof of immunization, as described on **page 4-7**.
Note: Medical or religious exemptions are described on page 5.
 - 6 Documentation of student's most recent physical examination, either on private doctor's form or two-page MPS form (**page 10-11** of this packet)
-

Please also bring these signed documents

- 7 Student all-media consent form (**page 9** of this packet)
 - 8 New student health survey (**page 12** of this packet)
-

ONLY for students transferring from schools outside Montclair

- 9 Copy of **most recent report card** and **most recent standardized test results.**
-

Enrollment Registration Requirements

Proof of Age: A birth certificate or passport must be presented at the time of registration.

Immunization records are also required when registering your child for school.

Proof of Residence: All persons coming to register children must bring **four** proofs of residency. Verification of a child's residency requires the presentation of:

- A. One** of the following documents with a Montclair address:
1. **Homeowner** — Montclair property tax bill.
 2. **Tenant** — Lease; if residing as a tenant without a lease, a signed, notarized Sworn Statement of Tenancy (Affidavit) completed by the landlord.
 3. **Child is Domiciled with Montclair Resident Other than Parent** — Affidavit Form A executed by Montclair resident and Affidavit Form B executed by parent or guardian.
 4. **Child and Parent Living with Montclair Resident** — Signed, notarized Sworn Statement of Residency (Affidavit) completed by the Montclair resident and parent or guardian.
 5. **Child Placed in Montclair by Court** — Court order placing child in home of Montclair resident.
 6. **Child Placed in Montclair by Child Welfare Agency** - Document of child welfare agency ordering that child be placed in home of Montclair resident.
- B.** In addition, any **three** of the following documents containing a Montclair address:
1. Driver's license **plus** registration, **plus** auto insurance card;
 2. Current utility bill;
 3. Current cable television bill;
 4. Current credit card bill;
 5. Written statement from realtor stating parent/guardian has signed a contract to purchase or rent in Montclair;
 6. Mortgage statement;
 7. Official mail (bank statement, government correspondence: Internal Revenue, Division of Taxation, Social Security Administration);
 8. Public assistance documents A.F.D.C. (Aid For Dependent Children) and W.I.C. (Women, Infants and Children);
 9. Income tax return;
 10. Voter registration card/records;
 11. Unemployment benefit verification;
 12. Recent paycheck/stub;
 13. Documents to support Affidavit Forms A and B.

Transfer Students

Students transferring from schools outside Montclair must provide a copy of their most recent report card and most recent standardized test results.

Medical Requirements for Registration

- **Immunization Record**
- **New Student Health Survey**
- **Physical Examination Report from Doctor**
- New Jersey Immunization Registry Number (if available from your child's Primary Medical Home)

Immunization Quick Reference Guide

More detailed information is provided in the section below

STUDENTS ENTERING GRADES K THROUGH 5

- **DPT series** (Diphtheria, Tetanus, Pertussis): A minimum of four (4) doses is required, provided one dose is given on or after the 4th birthday.
- **Polio series**: A minimum of three (3) doses is required provided one dose is given on or after the 4th birthday.
- **MMR series** (Measles, Mumps, Rubella): Two (2) doses of Measles, One (1) dose of Mumps and Rubella.
- **Hepatitis B series**: Three (3) doses appropriately spaced.
- **Varicella** (Chicken Pox): One (1) dose
- **TB TESTING**: Required for foreign-born students from select countries. See TB regulations explained below.

STUDENTS ENTERING GRADE 6 AND UP

All of the above PLUS: Tdap Booster and Meningococcal Vaccination

Provisional admission will only be allowed if immunizations are currently in progress and follow the CDC's recommended "catch up" schedule. In addition, a minimum of at least ***one dose of each vaccine*** must have been administered. A statement from your medical provider will be required for provisional (temporary) attendance and ***your child will be excluded from attending school if this schedule is not strictly adhered to.*** If you do not have a medical provider contact a Montclair School Nurse for assistance.

