

Sag Harbor Public Schools - New Student Registration Form

- ☐ Learning Center (Pre-K)
☐ Elementary School (K-5)
☐ Middle School (6-8)
☐ High School (9-12)

Entry Grade Level: _____ (school fills in)

Date of Initial Registration: ____/____/____

Student ID #: _____ (school fills in)

PLEASE PRINT ALL INFORMATION

Student's Name (First, Middle, Last)

Gender

☐ Male ☐ Female

Date of Birth (MM/DD/YYYY)

____/____/____

Birth Place (City, State, and Country)

Proof of Birth for Student – Originals Only

Please provide one (1) proof

- ☐ Duty certified transcript of a Birth Certificate ☐ Passport showing date of birth
☐ Duty certified transcript of a Record of Baptism
☐ Other documentary evidence or other recorded evidence in existence two years or more and satisfactory to the District as evidence of age.

Language Spoken at Home

Dominant Language

Ethnicity

Is the student Hispanic/Latino or of Spanish origin ☐ Yes ☐ No

Please select one or more from the five racial groups:

- ☐ White ☐ Black or African American ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ American Indian or Alaska Native

Special Programs in previous school

If yes, please check appropriate box(es)

- ☐ 504 ☐ Athletics ☐ Special Education
☐ AIS ☐ ESL/Bilingual ☐ Enrichment/Gifted & Talented
☐ Other _____

Previously attended Sag Harbor Schools?

☐ Yes ☐ No If yes, which grade level? _____

Date of entry into 9th Grade in a New York State school, if applicable (MM/DD/YYYY) ____/____/____

Date of entry in New York schools (MM/DD/YYYY) ____/____/____

Have you repeated a grade level in school?

☐ Yes ☐ No If yes, which grade level? _____

Have you advanced a grade level in school?

☐ Yes ☐ No If yes, which grade level? _____

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (please describe) _____
☐ In a permanent housing

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Jeff Nichols, Superintendent of Schools

Date

School Transferred From:	Name of School	<input type="text"/>
	Mailing Address	<input type="text"/>
	Mailing City, State, Zip Code	<input type="text"/>

If the student is attending on a tuition basis:

Tuition Paid by Sending School	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuition Paid by Parent/Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Home Phone of Student	<input type="text"/>
Street Address of Student (No P. O. Box)	<input type="text"/>
City, State, Zip Code of Student	<input type="text"/>
Cross Street Name (for transportation purposes)	<input type="text"/>

Mailing Address of Student (if different) (Enter in P. O. Box, if applicable)	<input type="text"/>
Mailing City, State, Zip Code of Student	<input type="text"/>

Previous Home Address	<input type="text"/>
Previous Home Telephone Number	<input type="text"/>

Foreign Exchange Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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To verify residency at time of registration, the following is a non-exhaustive list of acceptable documentation.

FOR HOMEOWNERS:

You **MUST** present the following documents: ☐ Real Property Tax Bill **OR** ☐ Signed Deed
AND

Two (2) of the following current documents in the Homeowner's name:

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Fuel Oil Bill | <input type="checkbox"/> Cable/TV Bill | <input type="checkbox"/> Property Insurance Certificate |
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Recent W2 Form | | | |

FOR RENTERS:

You **MUST** present the following documents:

- ☐ A valid and fully executed lease for the rental unit **AND** a canceled check or rent receipt signed by the landlord, including the landlord's address, telephone number and property address **AND** a completed, **signed and notarized** "Affidavit of Renter/Tenant." **OR**
- ☐ A completed, **signed and notarized** "Affidavit of Property Owner/Landlord" **AND** a completed, **signed and notarized** "Affidavit of Renter/Tenant."
AND

Two (2) of the following current documents in the Renter's name:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Fuel Oil Bill | <input type="checkbox"/> Cable/TV Bill | <input type="checkbox"/> Property Insurance Certificate |
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Recent W2 Form | | |

