

# TUXEDO UNION FREE SCHOOL DISTRICT

## *Summer Bridge Program Registration Check List*

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

Grade (in September): \_\_\_\_\_

DOB: \_\_\_\_\_

Signature of Person Verifying

Immunization Records \_\_\_\_\_

Physical Form \_\_\_\_\_

Registration Form \_\_\_\_\_

Student Registration- Health History Form \_\_\_\_\_

Emergency Evacuation Form \_\_\_\_\_

Student Racial and Ethnic Identification \_\_\_\_\_

Language Questionnaire \_\_\_\_\_

Housing Questionnaire \_\_\_\_\_

Medical/Photo/Field Trip Permission \_\_\_\_\_

Acceptable Use Policy \_\_\_\_\_

Transportation Form \_\_\_\_\_

**TUXEDO UNION FREE SCHOOL DISTRICT  
REGISTRATION FORM**

**STUDENT INFORMATION**

<hr/>	<hr/>	<hr/>		
Student's Last Name	First Name	Middle Name		
<hr/>	<hr/>	<hr/>		
Date of Birth	Place of Birth:	City	State	Country
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Home Phone	Grade	Gender		
<hr/>	<hr/>	<hr/>		
Mailing Address	Mailing City / State / Zip			
<hr/>	<hr/>			
Physical Address (If different from above)	Physical City / State / Zip			
<hr/>	<hr/>			
Previous Address before moving to the Tuxedo Union Free School District				
<hr/>				

**RACE / ETHNICITY** Please indicate Primary Race by using the number 1 all others can be indicated with an X

<b>RACE:</b>	<input type="checkbox"/> Caucasian (White)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<b>ETHNICITY:</b>	<input type="checkbox"/> Hispanic or Latino		
<b>PRIMARY LANGUAGE SPOKEN AT HOME:</b>	<hr/>		
	<i>(For ESL Students Language must be other than English)</i>		
<i>**Complete additional Student Racial and Ethnic Identification form AFTER ENROLLMENT</i>			

**RESIDENCY**

<b>LIVING WITH:</b>	
<input type="checkbox"/> Both Biological Parents	<input type="checkbox"/> Foster Parents (2999 form needed) **
<input type="checkbox"/> Biological Mother Only	<input type="checkbox"/> Self ( <i>proof of emancipated status required</i> ) **
<input type="checkbox"/> Biological Father Only	<input type="checkbox"/> Group Home or other court placed residence ( <i>proof of court placement required</i> ) **
<input type="checkbox"/> Mother/Stepfather*	<i>Name of Group Home</i> <hr/>
<input type="checkbox"/> Father/Stepmother*	<input type="checkbox"/> Other (explain) <hr/>
<b><u>Parental Military Information</u></b>	
Are either parents active in the Armed Forces? Yes / No If yes, what branch of the military? <hr/>	
Enlistment Date (month/year) <hr/> Anticipated Discharge Date <hr/>	
Parent/Legal Guardian Name (please print) <hr/>	
Signature of Parent / Legal Guardian: <hr/>	