REQUIRED IMMUNIZATIONS

(New Jersey Administrative Code Citation 8:57-4.1 to 8:57-4.16)

Documents Accepted as Evidence of Immunization —The following documents will be accepted as evidence of a pupil's immunization history provided that the individual immunizations and the date when each immunization was administered are listed. **All immunization documents must be in English.**

1. An official school record from any school indicating compliance with the immunization requirements of this Chapter.
2. A record from any public health department indicating compliance with the immunization requirements of this Chapter.
3. A certificate signed by a physician licensed to practice medicine, osteopathy, or a licensed nurse practitioner in any jurisdiction in the United States indicating compliance with the immunization requirements of this Chapter.

DPT – Diphtheria, Tetanus Toxoid, and Pertussis: Every pupil less than seven years of age, a minimum of four doses DPT required. One dose must be administered on or after fourth birthday. Any child with a total of five doses will also be in compliance with this regulation.

Children born after January 1, 1997 are required to have a booster of Diphtheria, Tetanus and Pertussis within one month following their 11th birthday.

Polio Virus Vaccine: Every pupil less than seven years of age, a minimum of three doses of oral polio vaccine or (OPV or IPV) is required, provided one dose is given on or after fourth birthday. Alternatively, a pupil with any four doses of polio vaccine spaced by a minimum of one month (28 days) will be in compliance with this regulation.

MMR-Measles, Mumps, Rubella Vaccine or 1 Mumps, 1 Rubella and 2 Measles: Two doses of a measles containing vaccine given on or after the first birthday (MMR). Two doses of measles containing vaccine must be separated by an interval of at least one month (28 days).

Hepatitis B Vaccine: All students are required to have documentation of 3 doses of Hepatitis B.

Varicella: All children entering grades K-11 in September 2014, born on or after January 1, 1998, must have one dose of varicella vaccination given on or after first birthday or official proof of disease from a physician or nurse practitioner.

Meningococcal Vaccine: Every pupil born after January 1, 1997 must have one dose of meningococcal vaccine within one month following their 11th birthday.

Medical Exemptions

A medical exemption is acceptable from a licensed M.D. or D.O., Certified Nurse Practitioner or PA. **Medical exemptions must be submitted and reviewed annually.** A medical exemption is acceptable if it is based upon a valid medical contraindication according to the American Academy of Pediatrics standards.

Religious Exemptions

A parent/guardian may request a religious exemption by submitting a written statement to the school, **which explains how the administration of immunizing agents conflicts with the pupil's exercise of religious tenets and practices.** These letters will be reviewed by the Montclair Board of Education. The New Jersey legislation and regulations do not permit philosophical or moral objections as reasons for securing a religious exemption.

Required Tuberculosis Testing in New Jersey Schools

Only a positive interferon gamma release assay (IGRA) result or a Mantoux skin test using 5 TU of stabilized PPD meets testing criteria. Tuberculin skin test result measuring equal to or over 10mm of induration shall be considered a “significant reaction” and evidence of latent TB infection.

The following tuberculosis testing requirements apply to *ALL* school districts:

1. **Students born in a country that is not listed below and entering school in the U.S. for the first time, regardless of age or grade.**

2. **Students transferring into the New Jersey school system directly from a country not listed below, regardless of age or grade.**

Exceptions For Both Groups Of Students Listed Above:

Entering at grades K through 5: Tuberculosis testing is not required if the student has documentation of an IGRA or a Mantoux tuberculin skin test at the age of three years or older, regardless of the result of that test.

Entering at grades 6 through 12: Tuberculin testing is not required if the student has documentation of a negative tuberculosis test in the last six months or a positive test, regardless when this test was done.

Tuberculosis testing is not required if the student has attended school in another state prior to entering the New Jersey school system.

Any student with parents claiming religious exemption (TB-8 Form) cannot be compelled to submit to tuberculosis testing. In these instances, a symptom assessment must be done. If TB-like symptoms are reported, a physician must document that the student does not have active disease. Each school district is responsible for determining the criteria essential to document a valid religious exemption. Appropriate forms are available in the office of each district school nurse.