Legal Father (First Name, Last Name)

Home Telephone

Cell Phone

Day/Work Telephone

Pager Number

Marital Status - Please check one box. ☐ Married ☐ Divorced ☐ Single ☐ Separated ☐ Widowed

Place of Employment

Occupation

Email Address

Legal Mother (First Name, Last Name)

Home Telephone

Cell Phone

Day/Work Telephone

Pager Number

Marital Status - Please check one box. ☐ Married ☐ Divorced ☐ Single ☐ Separated ☐ Widowed

Place of Employment

Occupation

Email Address

Guardian (First Name, Last Name)

Please complete the custodial affidavit.

Home Telephone

Cell Phone

Day/Work Telephone

Pager Number

Marital Status - Please check one box. ☐ Married ☐ Divorced ☐ Single ☐ Separated ☐ Widowed

Place of Employment

Occupation

Email Address

Guardianship (Relationship to Student)**Proof of Guardianship** - Please check one box.☐ Court Documents ☐ Notarized Guardianship ☐ Court Custody
☐ Adoption Documents ☐ Notarized Affidavit of Emancipation

With whom does the student reside?

Name of Stepfather/ Stepmother (First Last Name)
(if applicable)**Send Reports to Other/Second Parent?**☐ Yes ☐ No

Other/Second Parent's First and Last Name

Mailing Address

Mailing City, State, Zip Code

Name of all brothers and sisters living in the home:

Name (First, Last)	Date of Birth	Gender	School's Name	Grade
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>

Do you have a computer at home? ☐ Yes ☐ No

Do you have a computer at work? ☐ Yes ☐ No

Do you have Internet access at home? ☐ Yes ☐ No

Do you have Internet access at work? ☐ Yes ☐ No

Work email address: _____

*** Completion of the Home Language Questionnaire is required by the New York State for Speech-Language Screening and English as a Second Language Services.**

WARNING

1. Any person or persons, who provide willfully false information regarding residence, will be subject to criminal penalties.
2. I am making this affidavit knowing that the Board of Education of the Sag Harbor Union Free School District will rely on it in determining whether I will be considered a resident whose child(ren) is(are) entitled to an education free of charge.
3. I understand and agree that if any of the statements made by me are willfully false, that I may be subject to criminal prosecution and civil liability. In addition, if it is determined that a registrant's child resides outside of the District, the District may take legal action to collect tuition charges, such tuition charges may exceed \$16,000 per year if the student is not legally entitled to receive a tuition free education from the District.
4. The District reserves the right to investigate any student's residency by any legal means available. Including but not limited to public records, site visits and other lawful methods of investigation.
5. The school retains the right to temporarily delay completion of the student's registration pending evaluation of the facts presented in this form or any other required form.
6. I also understand it is my responsibility to notify the school of any changes and/or circumstances affecting this application.

Signature of Parent/Guardian

Date

Sworn to before me this ____ day of _____, 20____

Notary Public _____

Emergency Contact Information

Contact #1

Contact Name (First, Last)

Relationship

Home Telephone Number

Work Telephone Number

Cell Number

Pager Number

Contact #2

Contact Name (First, Last)

Relationship

Home Telephone Number

Work Telephone Number

Cell Number

Pager Number

Contact #3

Contact Name (First, Last)

Relationship

Home Telephone Number

Work Telephone Number

Cell Number

Pager Number

Doctor's Name

Doctor's Name (First, Last)

Telephone Number

Dentist's Name

Dentist's Name (First, Last)

Telephone Number

Sag Harbor Union Free School District

200 Jermain Avenue, Sag Harbor, New York 11963-3549

AFFIDAVIT OF PROPERTY OWNER/LANDLORD

State of New York)
) SS:
County of _____)

I, _____, of full age, being duly sworn, deposes and says:

1. I reside at _____.
2. I am the owner of the property located at _____
_____ in the Sag Harbor Union Free School District.