# TUXEDO UNION FREE SCHOOL DISTRICT

## REGISTRATION FORM

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

<p><b>PARENT INFORMATION</b></p> <p><b>Mother</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td>Custody Alert</td></tr> <tr><td></td><td>Custody Papers</td></tr> <tr><td></td><td>Receives Mail</td></tr> <tr><td></td><td>Pick up</td></tr> </table> <p>Custody comments:</p>		Custody Alert		Custody Papers		Receives Mail		Pick up	<p>_____</p> <p>Last Name _____ First Name _____</p> <p>_____</p> <p>Mailing Address (If different from student) _____ Mailing City / State / Zip _____</p> <p>_____</p> <p>Physical Address (If different from student) _____ Physical City / State / Zip _____</p> <p>_____</p> <p>Home Phone (if different) _____ Work Phone _____ Cell Phone _____</p> <p>Email Address: _____</p>
	Custody Alert								
	Custody Papers								
	Receives Mail								
	Pick up								
<p><b>Father</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td>Custody Alert</td></tr> <tr><td></td><td>Custody Papers</td></tr> <tr><td></td><td>Receives Mail</td></tr> <tr><td></td><td>Pick up</td></tr> </table> <p>Custody comments:</p>		Custody Alert		Custody Papers		Receives Mail		Pick up	<p>_____</p> <p>Last Name _____ First Name _____</p> <p>_____</p> <p>Mailing Address (If different from student) _____ Mailing City / State / Zip _____</p> <p>_____</p> <p>Physical Address (If different from student) _____ Physical City / State / Zip _____</p> <p>_____</p> <p>Home Phone (if different) _____ Work Phone _____ Cell Phone _____</p> <p>Email Address: _____</p>
	Custody Alert								
	Custody Papers								
	Receives Mail								
	Pick up								
<p><b>Step Parent</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td>Custody Alert</td></tr> <tr><td></td><td>Custody Papers</td></tr> <tr><td></td><td>Receives Mail</td></tr> <tr><td></td><td>Pick up</td></tr> </table>		Custody Alert		Custody Papers		Receives Mail		Pick up	<p>_____</p> <p>Last Name _____ First Name _____</p> <p>_____</p> <p>Home Phone (if different) _____ Work Phone _____ Cell Phone _____</p> <p>Email Address _____</p>
	Custody Alert								
	Custody Papers								
	Receives Mail								
	Pick up								
<p><b>Guardian</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td>Custody Alert</td></tr> <tr><td></td><td>Custody Papers</td></tr> <tr><td></td><td>Receives Mail</td></tr> <tr><td></td><td>Pick up</td></tr> </table> <p>Custody comments:</p>		Custody Alert		Custody Papers		Receives Mail		Pick up	<p>_____</p> <p>Last Name _____ First Name _____</p> <p>_____</p> <p>Work Phone _____ Cell Phone _____ Email Address _____</p> <p>Guardianship Papers _____ Special Instructions _____</p> <p>Relationship to student _____</p>
	Custody Alert								
	Custody Papers								
	Receives Mail								
	Pick up								

DATE \_\_\_\_\_

# TUXEDO UNION FREE SCHOOL DISTRICT

## REGISTRATION FORM

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

### Siblings/Other Children Living at Same Address

Name	Gender	Date of Birth	Grade	Present School

### Student's Educational Background

Previous School Name	Previous School Address	Previous School Phone	Grades Attended

### Student's Special Programs

Has your child received:     Counseling             Remedial Math/AIS             Remedial Reading/AIS

ESL                     Speech                     Section 504 Plan             Other (Explain)

Does your child have an IEP     Yes     No

Copy received     Yes     No



*I verify that the above information is correct.*

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Parent/Guardian Signature*



# TUXEDO UNION FREE SCHOOL DISTRICT

**Nicole Scariano**  
 SUPERINTENDENT OF SCHOOLS, IA  
 GEORGE F. BAKER UPPER SCHOOL PRINCIPAL, IA

**Paul Brown**  
 GEORGE GRANT MASON LOWER SCHOOL PRINCIPAL

## STUDENT HEALTH HISTORY UPDATE

Name:	DOB:                      Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade:  Home Phone: Cell Phone:	Date:

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Been hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

### CHECK ALL THAT APPLY TO YOUR CHILD:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ADHD                     | GI Conditions (ulcer, reflux, IBS)                     | <input type="checkbox"/> Scoliosis  |
| <input type="checkbox"/> Asthma/trouble breathing | Headaches/migraines                                    | <input type="checkbox"/> Single Organ ( <input type="checkbox"/> kidney, <input type="checkbox"/> testicle) |
| <input type="checkbox"/> Autism/Asperger          | Heart Conditions High                                  | <input type="checkbox"/> Skin Condition   |
| <input type="checkbox"/> Dental Injuries          | Blood Pressure Mental                                  | <input type="checkbox"/> Speech Condition   |
| <input type="checkbox"/> Diabetes                 | Health Condition                                       | <input type="checkbox"/> Urinary Condition  |
| <input type="checkbox"/> Ear Infections           | (depression, eating disorder, anxiety, OCD, ODD, etc.) |   |

<b>CURRENT MEDICATIONS</b>	<b>YES</b>	<b>NO</b>	<b>Please list name, dose, time(s)</b>
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ASSISTIVE EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>Please check all that apply</b>
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
<b>TREATMENTS</b>	<b>YES</b>	<b>NO</b>	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

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

Please list any additional concerns: \_\_\_\_\_

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

# TUXEDO UNION FREE SCHOOL DISTRICT

1 Tornado Drive  
Tuxedo, NY  
(845) 351-4786

## 2020-2021 STUDENT EMERGENCY EVACUATION PLAN

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

The following information will be kept on file to be used in the event of a true emergency or disaster which might require **STUDENT DISMISSAL FROM AN ALTERNATE SITE** **AND** will be used to dismiss your child during any Mock Emergency Evacuation Drills.