Countries with an Incidence of TB Insufficient to Require Mantoux Tuberculin Skin Testing as a Requirement for School Entry in New Jersey

Antigua & Barbuda	Cyprus	Ireland	Montserrat	Sweden
Australia	Czech Republic	Israel	Netherlands	Switzerland
Austria	Denmark	Italy	Netherlands Antilles	Trinidad & Tobago
Barbados	Finland	Jamaica	New Zealand	U.K.
Belgium	France	Jordan	Norway	U.S.
Bermuda	Germany	Lebanon	Oman	U.S. Virgin Isl.
Canada	Greenland	Luxembourg	Puerto Rico	
Cayman Islands	Grenada	Malta	Saint Kitts and Nevis	
Cuba	Iceland	Monaco	San Marino	

Students entering a U.S. school for the first time in New Jersey or transferring into a New Jersey school from any country **NOT** listed above must receive an IGRA or Mantoux tuberculin skin test unless they meet an exception criterion.

Reminder: The registration process will not be initiated without ALL of the required documentation.



Montclair Public Schools High School Registration

Application Date _____

IMPORTANT: This registration application cannot be processed until the parent/guardian has met with the high school staff member to verify ORIGINAL residency documents, birth certificate/passport and immunization records. You must bring THREE (3) COPIES of this completed application when you come to register your child/children. Applications mailed to the Board of Education will NOT be accepted.

Student Information					
<input type="checkbox"/> Amer. Indian/Alaskan. Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White					
Last Name		First Name		MI	<input type="checkbox"/> Eligible for Free/Reduced Lunch Sex <input type="checkbox"/> F <input type="checkbox"/> M
Street Address			Zip Code	Ward	Home Phone
Email		Date of Birth (mm/dd/yy)		City of Birth	
Last School Student Attended		School Address			Grade Completed
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Health Issues: <input type="checkbox"/> Asthma <input type="checkbox"/> EPI Pen <input type="checkbox"/> Food Allergy <input type="checkbox"/> Other			
<input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (select one)					
Name				Email	
Mailing Address (if different from Student Address)				Home Phone	
				Business Phone	
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you attend a Montclair school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone	
<input type="checkbox"/> Mother <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (select one)					
Name				Email	
Mailing Address (if different from Student Address)				Home Phone	
				Business Phone	
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you attend a Montclair school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone	
Person to be Notified in Event of an Emergency Other Than Parent/Guardian					
Name			Phone		
Children in Family (List oldest first, and include applicant)					
Name	Sex	Birth Date	School	Grade	
Grade entered:		Special Programs: <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner		Native Language:	
I certify that all the information on this application is true and understand that school officials may verify the information.					
Signature of Parent/Guardian _____					
Note: A guidance counselor at the High School will contact you to make an appointment to complete your student's schedule					
FOR OFFICE USE ONLY					
Zone <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		School Assignment			
Residency Verification		1.		2.	
		3.		4.	
DOB Verification		<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Passport	
Other items:		<input type="checkbox"/> Planning Guide Received		<input type="checkbox"/> Nurse Clearance	
		<input type="checkbox"/> Transcripts/Report Card		<input type="checkbox"/> Immunization Document	
Residency proofs approved by _____				Date _____	
Comments					



Student All-Media Consent Form

Before completing this form, please read below

What is the reason for this consent form?

The Montclair Public School District is proud of the accomplishments and activities of its students. At times we may submit student photos, names, and quotes to the local media, use same on our website, social media sites run by the school district, and our cable station. The law (N.J.S.A. 18A: 36-35*) requires that we ask for your permission to use information about your child.

This consent form, when completed and signed by the parents/caregivers, authorizes Montclair Public Schools (MPS) to take or use photographs, collect comments and/or creative works, and film/video footage of the student for publicity purposes. This material may be

used for:

- ✓ Media release
- ✓ Printed publications (school newsletters, brochures, magazines, displays, etc.)
- ✓ Electronic communications (website, cable TV, PowerPoint and other staff presentations, etc.)

What happens to the consent form once it is completed and signed?