Document provided: _____ Deed
 _____ Real property tax bill
 _____ Other: _____

3. _____ is a tenant and has been a tenant at the above premises since (date)
_____. The pertinent terms of said lease are as follows:

Check one of the following: _____ month-to-month _____ year-to-year
Rental amount: \$ _____ per _____

The names of the permissible tenants are as follows:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

4. I _____ do _____ do not believe _____ has treated the above premises as the family's primary residence.
5. I am making this affidavit knowing that the Board of Education of the Sag Harbor Union Free School District will rely on it in determining whether _____ will be considered a resident whose child(ren) is(are) entitled to a tuition-free education.
6. I understand and agree that if any of the statements made by me are false, I may be subject to criminal prosecution or civil liability.

Sworn and subscribed before me
this _____ day of _____, 20____.

Landlord's Signature

Telephone No. _____

Notary Public

Sag Harbor Union Free School District

200 Jermain Avenue, Sag Harbor, New York 11963-3549

AFFIDAVIT OF RENTER/TENANT

State of New York)
) SS:
County of _____)

I, _____, of full age, being duly sworn, deposes and says:

1. I reside at _____.
2. I am the renter/tenant of the property located at _____
_____ in the Sag Harbor Union Free School District and have been a
renter/tenant of said lease since (date) _____.

Documents provided:

_____ Valid and fully executed lease and a canceled check or rent receipt
signed by the landlord, including the landlord's address, telephone number and
property address.

OR

_____ Signed and notarized Affidavit of Property Owner/Landlord

AND

Two (2) of the following current documents in the
Homeowner's name:

___ Utility Bill
___ Fuel Oil Bill
___ Cable TV Bill
___ Property Insurance Certificate
___ Voter Registration
___ Recent W2 Form
___ Other: _____

3. The pertinent terms of the lease are as follows:

Check one of the following: _____ month-to-month _____ year-to-year
Rental amount: \$ _____ per _____

The names of the permissible tenants are as follows:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

4. I _____ have _____ have not treated the above premises as the family's primary residence.

5. Statement explaining the duration of the living arrangement (i.e., permanent, indefinite, to be terminated on a specific date and/or upon a certain action/event etc.)

6. Statement describing any other location(s) where the child(ren) lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

7. Statement of any other relevant facts:

8. I am making this affidavit knowing that the Board of Education of the Sag Harbor Union Free School District will rely on it in determining whether I will be considered a resident whose child(ren) is(are) entitled to an education free of charge.

9. I understand and agree that if any of the statements made by me are willfully false, that I may be subject to criminal prosecution and civil liability.

Sworn and subscribed before me
this _____ day of _____, 20____.

Notary Public

Tenant's Signature

Telephone No. _____

2020-21 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements **MUST** be read with the footnotes of this schedule

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³	Not applicable		1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses		
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) ⁸	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.

c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.

d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grade 6: 10 years; minimum age for grades 7 through 12: 7 years)

a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.

b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2020-2021, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grade 6; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 7 through 12.

c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)

a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.

c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.

d. Only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)

a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine

a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute “dose 4” for “dose 3” in these calculations).

b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)

a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grade 7: 10 years; minimum age for grades 8 through 12: 6 weeks).

a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8, 9, 10 and 11.

b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.

c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.

c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.

d. If dose 1 was received at 15 months or older, only 1 dose is required.

e. Hib vaccine is not required for children 5 years or older.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)

a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.

c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.

d. If one dose of vaccine was received at 24 months or older, no further doses are required.

e. PCV is not required for children 5 years or older.

f. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

**New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

2370

New York State Department of Health/Bureau of Immunization
health.ny.gov/immunization

5/20

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

Asthma <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

Seizures <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:

Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K		Date		<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Additional Information Attached		

