

BRASHER FALLS CENTRAL SCHOOL STUDENT REGISTRATION FORM

(PLEASE FILL IN ALL WHITE AREAS)

A. STUDENT INFORMATION

First Name:		Middle Name:		Last Name:	
Date of Birth ____/____/____		Male Female <i>(Please circle)</i>	Grade:	Returning Student: Y or N <i>(Please circle)</i>	
SSN: ____ - ____ - ____ <i>(optional)</i>		Race:		Student ID #	Bus #
City of Birth:		State of Birth:		Country of Birth:	If no US, date of entry into US: ____

B. PRIMARY GUARDIAN INFORMATION

Mr. Mrs. Miss Ms. <i>(Please circle)</i>		First Name:		Last Name:		Relationship:	
Mr. Mrs. Miss Ms. <i>(Please circle)</i>		First Name:		Last Name:		Relationship:	
Parents are: Married Separated Divorced Other <i>(Please circle)</i>				Active Duty? Y or N <i>(Please circle)</i>		Child Lives With:	
Father Occupation:		Father Employer:		Last Grade Completed:			
Mother Occupation:		Mother Employer:		Last Grade Completed:			
Email Address:				Cell Phone: ____ - ____ - ____			

C. PRIMARY GUARDIAN RESIDENCE

Physical Address:		Home Phone: ____ - ____ - ____	
Mailing Address:		Work Phone: ____ - ____ - ____	
City:	State:	ZIP Code:	

The answer to this residency question helps determine services the student may be eligible to receive under the McKinney-Vento Act.

Is your current address a temporary living arrangement? YES NO <i>(Please circle)</i>		
If you answered YES, please complete Residency Enrollment Form		

D. SECONDARY GUARDIAN INFORMATION IF SEPARATED/DIVORCED

Mr. Mrs. Miss Ms. <i>(Please circle)</i>		First Name:		Last Name:		Relationship:	
Physical Address:		Home Phone: ____ - ____ - ____					
Mailing Address:		Work Phone: ____ - ____ - ____					
City:		State:		ZIP Code:			
Email Address:		Permission to Pick Up? Y or N <i>(Please circle)</i>		Cell Phone: ____ - ____ - ____			

E. FAMILY LIVING IN THE HOME

Name	Relationship	Date of Birth	Grade/Occupation

F. STUDENT PRIOR EDUCATION

Name of Previous School:	Address:
Date of Attendance:	Has Either Parent Ever Worked on a Farm Y or N <i>(Please circle)</i>

G. MEDICAL INFORMATION

Date of Last Physical:	Family Doctor:	Date of Last Eye Exam:
Findings of Last Eye Exam:	Date of Last Hearing Exam:	Findings of Last Hearing Exam:

Does your child have a health problem? Check where appropriate.

- | | | | | | |
|--|--|--|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> High Temperature | <input type="checkbox"/> Difficulty Swallowing/Chewing | <input type="checkbox"/> Injury | <input type="checkbox"/> Stomach complaints | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision | <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Allergies | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Heart | <input type="checkbox"/> Surgeries | <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Coordination problems | <input type="checkbox"/> Sleeping Problems | <input type="checkbox"/> Bee sting allergy | Other _____ | | |

Does your child take medication? Y or N <i>(Please circle)</i>	Name of medication(s):
---	------------------------

Does any close relative in your family have a history of: Check where appropriate.

- | | | | | | | | |
|--|---|--|--|---------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Learning Problems | <input type="checkbox"/> Mental Retardation | Other _____ | | | | | |

Are there any problems in the home that might affect your child's learning? ? Y or N *(Please circle)*
If yes, explain:

Is there anything more about this child's health that you think is important for us to know? (i.e.: surgeries, illnesses, or disorders that have been difficult for this child (dates if available))

H. SIGNATURE

I authorize the verification of the information provided and understand it will be treated confidentially.

X	X
<i>Signature of Parent/Guardian</i>	<i>Date</i>

I. Additional Information Needed

Birth Certificate	Date Received:	Immunization Records	Date Received:
Social Security Card (optional)	Date Received:	Proof of Residency If the student is NOT living in permanent housing-proof is not required	Date Received:

For Office Use Only : Routing

Elementary School		Middle School		HS / Guidance	
Official Date of Entry		Official Date of Entry		Official Date of Entry	
AM Bus #		AM Bus #		AM Bus #	
PM Bus #		PM Bus #		PM Bus #	
All Transcript Received		All Transcript Received		All Transcript Received	
OSS Eligible		OSS Eligible		OSS Eligible	
Free/Reduce Eligible		Free/Reduce Eligible		Free/Reduce Eligible	
Classroom Teacher		Locker# / Agenda		Locker# / Agenda / COC	
Court Order		Court Order		Court Order	

BRASHER FALLS CENTRAL SCHOOL DISTRICT

ST. LAWRENCE CENTRAL

1039 STATE HIGHWAY 11C, PO BOX 307

BRASHER FALLS, NEW YORK 13613

PHONE: (315) 389-5131

FAX NUMBERS

ELEMENTARY (GRADES PRE-K - 4) (315) 389-4651

Danielle Colterman, Elementary School Principal
Katherine McFarland, Guidance Counselor (PreK, 1 & 3)
Carey White, Guidance Counselor (Kdg, 2 & 4)

MIDDLE SCHOOL (GRADES 5 - 8) (315) 389-4185

Jamie LaBarge, Middle School Principal
Nathan Niles, Guidance Counselor (A-K)
Rachel Roldán, Guidance Counselor (L-Z)

HIGH SCHOOL (GRADES 9 -12) (315) 389-5245

Kristen Zender, High School Principal
Michaela Bethel, Guidance Counselor (A-K)
Rachael Huntley, Guidance Counselor (L-Z)

OFFICE OF SPECIAL SERVICES (CSE Office) (GRADES K-12).... (315) 389-5194

Name of school Student last attended: (Please provide) _____

TO WHOM IT MAY CONCERN:

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within an educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.