Please **return your completed form to your school office.** If sending by mail, please send to the following address:

**Montclair Public Schools
Communications Office
22 Valley Road
Montclair, NJ 07042**

The form will be placed in the student’s file and retained by MPS. The information is recorded as part of the student’s record in Skyward (electronic student database).

How long is the consent valid?

The consent is valid for the duration of your child’s enrollment in the District. If you wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child’s school, and such rescission takes effect upon receipt by the school.

Additional Questions:

Contact the MPS Communications Office at 973-509-4042.

Thank you for your cooperation in helping us to highlight the good work and efforts of our learners and instructors.

Penny MacCormack, Superintendent

*Pursuant to N.J.S.A. 18A:36-35, the Montclair Public Schools will not release any personally identifiable information without consent from a parent/guardian. By definition from the State, personally identifiable information includes student names, photo or image, residential addresses, email address, phone numbers, and locations/times of class trips. Potential dangers associated with the posting of personally identifiable information on a website exist since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work and will use the utmost discretion in what information we release or post to protect our students.

ALL - MEDIA CONSENT

This consent pertains to **all** media: print, online news outlets and any other form of print/electronic media. The consent is for news or community interest only. Commercial use is prohibited without specific Board of Education approval.

Please check one of the following choices:

- I/We GRANT permission for my child’s name/photo/image and all other personal identifiers to be published on the school/district’s public Internet site and any other form of print/electronic media and/or print/electronic outlet.
- I/We GRANT permission for my child’s name only (no image) to be published in all media outlets as in the above.
- I/We GRANT permission for my child’s image only (no name) to be published in all media outlets as in the above.
- I/We DO NOT GRANT permission for the use of my child’s name/image in any print or electronic media, including the Internet. I understand that this does not include my child’s name/image from not being used in school-distributed materials such as programs for performances, yearbook, or school newspaper.

Student’s Name (please print) _____ School _____ GR _____

Signature of Parent/Caregiver or Student if over 18 years old _____

Relationship to Student _____ Date _____

MONTCLAIR PUBLIC SCHOOLS

Physical Examination



Student's Name: _____ D.O.B. _____ Gender _____ Grade _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Vision R _____ L _____ Glasses _____ Contact Lenses _____ Hearing R _____ L _____

Tuberculin Testing Type _____ **Date** _____ **Result** _____ **CXR** _____ **Treatment** _____

Health Examination N = Normal A = Abnormal

	N	A	Comments
General Appearance			
Skin			
Nose, Throat			
Head, Scalp			
Eyes			
Ears			
Mouth, Teeth, Gums			
Chest, Lungs			Asthma _____
Heart			Murmur _____ If Yes, type _____
Abdomen			
GI, GU			
Musculoskeletal			Scoliosis _____
Emotional/Mental			
Behavior			
Language Development			
Nutrition			

Health History: Serious Illnesses, Surgery, Injuries

Chicken Pox: Yes No If yes, date _____ Varivax Vaccine date: _____

Allergies: Food, drugs, seasonal, please list: _____

All Medication(s): _____

The examining health care provider is responsible for informing the school nurse of any defects which may hinder this child from full participation in the school health and physical education program.

PHYSICAL EDUCATION:

1. Full Activity Recommended: _____
2. Limited activity prescribed as follows: _____
3. Exclusion – Diagnosis: _____
4. Excluded from: _____ to: _____

Health Care Provider's Signature: _____ Provider's Stamp _____ Date: _____

Date of Physical Exam: _____

INDICATE ABOVE THE DATE WHICH VACCINE WAS GIVEN

Vaccine Type	1st Dose M/D/Y	2nd Dose M/D/Y	3rd Dose M/D/Y	4th Dose M/D/Y	5th Dose M/D/Y
DPT or DTaP					
DT or TD					
IPV OR OPV					
MMR					
HEP B					
VARICELLA VAX			Disease		
OTHER -					
OTHER -					

MONTCLAIR PUBLIC SCHOOLS
New Student Health Survey



Student Name: _____ **Birth date:** _____ **Grade:** _____

Gender: _____ **Name of Doctor:** _____

Please check if your child has had the following:

Condition	Yes	No	Year	Condition	Yes	No	Year
High Blood Pressure				Heart condition			
Asthma				TB or contact with TB			
Severe allergies				Severe or chronic stomach problems			
Frequent or painful urination				Wets or soils pants			
Concussion				Frequent or severe headaches			
Dizzy or fainting spells				Severe head injury			
Epilepsy				Excessive worry or anxiety			
Depression				Hearing loss			
Speech problems				Eye Problems			
Frequent ear infections				Frequent colds			
Wears glasses or contacts				Diabetes			
Scoliosis				Tumor			
Cancer				Serious skin disease			

1. Has your child ever had any serious illnesses or injuries other than those already noted? What? When? Explain: _____

2. List any medications or foods your child is allergic to: _____

3. Has your child been diagnosed with Attention Deficit Disorder? Explain: _____

List any medications: _____

4. Has your child had any operations? What? When? Explain: _____

5. Has your child had any orthopedic (bone or joint) problems? What? When? Explain: _____

6. Does your child have severe bee sting sensitivity? Local ____ General ____ Explain: _____

7. Does your child have other health or behavior problems the Nurse should be aware of? Explain: _____

8. Is your child under regular medical supervision for any of the above conditions? If yes, give name of physician: _____

9. Please explain any "YES" answers here: _____

10. Normal pregnancy and Delivery? ____ Yes ____ No If No, explain _____

11. Please contact the School Nurse if you have any questions or concerns.

Parent Signature

Date

MONTCLAIR HIGH SCHOOL
100 Chestnut Street
Montclair, New Jersey 07042
973-509-4100

- Mr. James N. Earle..... Principal
- Mrs. Shirlene Powell-Sanders Assistant Principal, Team 1
- Mr. Damen Cooper..... Assistant Principal, Team 2
- Mr. John Jeffries Assistant Principal, Team 3
- Ms. Eileen Gilbert Assistant Principal, Team 4
- Mr. Jeffrey Gannon Assistant Principal, Athletics & Activities

***Hours: 8:00 a.m. – 2:33 p.m.**
Early Dismissal: 1:07 p.m.

We at Montclair High School are proud of our rich history of educational excellence dating back to the early 1800s. The Montclair community embraces the philosophy of diversity by providing programs that foster an appreciation for the individual's uniqueness and worth. The school encourages students to grow and develop through academic, social, civic, athletic and fine arts programs. Our graduates are attractive to the most prestigious colleges in the country because of their solid preparation for intellectual challenge.

Montclair High School engaged in a whole school reform initiative, Design for the 21st Century to ensure that Montclair High School could offer a rigorous learning environment in which all students learn more, to which all students feel connected and in which all students are invested.

The high school offers smaller learning communities, many diverse extracurricular activities, enhanced professional development and opportunities for increased parent involvement. The Small Learning Communities at MHS are the Civics and Government Institute, the Center for Social Justice, Global Research, Medical Biology, the Ninth Grade Academy and the recent addition of S.T.E.M. Academy (Science, Technology, Engineering and Math) honoring alumnus Buzz Aldrin, Astronaut, MHS Class of 1947. They are comprised of interdisciplinary blocks of courses, some of which are multi-year. They involve the community, parents and other stakeholders in extension activities.

Montclair High School has a Ninth Grade Academy, which provides a bridge to a successful high school experience.

It is actively involved in the National Minority Student Achievement Network, where it is among 14 schools and school districts across the nation sharing practices that are promising to reduce the achievement gap. As a result of the shared vision of a generous benefactor, Montclair State University and Montclair High School has created the Weston Science Scholars Program, that provides a unique opportunity for students to work side-by-side with college professors, engage in significant research,

attend college lectures about the human genome, astronomy and other topics, and participate in a variety of activities designed to extend their learning about the sciences.

We participate in the "Mini-Medical School" program at the University of Medicine and Dentistry of New Jersey, which gives college credits to our students for their course work. A new working dental lab has been installed through the support of Delta Dental and local dentists where students gain experience through hands-on training. With support from the New Jersey Institute of Technology and engineers from the community and other benefactors, we participate in local, state and national robotics competitions and exhibitions.