Your child will be dismissed **ONLY** from the alternate location as follows:  
**PLEASE PICK ONLY ONE OF THE FOLLOWING**

MY CHILD, \_\_\_\_\_, IS TO:  
(Print Child's Name)

RIDE BUS # \_\_\_\_\_ HOME

RIDE BUS # \_\_\_\_\_ TO: \_\_\_\_\_  
(Name and Physical Address)

WALK HOME: \_\_\_\_\_

WALK TO: \_\_\_\_\_  
(Name and Physical Address)

BE PICKED UP BY: \_\_\_\_\_  
(Name)

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
Print Name Phone Number

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any other information we should be aware of? \_\_\_\_\_

PLEASE MAKE SURE YOUR CHILD KNOWS THAT HE/SHE MUST FOLLOW THESE PLANS AS YOU HAVE STATED ABOVE: Disciplinary action, including suspension from school, will be taken for deviation from this plan.

**\*\*\*\* THIS FORM TO BE COMPLETED AFTER ENROLLMENT \*\*\*\***

**State Required Information**

**All students between 5 and 21 years of age have the right to a free public education. Children may not be refused because of race, color, creed, national origin, sex/gender, citizenship, disability, or immigration status.**

**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

**STUDENT NAME:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Student Racial AND Ethnic Identification:** Answer both questions 1 and 2. Please read the questions before responding. Place an "X" in the box that best describes your child.

1. Is the student of Hispanic or Latino origin? (Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race).  **YES HISPANIC**  **NOT HISPANIC**

2. What is the student's race?  
**Select ONE OR MORE races from the following five racial groups.** Place an "X" in the box that best describes your child.

**You must mark *at least* one box for state demographics recording purposes.**

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North & South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN:** A person having origins in any of the origins in any peoples of the Far East, Southeast Asia, or the Indian subcontinent (including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand & Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins or any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, South Africa or the Middle East.

What is the primary language spoken at home by the parent/guardian? \_\_\_\_\_  
What is the primary language spoken at home by the student? \_\_\_\_\_

\_\_\_\_\_  
**Parent/Legal Guardián** (*Padre/Madre/Guardián Legal*)

\_\_\_\_\_  
**Date** (*fecha*)





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

Lissette 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.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<input type="radio"/> Male <input type="radio"/> Female		
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION:

TUXEDO UNION FREE SCHOOL DISTRICT 1 TORNADO DRIVE  
TUXEDO, NY 10987

*District Name (Number) & School*

*Address*

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

## 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\*    No    Not sure

           \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?     Minor     Somewhat severe     Very severe

10a. Has your child ever been **referred** for a special education evaluation in the past?     No     Yes\*    \*Please complete 10b below

10b. **\*If referred for an evaluation**, has your child ever **received** any special education services in the past?

No     Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention)     3 to 5 years (Special Education)     6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?     No     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:     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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

**Federal regulations require completion of this form BEFORE a registration application.**

**PASO 1:** Las regulaciones federales requieren que se complete este formulario ANTES de la solicitud de registro



## CONFIDENTIAL HOUSING QUESTIONNAIRE

(CUESTIONARIO CONFIDENCIAL DE VIVIENDA)

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. *Las respuestas que dé a las siguientes preguntas ayudarán al distrito a determinar los servicios que usted o su hijo o hija podrán recibir bajo el Acta de McKinney-Vento. Los estudiantes protegidos por el Acta de McKinney-Vento tienen derecho a matricularse en la escuela inmediatamente aun cuando no tengan los documentos que normalmente se necesitan, tales como la prueba de la dirección, reportes escolares, registros de inmunización, o certificado de nacimiento. Los estudiantes protegidos por el Acta de McKinney-Vento también podrían tener derecho a transporte gratuito y a otros servicios.*

**Where is the student currently living? (¿Donde está el estudiante viviendo actualmente?):**

Please check one box. (Por favor marque una caja.)