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9	Negative	Positive	Referral	
And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Brace*/Orthotic</div> <div><input type="checkbox"/> Colostomy Appliance*</div> <div><input type="checkbox"/> Hearing Aids</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div><input type="checkbox"/> Medical/Prosthetic Device*</div> <div><input type="checkbox"/> Pacemaker/Defibrillator*</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Protective Equipment</div> <div><input type="checkbox"/> Sport Safety Goggles</div> <div><input type="checkbox"/> Other:</div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Record Attached</div> <div><input type="checkbox"/> Reported in NYSIS</div> <div>Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>				
HEALTH CARE PROVIDER				
Medical Provider Signature:			Date:	
Provider Name: <i>(please print)</i>			Stamp:	
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

GENDER:

Month Day Year

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name

First Name

Relation to
Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence? ☐ English ☐ Other specify
2. What was the first language your child learned? ☐ English ☐ Other specify
3. What is the Home Language of each parent/guardian? ☐ Mother specify ☐ Father specify
☐ Guardian(s) specify
4. What language(s) does your child understand? ☐ English ☐ Other specify
5. What language(s) does your child speak? ☐ English ☐ Other specify ☐ Does not speak
6. What language(s) does your child read? ☐ English ☐ Other specify ☐ Does not read
7. What language(s) does your child write? ☐ English ☐ Other specify ☐ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT
INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Not sure <input type="checkbox"/> *If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)	
12. In what language(s) would you like to receive information from the school? _____	

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation _____ Date _____

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: <div style="display: flex; justify-content: space-between; width: 100%;"> MO. DAY YR. </div>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: <div style="display: flex; justify-content: space-between; width: 100%;"> MO. DAY YR. </div>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING </div>
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



Lisette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Cuestionario de Idioma del Hogar ("HLQ" por sus siglas en inglés)

Estimados padres o tutores:
Con el fin de proporcionar la mejor educación posible a su hijo(a), necesitamos determinar el nivel del habla, lectura, escritura y comprensión en el inglés, así como conocer su educación previa e historial personal. Por favor, llene con su información las secciones "Conocimientos de idiomas" e "Historial educativo". Apreciamos mucho su colaboración respondiendo a estas preguntas. Gracias.

Por favor escriba con claridad al completar esta sección.		
NOMBRE DEL ESTUDIANTE:		
Nombre	Segundo nombre	Apellido
FECHA DE NACIMIENTO:		GÉNERO:
Mes	Día	Año
		<input type="checkbox"/> Masculino
		<input type="checkbox"/> Femenino
INFORMACIÓN DE LOS PADRES/PERSONA EN RELACIÓN PARENTAL		
Apellido	Primer Nombre	Relación con el estudiante

**CÓDIGO DEL
IDIOMA DEL HOGAR**

Conocimientos de idiomas (Por favor, marque todas las opciones que sean aplicables)		
1. ¿Qué idioma(s) se habla(n) en el hogar o residencia del estudiante?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro <u>especifique</u>
2. ¿Cuál fue el primer idioma que su hijo(a) aprendió?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro <u>especifique</u>
3. ¿Cuál es el idioma primario de cada padre / tutor?	<input type="checkbox"/> Madre <u>especifique</u>	<input type="checkbox"/> Padre <u>especifique</u>
	<input type="checkbox"/> Tutor(es) <u>especifique</u>	
4. ¿Qué idioma o idiomas entiende su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro <u>especifique</u>
5. ¿Qué idioma o idiomas habla su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro <u>especifique</u> <input type="checkbox"/> No sabe hablar
6. ¿Qué idioma o idiomas lee su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro <u>especifique</u> <input type="checkbox"/> No sabe leer
7. ¿Qué idioma o idiomas escribe su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro <u>especifique</u> <input type="checkbox"/> No sabe escribir

TO BE COMPLETED BY THE DISTRICT IN WHICH THE STUDENT IS REGISTERED	
SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School	
Address	
PARA LLENAR POR EL DISTRITO EN EL QUE EL ESTUDIANTE SE HA INSCRITO	

Cuestionario de Idioma del Hogar (HLQ) — Página Dos

Historial Educativo

8. Indique con un número el total de años que su hijo(a) lleva inscrito en una escuela: _____

9. ¿Cree usted que su hijo(a) pueda tener dificultades, interferencias o problemas educacionales que le afecten su capacidad para entender, hablar, leer o escribir en inglés o en cualquier otro idioma? En caso afirmativo, por favor descríbalos.