These are only a few of the many examples of the partnerships that exist to enhance our students' learning. MHS has become a WeatherBug location, home of live weather streaming and an opportunity for S.T.E.M. students to be involved in hands-on research.

Our academic programs have maintained a standard of excellence necessary to continue the high levels of student achievement as National Merit Scholars and National Achievement Scholars for outstanding African-American and Hispanic students. Over a five-year period, many students have attended various Governors' Schools. Our students have placed first in the nation in the Federal Reserve Bank's "Fed Challenge," first in the Model United Nations Competition at Yale University and second in a National Mock Trial Competition. More than 30 athletic programs and 85 extracurricular clubs and organizations are available as evidence of the special opportunities provided for all of our students.

** As an option, the High School offers "zero- period" classes which start at 7:06 a.m. The zero period option allows students to take advantage of additional courses in their schedule.*

TRANSPORTATION ELIGIBILITY REQUIREMENTS

Transportation to and from school is available for students in the Montclair Public School District who meet the eligibility requirements. These requirements are based on the shortest walking distance from the student's residence to the school they are attending. According to board policy, transportation will be provided for all high school students who reside more than 2½ miles from the district high school.

All eligible students will be automatically assigned busing to/from the home address by the Transportation Office. Parents will be notified in August.

Alternate transportation to or from a babysitter or day care program is available provided that the following requirements are met:

1. The student must be eligible for transportation from his/her home address.
2. The babysitter or day care center must also meet the mileage eligibility requirement.
3. All assignments are made on a five-day-a-week basis. Students cannot receive alternate transportation on certain days of the week.

Applications for alternate transportation will be available during school registration as well as at the Transportation Office and local day care centers. They are also available on our website at <http://www.montclair.k12.nj.us/WebPageFiles/669/alt-address-trans.pdf>. Applications for alternate transportation should be submitted to the Transportation Office by August 15. Parents applying after August 15 cannot be assured an assignment at the beginning of the school year.

Also note, the alternate address form must be completed each school year. Alternate assignments are voided at the end of each school year, and your child's assignment will be returned to the original home address.

Quick Guide to Navigating the School System

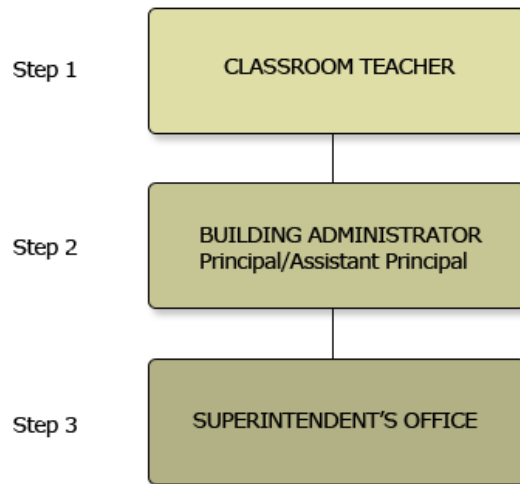
Key Contacts

Your school and its staff are the primary sources of information.

- **Principal and Assistant Principal** — Get to know and confer with your school principal and assistant principal on general policy matters.
- **Teachers** — They are the focus of the educational process and key to the education of your child. Parent/teacher consultation is essential to the educational success of your child.
- **Counselors** — Middle schools and high school have guidance counselors to help with class scheduling. All district schools have Student Assistance Counselors who work with students and families to address issues that may hinder academic and social success.
- **PTA/PTSO Presidents** — Primary contacts for informing parents about the school community. Visit the Montclair PTA website at montclairpta.org for more information.

Question/Concern Procedure

The procedure, below, illustrates the process to follow if you have a question or a concern about your child's educational program. Please start with your child's classroom teacher if you have a question or concern. **Only** if you still feel as though your question/concern was not resolved, or you need further assistance, would you proceed to the next step(s).