**in a shelter** (está viviendo en un albergue)

**in a hotel /motel due to lack of alternative, adequate housing**

(está viviendo en un hotel/motel por falta de una vivienda alternativa, adecuada)

**at a train or bus station, in a car, or at a campsite**

(está viviendo en una estación de trenes o autobuses, en un automóvil, o en un campamento)

**with relatives or others due to loss of housing, economic hardship or similar reason**

(está viviendo con familiares u otras personas debido a la pérdida de la vivienda, dificultades económicas, o razones similares) **Is**

**this living arrangement with relatives or others temporary OR permanent? (Please circle one)** *es esta situación de vivienda con familiares u otras personas temporal O permanente? (por favor circule uno)*

**Other, please describe** \_\_\_\_\_

(otro, por favor explique)

**In permanent housing** (En un hogar permanente)

**Please list the names of the children in your household between the ages of 3 to 5:** (Si una de las casillas más arriba se han comprobado, por favor escriba los nombres de los niños en su hogar entre las edades de 3 a 5):

**Child's Name** (Nombre del niño/a)

**Date of birth** (Fecha de nacimiento)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT NAME** (NOMBRE DEL/DE LA ESTUDIANTE):

(Please Print first and last name)

(Por favor imprime el nombre y apellido)

Gender (Genero): Male (Hombre)

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Grade: \_\_\_

Female (Mujer)

Month Day Year (Mes Día Año)

preschool-12 (jardin de infants - 12)

**CONTACT PHONE NUMBER** (NUMERO DE TELEFONO):

**Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

(Casa)

(Celular)

**CURRENT ADDRESS** (DIRECCIÓN ACTUAL): \_\_\_\_\_

**PREVIOUS ADDRESS** (DIRECCIÓN ANTERIOR): \_\_\_\_\_

**Print name** of Parent, Guardian, OR Student if unaccompanied homeless youth  
(Imprima el nombre del Padre, Tutor o Estudiante si es un joven sin hogar no acompañado)

**Signature** of Parent, Guardian, OR Student if unaccompanied homeless youth  
(Firma del Padre, Tutor o Estudiante si es joven sin hogar no acompañado)

**Date**  
(Fecha)

# Photo/Medical Release/Field Trip/Auto Call/APP Alert Permission 2020-2021

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

1. I give my permission to release medical information regarding my child to staff that needs to know.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

2. I give my permission to photograph my child to highlight special events, projects, and competitions. I understand that these photographs may be sent to local newspapers.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

3. I give my permission to use my child's photograph in the Yearbook.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

4. I give permission for my child to participate in all walking field trips within Tuxedo that are offered during the school year. I understand that if I do not wish my children to participate in a specific trip, I will contact the teacher directly.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

5. I give permission for the Tuxedo Union Free School District to use auto calls and app alerts to notify me about attendance/closings, etc.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

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

\_\_\_\_\_  
Date

## **STUDENTS**

### **Acceptable Use and Internet Safety Policy**

The Board of Education of the Tuxedo Union Free School District (the District) is committed to the goals of improved student learning and effective teaching. The Board believes that access to computer networks, including the Internet and other technologies, can be an effective and valuable educational and research tool. The Board further believes that the computer network system, through software applications, online databases, bulletin boards and the Internet, and emerging features and uses of an electronic network, will significantly enhance student learning, as well as provide local, statewide, national and global communications opportunities for staff and students. Therefore, it is the policy of the Board to support and encourage the use of computers and computer-related technology in order to support open research and education in the District. The use of the computer network system for other purposes, including but not limited to for-profit or commercial activity, personal business or illegal activity is prohibited.

All users of the District's computer network system, including but not limited to electronic equipment, electronic mail and the Internet, must understand that use is a privilege, not a right, and that such use entails responsibility on the part of the user. Computer access will be provided by the District for each student and staff member who completes and submits the appropriate Acceptable Use Policy (AUP). In order to assure the integrity of the computer network system in the District, each account holder must agree to act responsibly and to comply with this Policy and its implementing Regulations. Therefore, prior to the establishment of a user account by the District, each student member and staff member must sign an AUP. In the case of students, the student's parent or guardian must also sign the AUP.

The Superintendent of Schools shall develop rules and regulations governing the use and security of the District's computer network system.