Si* ☐ No ☐ No se sabe ☐

* En caso afirmativo, por favor explique: _____

¿Qué gravedad considera usted que tienen estas dificultades educacionales? ☐ Poca gravedad ☐ Algo grave ☐ Muy grave

10a. ¿Alguna vez se ha recomendado a su hijo(a) a tener una evaluación de educación especial? ☐ No ☐ Si* * Por favor, llene 10b.

10b. *Si se le ha recomendado alguna vez una evaluación, ¿ha recibido su hijo(a) alguna vez alguna forma de educación especial?

☐ No ☐ Si – Explique, que forma o formas de educación especial recibió: _____

Edad en la que recibió la intervención o forma de educación especial (favor de marcar todas las opciones que sean aplicables):

☐ De nacimiento a 3 años (Intervención Temprana) ☐ 3 a 5 años (Educación Especial) ☐ 6 años o mayor (Educación Especial)

10c. ¿Tiene su hijo(a) un Programa de Educación Individualizada ("IEP" por sus siglas en inglés)? ☐ No ☐ Si

11. ¿Considera que hay alguna otra información importante que la escuela deba saber sobre su hijo(a)?
(Por ejemplo, talentos especiales, problemas de salud, etc.)

12. ¿En qué idioma(s) quiere usted recibir la información de la escuela? _____

Mes: _____ Día: _____ Año: _____

Firma del padre/madre o de la persona en relación paternal

Date

Relación con el estudiante: ☐ Madre ☐ Padre ☐ Otra: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

Mo. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

Mo. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Sag Harbor Union Free School District

200 Jermain Avenue, Sag Harbor, New York 11963-3549

PARENT/GUARDIAN AFFIDAVIT

STATE OF NEW YORK)

)ss:

COUNTY OF _____)

_____, being duly sworn, deposes and says:
(name of parent/guardian)

1. I am the _____ of
(relationship to applicant) (name of applicant)

2. I reside at _____.
(address of parent/guardian)

3. Statement of reasons why the child is not living with the parent(s):

_____.

4. Statement naming the individual having custody and control of the child:

_____.

5. Statement setting forth the child's current address and living arrangement:

_____.

6. Statement explaining the initial duration of the living arrangement (i.e. permanent, indefinite, to be terminated on a specific date and/or upon a certain action/event, etc.):

7. Statement describing any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

8. If relevant, statement confirming that parent has relinquished custody and control of the child to the custodian, including the right to make decisions pertaining to the health, welfare and education of the child:

9. Statement of any other relevant facts:

(Signature of Parent/Guardian)

Sworn to before me this _____
Day of _____, 20__.

(Notary Public)

*Where applicable, this affidavit should be duplicated and completed by each parent or may be adapted for use by his custodial parent where child lives with a noncustodial parent.

Sag Harbor Union Free School District

Sag Harbor Elementary School
Pierson Middle/High School

RELEASE OF INFORMATION

To Parents/Guardians:

Parent/guardian permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)

Rational for this release:

Section 438 of Public Law 93-380 states "with respect to this subsection, personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the parents/guardians of the student."

Therefore, as a recipient of this release, the Sag Harbor Union Free School District is obligated to comply with the above instructions on the release of any information obtained for School District purposes.