Issues that reach the Superintendent will be directed to the proper department in Central Office:

Operations
Academic Office
Pupil Services
Human Resources Office
Talent Development Office

An administrator from the specific department will then be in contact with you to address and resolve your issue.

WHO'S WHO IN CENTRAL SERVICES

NOTE: See also the website link in the yellow bar to "Staff List" for all staff contact information.

Name	Title	Telephone
Superintendent's Office		
Dr. Penny E. MacCormack	Superintendent of Schools	973-509-4010
Mrs. Nina DeRosa	Executive Assistant to the Superintendent	973-509-4010
Operations Office		
Mr. Brian Fleischer	Chief Operating Officer	973-509-4050
Ms. Melissa Beattie	Supervisor of Accounting	973-509-4050
Ms. Gisela Aultmon	Transportation Manager	973-509-4055
Mr. Barry Haines	Director of Technology	<i>Effective 3/31/14</i>
Mr. Leonard Saponara	Supervisor of Buildings & Grounds	973-509-4044
Academic Office		
Mrs. Gail Clarke	Chief Academic Officer/Assistant Superintendent for Instruction	973-509-4033
Mr. Dana Rubin	Director of Mathematics K–12	973-509-4038
Ms. Liz Veneziano	Director of ELA K–12	973-509-5750
Ms. Davida Harewood	K–12 Social Studies Supervisor	973-509-4035
Ms. Alyson Wasko	K–12 Science Supervisor	973-509-4000 ext. 2787
Ms. Grace Ko	K-5 Literacy Lead Teacher	973-509-4575
Mr. George F. Glass	Student Data Analyst	973-509-4811
Pupil Services		
Ms. Linda Mithaug	Director of Pupil Services	973-509-4022
Mrs. Rebecca Ross	Supervisor of Special Education	973-509-4031
Dr. Keith Breiman	Supervisor of Special Education	973-509-4078
Ms. Jennifer Finnerty	Supervisor of Special Education	973-509-4208
Dr. Monroe Helfgott	Inclusion Coordinator	973-509-4000 ext. 2532
Human Resources Office		
Dr. Felice A. Harrison	Chief Human Resources Officer	973-509-4005
Mrs. Janice Risimini	Registrar	973-509-4017
Talent Development Office		
Ms. Michelle C. Russell	Chief Talent Officer	975-509-4015
Mrs. Sylvia B. Bryant	Parent Coordinator	973-509-4028
Ms. Natalee Bartlett	Supervisor of Professional Development	973-509-4018

Parent Tips

1. Know your child's teacher — consult with the teacher as it relates to academics, discipline, etc.
2. Know the building administrators/staff/resource people within the building.
3. Know the school rules as they relate to academics, discipline and attendance.
4. Know the guidance counselors and/or student assistance counselors in your school.
5. Attend PTA/PTSO programs at the school and at the district level.
6. Check the district website regularly and read the school newsletter.
7. Visit the school.
8. Check the backpacks of young children for information sent home.
9. Know the calendar of events.
10. Attend Board of Education meetings.
11. Attend parent/teacher conferences to keep apprised of your child's progress.
12. Spend time with your child to make a difference in his/her educational and social development.

Stay Involved

- Take advantage of workshops, programs, training, and other academic/social strategies and activities for the whole family.
- Find ways to volunteer when you can.
- Get to know the district's Parent Coordinator, **Mrs. Sylvia B. Bryant**, who works closely with the school staff, parents/caregivers and community to create opportunities for engagement.

Other Resources

Preparing Your Children for Back to School by Jennifer Tankersley

MegaSkills-Building Our Children's Character and Achievement for School and Life by Dr. Dorothy Rich – Updated 5th Edition

176 Ways to Involve Parents-Practical Strategies for Partnering with Families by Betty Boulton

School Family and Community Partnership by Dr. Joyce Epstein

Achievement Gap-City Kids, City School by Dr. Pedro Noguero

Fall Down 7 Times, Get Up 8 — Teaching Kids to Succeed by Debbie Silver

The Smartest Kids in the World by Amanda Ripley

How Children Succeed by Paul Tough