

# GLOVERSVILLE ENLARGED SCHOOL DISTRICT

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David Halloran  
Superintendent

December 22, 2020

Dear GESD Families:

The current school year has been challenging thus far and we believe it will remain so. The district will continue to do all we can to provide the best education to the children of Gloversville. Our hybrid model is the best option we have. Students who are learning on site have direct access to their teachers and support staff. In-person learning (even if it is only two/three days per week) also provides stability and structure for working parents.

We understand that fear of community spread has a number of parents seeking a fully remote option for their children. We are unable to accommodate a vast majority of such requests due to scheduling and staffing constraints. I want to remind parents and guardians that GESD has had zero cases of COVID-19 transmission in our schools. Zero. In fact, I do not believe there is a school district in the HFM region that has had a case of school-related COVID-19 transmission. The facts speak for themselves. School is the safest place to be. That is why Governor Cuomo, the Health Department and educational leaders across the country are working hard to keep schools open for in-person learning. The use of masks, PPE, social distancing, disinfecting, hand sanitizing, reduced daily numbers, etc., have all been contributing factors in keeping our schools safe, open, and free of COVID-19 transmission.

Keeping our schools open in the months ahead may require us to test twenty percent of our students and staff for COVID-19 each month. This practice is already happening in schools across New York State, but our region has been fortunate and has not yet been designated in the yellow, orange and red cluster zones. Once/if we are labeled in such a zone, we will need to commence testing in order to remain open.

If required to test, we intend to use a free BinaxNOW-19 testing kit for students. It is a very easy, noninvasive test that will be administered by hospital and district medical staff here at school. A video of the BinaxNOW-19 test kit can be viewed on YouTube. There is a permission slip attached to this letter for COVID-19 testing. This permission form can also be filled out electronically on Family ID. I strongly encourage parents and guardians to grant the district permission to test children for COVID-19. If our region is color zone designated, this will enable us to keep our doors open for in-person instruction.

Thank you for your continued support and cooperation as we strive to offer the best possible academic programming that the current situation allows.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Halloran', with a stylized flourish at the end.

David Halloran  
Superintendent of Schools

## **Gloversville Enlarged School District NYSDOH COVID-19 Student Testing Parental Consent Form**

The law requires and/or allows some information about your child to be shared with Fulton County and New York State Public Health Agencies. This includes notifying the Fulton County Department of Public Health about the COVID-19 results of each student who is tested, including the student's name, date of birth, race, ethnicity, gender, address, phone number, and result of the COVID-19 test. By signing below, I attest that:

I am the parent/legal guardian of the student named and have legal authority to make medical and educational decisions for him/her. I have been advised that pursuant to the New York State Department of Health's (NYSDOH) Interim Guidance on Mandatory COVID-19 Testing in Public Schools Located in Areas Designated as "Red Zones", "Orange Zones" or "Yellow Zones" (referred to herein as "Designated Zone" or "Designated Zones") under the New York State Cluster Action Initiative ("NYSDOH Interim Guidance"), schools are required to follow certain testing requirements applicable to such designated zone.

I understand the Gloversville Enlarged School District ("District") is facilitating COVID-19 testing through a partnership with Nathan Littauer Hospital. I understand the hospital may require consent under the Health Insurance Portability and Accountability Act ("HIPAA").

I understand the Gloversville Enlarged School District ("District") will be conducting and administering COVID-19 testing as a registered Limited Service Laboratory while simultaneously working with Nathan Littauer Hospital to administer COVID-19 testing.

I understand that the District's testing program will involve the disclosure of my child's Personally Identifiable Information, including my child's name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom/cohort/pod, enrollment and attendance history, and after school or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address (hereinafter referred to as "Personally Identifiable Information"). I understand the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. I understand the District has created a Student Records Policy setting forth my rights under FERPA that is available on the District website. I understand I have the right under FERPA not to consent to the release of my child's Personally Identifiable Information to third parties, in which case my child's Personally Identifiable Information will only be disclosed as otherwise authorized under State and federal law.

I understand that I have the right not to sign this consent. I understand that I may revoke my consent in writing at any time provided that such revocation shall not impact actions previously taken in reliance of my consent. I understand that if I revoke consent or refuse to provide consent my child may be assigned to remote instruction and may not be permitted to attend school for in-person instruction and extra-curricular activities.

I hereby voluntarily consent to COVID-19 testing of my child in accordance with NYSDOH Interim Guidance for such period as is minimally required by NYSDOH in the event the District is identified as being located in a Designated Zone. I understand the District will use reasonable efforts to notify me prior to administering the COVID-19 test, but this may not always be practicable, in which case I consent to my child being administered the COVID-19 test without further notice. I understand my child may be tested multiple times while the District remains in a Designated Zone.

I further hereby consent to the disclosure of my child's Personally Identifiable Information to the District and District officials, Nathan Littauer Hospital, health care providers, the local Department of Health ("LHD") and/or the New York State Department of Health ("NYSDOH") for the purpose of addressing COVID-19 public health and safety issues, administering the COVID-19 testing program, and, if necessary, obtaining emergency treatment for my child.

I understand additional disclosure of my child's Personally Identifiable Information may be required, in which case I will be asked to provide further consent unless the disclosure of the Personally Identifiable Information is permissible without my consent under State and federal law.

I understand the District will advise third parties who receive my child's Personally Identifiable Information of their obligation to maintain the privacy and security of this information, but the District does not control the actions of third parties who receive information released pursuant to this consent.

My consent to testing of my child as specifically set forth herein shall terminate upon the District's removal from all Designated Zones, though I understand and extend my consent to such testing of my child as is specifically set forth herein should the District again be identified by NYSDOH as being located in a Designated Zone at any time during the 2020/2021 school year.

Student Name: \_\_\_\_\_ Building: \_\_\_\_\_

Grade: \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_