### **THE DISTRICT WEB PAGE**

The District web site should promote and enhance educational opportunities and provide timely and appropriate information to the school district's community. The use of this District website will be consistent with the District's mission and goals and Board of Education policies.

All web pages residing on or pointing to a District-supported server or service are the property of the Tuxedo Union Free School District. Commercial use, use for the pursuit of personal or financial gain, advertising, soliciting, as well as use for any personal purpose are prohibited. The Superintendent of Schools and/or designee may suspend webpage access at any time if an individual fails to adhere to the protocol requirements stated herein. Each teacher/staff is responsible for the content posted on his/her webpage hosted on the District-supported servers/services and will follow all District procedures. Teachers and District employee web pages may link only to sites that are of educational significance and sites relating to the curriculum and activities of the District. In addition, all links must comply with State and Federal law, including the Children's Internet Protection Act (CIPA).

The Superintendent will designate staff member(s) who will be responsible for monitoring the accuracy and consistency of webpage content. This staff member(s) has the right to view, edit, modify, or delete without notice any material deemed inappropriate. Access to administrative areas is limited to authorized personnel only.

**INTERNET SAFETY**

Internet access is provided with the understanding that the District cannot control the content available on the Internet. While the vast majority of sites available provide a wealth of useful information to staff and students, some sites may contain information that is inaccurate, offensive, defamatory or otherwise inappropriate for students. The District does not condone or permit the use of such materials in the school environment and makes good faith efforts to limit access by students to such inappropriate materials.<sup>1</sup>

The District, in accordance with the Children’s Internet Protection Act (CIPA), requires all District computers with access to the Internet to be equipped with filtering or blocking technology that blocks access by adults to visual depictions that are obscene<sup>2</sup> or child pornography<sup>3</sup> and by minors to visual depictions that are obscene, child pornography or harmful to minors.<sup>4</sup> All current and new computers will have internet access through a filtering

---

<sup>1</sup>*Inappropriate materials* means any material that is obscene, child pornography or harmful to minors.

<sup>2</sup>*Obscene* means any material or performance when, considered as a whole, predominately appeals to a prurient interest in sex; or that depicts or describes in a patently offensive manner actual or simulated sexual acts, sexual contact, nudity, sadism, masochism, excretion, or a lewd exhibition of the genitals and that lacks serious literary, artistic, political, or scientific value.

<sup>3</sup>*Child Pornography* means any visual depiction, including any photograph, film, video, picture or computer or computer generated image or picture, whether made or produced by electronic, mechanical or other means, of sexually explicit conduct, where the production of such visual depiction involves the use of a minor engaging in sexually explicit conduct. It also includes any such visual depiction that (a) is, or appears to be, of a minor engaging in sexually explicit conduct; or (b) has been created, adapted or modified to appear that an identifiable minor is engaging in sexually explicit conduct; or (c) is advertised, promoted, presented, described, or distributed in such a manner that conveys the impression that the material is or contains a visual depiction of a minor engaging in sexually explicit conduct.

<sup>4</sup>*Harmful to minors* means any picture, image, graphic file or other visual depiction that (a) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex or excretion; (b) depicts, describes or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and (c) taken as a whole, lacks serious literary, artistic, political or scientific value as to minors.

**Acceptable Use and Internet Safety Policy (3)**

**#4407**

or blocking mechanism. This shall be documented by the District in accordance with the CIPA. The District, however, does not guarantee that students will be prevented from accessing all inappropriate locations and proper supervision will be provided to students in school to further ensure appropriate usage. Under certain supervised circumstances, authorized personnel may override the filtering/blocking technology for a limited period of time to assist students/staff with special projects or research. District guidelines will be developed to implement this component of the policy.

All use of the District's computer network, including access to the Internet is a privilege and not a right, and that any such use entails responsibility. Parents, staff members and students must be aware that is the responsibility of the user to monitor his/her own access and to use sound judgment. However, the District, through its staff members, technology and systems reviews, shall monitor online activities of students and staff while in school, including but not limited to use of e-mail, chat rooms and other forms of direct electronic communication, "hacking" and other unlawful activities by minors and access to materials harmful to minors.

The District shall also provide age appropriate instruction to students regarding appropriate online behavior. This instruction shall include but not be limited to: positive interactions with others online, including on social networking sites and in chat rooms; proper online social etiquette; protection from online predators and personal safety; and how to recognize and respond to cyberbullying and other threats. Such instruction will be provided even if the District prohibits students from accessing social networking sites and chat rooms on District technology.