I hereby authorize _____
Name of previous school

Address _____

Phone (____) _____ Fax (____) _____

To release all medical educational, social, psychological, Individualized Educational Plan (I.E.P.) information, and any special education records which have been made a part of the schools records regarding:

Child's Full Name: _____ Grade: _____ Date of Birth ____/____/____

SEND TO YOUR CHILD'S NEW SCHOOL:

Sag Harbor Elementary School
Attn: Main Office
68 Hampton Street
Sag Harbor, New York 11963

OR

Pierson Middle/High School
Attn: Guidance Department
200 Jermain Avenue
Sag Harbor, New York 11963

I further hereby release _____ from all liability
Name of previous school

and all claims pertaining to the disclosure of this information.

Parent/Guardian Signature

____/____/____
Date

Sag Harbor Union Free School District

200 Jermain Avenue, Sag Harbor, New York 11963-3549

Parents/Guardians - If separated or divorced, please fill out this sheet.

Legal Guardianship:

Parent/Guardian

Parent/Guardian

Custodial restrictions, if any:

Child pick-up restrictions, if any:

Order of protection, if any:

* Order of Protection papers are on file: ☐ Yes ☐ No

* Custody Papers are on file: ☐ Yes ☐ No

* All legal papers are requested to be on file in the school building's main office.

SAG HARBOR UNION FREE SCHOOL DISTRICT

TECHNOLOGY ACCEPTABLE USE POLICY (AUP)

Introduction

The Sag Harbor Board of Education affirms the District's commitment to preparing students for the future. The Board also recognizes that technology advances have led to new and emerging ways to obtain information and to communicate. The Board supports access to the information resources available from the global networks, but it believes that such access to information is a privilege, not a right.

The Internet provides many and varied positive learning experiences. Although much of the Internet is safe for most people, students could access material that is defamatory, illegal, offensive, or inaccurate. We believe, however, that access to this wealth of material outweighs the risks. We further believe that the ultimate responsibility for setting specific guidelines, expectations, and codes of behavior with regard to all forms of media and information resources such as the Internet and electronic mail lies with the parents and/or guardians of the student. Therefore, the final decision as to whether a minor will be able to apply to use the Internet during school will remain with the parents and/or guardians of a minor.

The Technology AUP has been formally adopted by the Sag Harbor Board of Education. The District will strictly enforce the provisions of this policy and will take appropriate action toward those persons who violate the provisions within. This policy covers use of technology in the district, including use of computers, (desktop, laptop and wireless), digital equipment, videoconferencing technology and use of any other technology equipment in the District. This policy covers all users, including students, full-time and part-time staff, parents, community members, and visitors to the District. This policy also covers outside access to District computers and networks.

User Responsibility

All users are responsible for good, ethical behavior when using computers just as they are when in a classroom, or on a school bus, or other places. Communications on computer networks are often public in nature. General school rules for behavior and communications apply. These rules are stated in the Pierson High School Student Handbook and the Pierson Middle School Student Handbook and staff handbooks that the District's two schools and Central Office publish. Access to computer networks, both local and global, is a privilege, not a right, and is provided to users who act in a considerate, ethical, and responsible manner, and may be denied to those users who do not.

All users are responsible for maintaining the security of their network passwords. Security is especially important for district staff members.

The proper use of computers and technology will be communicated to all users throughout the District. The use of computers and networks will provide for the facilitation of the exchange of information to further communication, education and research and is, accordingly, consistent with the mission of the Sag Harbor School District. The messages and documents residing on, created and/or transmitted on any computer or network may be subject to the District administrator's monitoring and review. The Superintendent will designate staff members to supervise the use of all computers and networks. The designated staff members will have the authority to inspect computer files when deemed necessary. An authorization form must be completed by each person requesting access to the District's computers or networks. Any use without authorization is prohibited. Authorization forms are included in Appendices.