---

**PRIVACY**

Users acknowledge that the network administrator may periodically need to review on-line activities in the course of performing routine maintenance of the system. Users further acknowledge that if there is reasonable suspicion of a user having violated this Policy or its implementing regulations, or any applicable law, the network administrator and/or appropriate school official may require access to his/her files, including private correspondence and private files, to review on-line activities. Any administrator reviewing such files in accordance with this Policy shall not be subject to any claims arising out of such review.

The Board prohibits the unauthorized disclosure, use and dissemination of personal information regarding students; unauthorized online access by students, including hacking and other unlawful activities; and access by students to inappropriate matter on the Internet. The Superintendent or designee shall establish and implement procedures that enforce these restrictions.

**DISCLAIMER OF LIABILITY**

The Tuxedo Union Free School District disclaims all liability for the content of material that a student may access on the Internet, for any damages suffered in the course of or a result of the student's Internet use, and for any other consequences of a student's Internet use.

The District makes no warranties of any kind, either expressed or implied, for the access being provided. Further, the District assumes no responsibility for the quality, availability, accuracy, nature or reliability of the service and/or information provided. Users of the District's computer network and the Internet use information at their own risk. Each user is responsible for verifying the integrity and authenticity of the information that is used and provided.

The District will not be responsible for any damages suffered by any user, including, but not limited to, loss of data resulting from delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or the errors or omissions of any user. The District also will not be responsible for unauthorized financial obligations resulting from the use of or access to the District's computer network or the Internet.

Further, even though the District may use technical or manual means to regulate access and information as required by the Children's Internet Protection Act (CIPA), these methods do not provide a foolproof means of enforcing the provisions of the District policy and regulation.

**SANCTIONS**

All users of the District's computer network and equipment are required to comply with the District's policy and regulations governing the District's computer network. Failure to comply with the policy or regulation may result in disciplinary action as well as suspension and/or revocation of computer access privileges.



**Acceptable Use and Internet Safety Policy (5)**

**#4407**

In addition, illegal activities are strictly prohibited. Any information pertaining to or implicating illegal activity will be reported to the proper authorities. Transmission of any material in violation of any federal, state and/or local law or regulation is prohibited. This includes, but is not limited to materials protected by copyright, threatening or obscene material or material protected by trade secret. Users must respect all intellectual and property rights and laws.

Approved: 05/23/96

Revised: 08/24/10, 7/2/12

**SUPERINTENDENT'S REGULATION FOR THE  
USE AND SECURITY OF THE DISTRICT'S COMPUTER NETWORK SYSTEM**

The following rules and regulations govern the use of the District's computer network system, the District website and access to the Internet:

**I. ADMINISTRATION**

- The Superintendent of Schools shall identify a Director of Technology who will be responsible to oversee the District's computer network and the technology function.
- The Director of Technology shall oversee the monitoring and examination of all network activities, as appropriate, to ensure proper use of the system.
- The Director of Technology shall be responsible for disseminating and interpreting District policy and regulations governing use of the District's network at the district and the building level with all network users.
- The Director of Technology shall coordinate employee training for proper use of the network and will ensure that staff supervising students using the District's network provide similar training to their students, including providing copies of District policy and regulations governing use of the District's network.
- The Director of Technology shall ensure that virus protection is functional across the entire network, including servers, workstations and software.
- All student agreements to abide by District policy and regulations and parental consent forms shall be kept on file in the main office of each school building.
- All staff agreements to abide by District policy and regulations shall be kept on file in the business office.

**II. INTERNET ACCESS**

*In compliance with the Children's Internet Protection Act (CIPA), the District filters all access to through District managed equipment.*

- Students will be provided access during the instructional day.
- Students will be provided with individual District network accounts, with signed parent/guardian permission.
- Students may access the Internet for information and related resources.
- Students may participate in online learning activities under the supervision of the classroom teacher or other adult supervisor.
- A staff member will be required to monitor these activities.

**III. WEBPAGE SECURITY AND CONFIDENTIALITY**

The privacy of students and employees will be respected

- Student first names or initials only are to be published

## **Acceptable Use and Internet Safety Policy (7)**

**#4407-R**

- A child's or employee's name should never be linked with a photo
- Contact information for an employee will be restricted to school address, work phone numbers and District e-mail address
- Publication of personal address, phone numbers, or email addresses is prohibited
- Links to personal web pages and sites that contain inappropriate material are prohibited

### **IV. ACCEPTABLE USE AND CONDUCT**

- Access to the District's computer network is provided solely for educational purposes and research consistent with the District's mission and goals.
- Use of the District's computer network is a privilege, not a right. Inappropriate use may result in the suspension or revocation of that privilege as per the Code of Conduct.
- Each individual in whose name an access account is issued is responsible at all times for its proper use.
- All network users will be issued a login name and password. Passwords must be changed in accordance with the current District practice..
- All network users are expected to abide by the generally accepted rules of network etiquette. This includes being polite and using only appropriate language. Abusive or sexual language or images, vulgarities and swear words are all inappropriate.
- Network users identifying a security problem on the District's network must notify the appropriate teacher, administrator, IT professional, or Director of Technology. Under no circumstance should the user demonstrate the problem to anyone other than to the District official or employee being notified.
- Any network user identified as a security risk or having a history of violations of District computer use guidelines may be denied access to the District's network.

### **V. PROHIBITED ACTIVITY AND USES**

The following is a list of prohibited activity concerning use of the District's computer network. Violation of any of these prohibitions may result in discipline or other appropriate penalty, including suspension or revocation of a user's access to the network.

- Using the network for commercial activity, including advertising.
- Infringing on any copyrights or other intellectual property rights, including copying, installing, receiving, transmitting or making available any copyrighted software on the District computer network (plagiarism).
- Using the network to receive, transmit or make available to others obscene, offensive, or sexually explicit material.
- Using the network to receive, transmit or make available to others messages that are racist, sexist, abusive or harassing to others.
- Using another user's account or password.
- Attempting to read, delete, copy or modify the electronic mail (e-mail) of other system users and deliberately interfering with the ability of other system users to send and/or receive e-mail.
- Forging or attempting to forge e-mail messages.

## #4407-R

- Engaging in vandalism. Vandalism is defined as any malicious attempt to harm or destroy District equipment or materials, data of another user of the District's network or of any of the entities or other networks that are connected to the Internet. This includes, but is not limited to, creating and/or placing a computer virus on the network.
- Using the network to send anonymous messages or files.
- Using the network to receive, transmit or make available to others a message that is inconsistent with the District's Code of Conduct.
- Revealing the personal address, telephone number or other personal information of oneself or another person.
- Intentionally disrupting network traffic or crashing the network and connected systems.
- Installing personal software on the District's computers and/or network.
- Using District computing resources for commercial or financial gain or fraud.
- Stealing data, equipment or intellectual property.
- Gaining or seeking to gain unauthorized access to any files, resources, or computer or phone systems, or vandalize the data of another user.
- Using the network while access privileges are suspended or revoked.
- Using the network in a fashion inconsistent with directions from teachers and other staff and generally accepted network etiquette.
- Sending unsolicited email messages, including the sending of "junk mail" or other advertising materials to individuals who did not specifically request such materials (email spam). This includes creating or forwarding of "chain letters", "Ponzi" or other "pyramid" schemes of any type.

**AGREEMENT BETWEEN THE TUXEDO UNION FREE SCHOOL DISTRICT AND  
NETWORK/INTERNET ACCOUNT HOLDERS.**

I, the undersigned, have read and agree to the terms and conditions set forth in this Acceptable Use Policy (Policy #4407 – dated 08/24/10). I further understand that any violation of the regulations may constitute a criminal offense. Should I commit a violation, my access privileges may be revoked, school disciplinary action and/or the appropriate legal action may be taken.

Account Holder (Print) \_\_\_\_\_

Account Holder (Signature) \_\_\_\_\_

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

**If the account holder is a student, then parent signature is required.**

I, the parent/legal guardian of the above, understand the contents of this document and agree to be bound by its terms and conditions.