Use of the District computers and networks for private or commercial business and political or religious purposes is prohibited. Use of District computers and/or networks to engage in illegal activity or to access or to transmit, display or store offensive or objectionable material are prohibited on District computers or networks. The District's determination as to whether the nature of any material is considered offensive or objectionable is to be considered as final. Using programs that harass or infiltrate a computing system and/or damage the hardware or software components is also prohibited.

Any use of District computers to access resources must conform to the terms and conditions of the Sag Harbor School District computer network and Internet Use Agreement. Subscribers to listserves, bulletin boards, and on-line services must be pre-approved by the Technical Advisor.

All staff members are required to sign a form stating that s(he) has read the AUP and agrees to follow its provisions. This specifically includes all full and part-time employees, substitute teachers, and student teachers. (Appendix A)

All students in the Middle and High School are required to sign a form stating that s(he) has read the AUP and agrees to follow its provisions. (Appendix B). A parent or guardian must also sign the agreement. (Appendix C). In the Elementary School, only the parent/guardian must sign the AUP. If a parent or guardian objects to his/her child using the Internet, s(he) must state the objection in writing and send it to the respective building principal.

Teachers and others whose duties include classroom and/or computer lab management and/or student supervision must sign an agreement acknowledging responsibility for exercising reasonable supervision of student access to the Internet.

Parental Responsibilities

Parents, including legal guardians, are responsible for their children's access to the Internet and to e-mail when the children are off school grounds, and the District assumes no responsibility for such access. The District will prescribe what it believes to be ethical behavior as well as inappropriate behavior, but the establishment of standards of morality and conduct is a fundamental responsibility of the child's parents.

The District recognizes the important role of parents as stakeholders in the implementation of a District AUP, and encourages all parents to voice concerns and seek information from district employees.

Privacy

All users should recognize that electronic communication and computer files are not private. The District reserves the right to access users' files, including e-mail messages, to maintain system integrity and ensure that users are using the system in accordance with this AUP. Procedures for monitoring will be established by the Superintendent using any guidelines that may be established by the Board.

In compliance with the district's Directory Information Policy, students may not be identified by name when their image is posted on any District-run Web site. Similarly, a student's work will not be published on the Internet unless all personal references are deleted.

Community Use

On recommendation of the Superintendent/designee, the Board will determine when and which computer equipment, software and information will be available to the community.

Upon request to the Superintendent/designee, community members may have access to the Internet and other electronic information sources and programs available through the District's technology system, provided that, prior to using the system, they attend any required training and sign an agreement form agreeing to follow all of the provisions of this AUP. (Appendix A)

Privileges, Rights and Responsibilities

The use of the District's computer resources is a privilege. It is expected that all individuals utilizing the District's computers and networks will undertake

responsibility for their actions and words and will, furthermore, respect the rights and privileges of other network users. Users need to familiarize themselves with these responsibilities. Failure to adhere to them may result in the loss of network and/or computer privileges, suspension and possible legal actions. Exemplary behavior is expected at all times. The following are actions that are not permitted and may result in any of the consequences listed in the section entitled *Disciplinary Policy*:

- Sharing or selling a password or account number with anyone
- Using impersonation, anonymity or pseudonyms
- Leaving your account open and unattended (You have full responsibility for the use of your account, and you will be held responsible for any policy violations that are traced to your account.)
- Damaging, abusing or breaking the hardware, software or the network
- Plagiarizing or using copyrighted material without permission (Do not quote personal communications, software, art, music or any other media without the original author's prior consent.)
- Using the computers for illegal activities or for commercial gain
- Sending, using or displaying inappropriate language, pictures or any other type of communication, including profanity, pornography or inflammatory speech
- Disrespecting the rights and property of others
- Improperly accessing, destroying or misusing files or data of others
- Opening another person's file at any time
- Attempting to work in or modify the Network Operating System
- Exploring or changing any system files
- Intentionally wasting limited resources
- Installing/downloading or attempting to install software and/or music from the Internet or any other software program, which only designated employees are allowed to do.