Parent (Print) \_\_\_\_\_

Parent (Signature) \_\_\_\_\_

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



# TUXEDO UNION FREE SCHOOL DISTRICT

**Nicole Scariano**  
SUPERINTENDENT OF SCHOOLS, IA  
GEORGE F. BAKER UPPER SCHOOL PRINCIPAL, IA

**Paul Brown**  
GEORGE GRANT MASON LOWER SCHOOL PRINCIPAL

---

## TRANSPORTATION DATA SHEET

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

**Student's Name:** \_\_\_\_\_  
Last Middle First

**Home Telephone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Emergency Telephone Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Parent's Name: Father:** \_\_\_\_\_  
Last First

**Mother:** \_\_\_\_\_  
Last First

**Mailing Address:** \_\_\_\_\_

**Specify exact location of your residence:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**Child's Grade:** \_\_\_\_\_

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

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM  
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR  
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

**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**

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

**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):**  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

**Hyperlipidemia:**  No  Yes  Not Done      **Hypertension:**  No  Yes  Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)</b>
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g}/\text{dL}$				
<input type="checkbox"/> <b>System Review and Abnormal Findings Listed Below</b>				
<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			*Required only for students with an IEP receiving Medicaid	

Name:	DOB:
-------	------

**SCREENINGS**

Vision (w/correction if prescribed)	Right	Left	Referral	Not Done
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity	20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>
Notes				
<b>Hearing</b> Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				<b>Not Done</b>
Pure Tone Screening	<b>Right</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Left</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Notes				
<b>Scoliosis</b> Screen Boys in grade 9, and Girls in grades 5 & 7	<b>Negative</b> <input type="checkbox"/>	<b>Positive</b> <input type="checkbox"/>	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Not Done</b> <input type="checkbox"/>

**RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**

**Student may participate in all activities without restrictions.**

**Student is restricted from participation in:**

- Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- Other Restrictions:**

**Developmental Stage for Athletic Placement Process ONLY required** for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

**Tanner Stage:**  I  II  III  IV  V      Age of First Menses (if applicable) : \_\_\_\_\_

**Other Accommodations\*:** (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. \*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

**MEDICATIONS**

**Order Form for Medication(s) Needed at School Attached**

**IMMUNIZATIONS**

Record Attached       Reported in NYSIIS

**HEALTH CARE PROVIDER**

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please Return This Form To Your Child's School When Completed.**



**TUXEDO UNION FREE SCHOOL DISTRICT  
EMERGENCY PROCEDURE FORM**

**PLEASE PRINT THE FIRST AND LAST NAMES OF ALL YOUR CHILDREN ATTENDING TUXEDO UNION FREE SCHOOL DISTRICT:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

MOTHER/GUARDIAN'S NAME: _____	BUSINESS ADDRESS: _____
WORK PHONE NUMBER: _____	CELL NUMBER: _____
ADDRESS IF DIFFERENT FROM ABOVE: _____	

FATHER/GUARDIAN'S NAME: _____	BUSINESS ADDRESS: _____
WORK PHONE NUMBER: _____	CELL NUMBER: _____
ADDRESS IF DIFFERENT FROM ABOVE: _____	

IN CASE OF AMBULANCE TRANSPORT STUDENTS WILL BE TAKEN TO GOOD SAMARITAN HOSPITAL IN SUFFERN, NEW YORK. (845.368.5000)

IN CASE OF EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIANS LISTED ABOVE. IF A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE LIST PERSON(S) WHO MAY PICK UP YOUR CHILD(REN) IN AN EMERGENCY.

YOUR CHILD(REN) WILL ONLY BE RELEASED TO PEOPLE LISTED ON THIS FORM.

1. NAME: \_\_\_\_\_ PHONENUMBER: \_\_\_\_\_  
2. NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
3. NAME: \_\_\_\_\_ PHONENUMBER: \_\_\_\_\_  
4. NAME: \_\_\_\_\_ PHONENUMBER: \_\_\_\_\_

PLEASE INDICATE ANY EMERGENCY MEDICAL INFORMATION THAT WE SHOULD KNOW BELOW:  
(PLEASE PROVIDE DOCUMENTATION TO THE SCHOOL NURSE)

CIDLD'S NAME: \_\_\_\_\_ CONDITION: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ CONDITION: \_\_\_\_\_

THE FOLLOWING PERSON(S) ARE LEGALLY PROHIBITED FROM UNAUTHORIZED CONTACT WITH MY CHILD(REN) *(PLEASE ATTACH LEGAL DOCUMENTATION)*

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE MAIL/FAX (845.351.4823) THIS FORM TO THE HIGH SCHOOL  
OFFICE (845.351.3402) GGM OFFICE