Disciplinary Policy

Consequences may include any of the following based on the severity of the misuse:

- Warning
- Telephone call home
- Principal's referral and disciplinary action
- Suspension of computer privileges
- Revocation of computer privileges
- School suspension

Repeated infractions and any severe abuses will be immediately reported to the building principal and will be dealt with in accordance with the District's disciplinary code.

Safety from Harassment

Users who feel harassed or threatened by somebody on the network should bring the situation to the attention of a teacher or system administrator immediately.

Attached please find the appropriate forms for Internet use. Keep these papers in a safe place so you are able to refer to them if Technology Acceptable Use Policy questions should arise. Upon enrollment of a child in the Sag Harbor Schools, a parent will sign this form once; however the District must have a form on file for each child in the family. A parent or guardian must submit an objection letter annually. Students will sign the form two times: in the Middle School and the High School, with the assistance and guidance of the Computer teacher. At the Elementary school, students will review the concepts of the AUP with the assistance of the Computer teacher and in a way appropriate to the age of the students. Please contact the school with any questions.

.....

For Parent Records

Acceptance or refusal returned to respective school computer teacher on _____ (Date)

Be sure your child has returned the form or (s)he will not be able to access the Internet and other networked computer services that the school provides. If you do not want your child to access the Internet, please send a letter to the principal.

Revised
9/17/02
11/13/02

SAG HARBOR UNION FREE SCHOOL DISTRICT
COMPUTER NETWORK AND INTERNET AGREEMENT
AUTHORIZATION FORM: PARENT/GUARDIAN FORM

As a parent and/or guardian of this student, I have read the terms and conditions of the Technology Acceptable Use Policy and explained them to my child and agree to the same. I grant permission for my son or daughter to access networked computer services such as the Internet while s(he) is enrolled as a student in the Sag Harbor School District. I understand that this access is designated for educational purposes and that the Sag Harbor School District has taken every precaution to eliminate educationally inappropriate material. I accept the fact that the use of the Internet is a privilege and not a right. I accept full responsibility and liability for the results of my child's actions in the use of the Internet and other networked computer services and release the Sag Harbor School District from any liability resulting from his/her actions. Further, I accept responsibility for supervision if and when my child's inappropriate use of the Internet and other technologies is not in a school setting. I accept the fact that the Sag Harbor Union Free School District has reserved the right to review all materials and revoke each person's privilege to use the Internet services as stated in the Privileges, Rights and Responsibilities section of the agreement. With regard to commercial services on the Internet, I will be liable for fees that the student incurs outside the framework of school authorizations.

Parent/Guardian Name (please print): _____

Parent/Guardian's Signature: _____

Telephone: _____ Date: _____

Parent's e-mail (optional): _____

Student's Name: _____ Grade: _____

A parent or guardian is required to sign this form when a child enters Kindergarten or when a student is new to the Sag Harbor Schools. A separate form is required for each child in a family.

SAG HARBOR ELEMENTARY SCHOOL

Sag Harbor, N.Y. 11963

Please submit any information you feel should be considered when placing your child. **Individual parent requests for a certain teacher cannot be granted nor can requests not to have a teacher be granted.**

Student Name:_____

Grade Completed:_____

Comments:_____

Parent/Guardian Signature

Matthew P. Malone
Sag Harbor Elementary School
68 Hampton Street
Sag Harbor, NY 11963



NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.





PROGRAMA DE EDUCACIÓN PARA MIGRANTES DEL ESTADO DE NEW YORK

OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, **sin importar su nacionalidad o estado legal**. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de involucramiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.



Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____

Teléfono: (____)-____-____ Mejor tiempo para ser contactado _____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad _____ Grado _____

Nombre del estudiante: _____ Edad _____ Grado _____

Para someter este referido, por favor envíelo por fax a 607-436-3606, o por correo a NYS Migrant Education Program- Identification & Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY

12020