STUDENT NAME: _____

BIRTH DATE: _____

GRADE LEVEL: _____

School Device Returned to Previous School? Y or N

Please release the following information to the appropriate address and/or fax number as listed above.

- Health and Attendance
- Academic Records
- *Science Labs*
- Birth Certificate / Social Security Card
- Custody Information / Court Orders
- Free & Reduced Meal Application
- Assessment Scores
- Other _____

CSE/CPSE/Section 504 Records

- Individualized Education Program
- 504 Accommodation Plan
- Psycho-Educational Evaluation
- Speech & Language Evaluation
- All other Evaluations
- Speech/OT/PT Scripts
- Initial Referral
- Consent for Initial Placement
- Medicaid Consents
- Test Scores
- Vocational I Assessments

Parent/Guardian Signature Date

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ST. LAWRENCE CENTRAL

1039 STATE HIGHWAY 11C, PO BOX 307

BRASHER FALLS, NEW YORK 13613

PHONE: (315) 389-5131

Special Support Classes/Programs and/or Special Education Programs

Name of Student: _____

Date of Birth: _____

Grade: _____

1. Was your child enrolled in any special support classes/programs? If yes, please list the programs. (Examples: remedial reading, remedial math, speech improvement, counseling, special groups, etc.)

2. Was your child placed in any special education programs (Have an IEP or 504 Plan)? If yes, please list the programs. (Examples: self-contained class, resource room, consultant teachers, speech therapy, physical therapy, occupational therapy, counseling, etc.)

If the answer to question #2 was YES, please provide your latest copy of the Individualized Educational Program (IEP).

3. Name, address and phone number of student's Physician.

Parent/Guardian Signature

Date

**Community Eligibility Provision (CEP)/Provision 2 non-base year
Household Income Eligibility Form**

Brasher Falls Central School District is participating in the Community Eligibility Provision (CEP) for the 2023-2024 school year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call Melany Cline School Lunch Manager at (315)389-5131 Ex: 29138, if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE # _____

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature:

Date:

Email Address:

Home Phone

Work Phone

Home Address

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster Income Total Household Income/How Often: Household Size:

Free Eligibility Reduced Eligibility Denied Eligibility

Signature of Reviewing Official

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
 - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly.** If no income, check the box. The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.
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PRIVACY ACT STATEMENT

If you have received this form, it must be completed and returned to the Health Office.

School Nurse Information Letter
Mrs. Amber Tuper, Elementary School Nurse

Welcome to St. Lawrence Central Elementary!

The New York State Board of Regents adopted amendments addressing school health services. Please read carefully the information below.

During this school year, the following screenings will be required or completed at school:

VISION

- Distance acuity for all newly entering students and students in **PreK, Kindergarten, Grades 1 and 3.**
- Near vision acuity and color perception screening for all newly entering students.

HEARING

- Hearing screening for all newly entering students and **PreK, Kindergarten, Grades 1 and 3.**

HEALTH APPRAISALS

- A physical examination, including **Body Mass Index (BMI)** and Weight Status Category Information is required for all newly entering students and students in **Pre-Kindergarten OR Kindergarten, Grades 1 and 3.** BMI is determined by a student's weight and height, which helps the doctor or nurse know if the student's weight is in a healthy range. Recent changes to the New York States Education Law require that that BMI and weight status group be included as part of the students school health examination. Furthermore, the New York State Department of Health may require us to report a summary of weight status groups for Grades PreK, Kdg, 1 and 3. This is only a summary report, no names or personal information about individual students is sent. However, you may choose not to have your child's information on the report. Please contact my office for this form, which must be completed and in my office by November 1st.

DENTAL CERTIFICATES

- A dental certificate is provided to all newly entering students and students in **PreK, Kindergarten, Grades 1 and 3.**

IMMUNIZATIONS

- Immunizations are required to attend school. Please check with your physician in regards to your child's immunizations. A copy of your child's immunization record from the physician's office is required to be on file in the Nurse's Office per NYS law.

Immunization forms need to be turned into the Nurse's Office within 14 days of transferring into district.

MEDICATIONS

- Medication **cannot** be brought to school **by a child.**
- All medications, including over the counter medication, may only be administered by the School Nurse with completed doctor information and parental consent.
- A doctor's form and a parental permission form must be completed and the medication must be transported to school by an adult in order to be administered. All medications, including inhalers, need to be reordered yearly.

SCHOOL ABSENCES

- Call me at (315) 389-5131, ext. 29377 whenever your child is out of school for more than two days.
- Always send a written note explaining your child's absence when he/she returns to school. Please note specific illness or any surgery.

EMERGENCY CARDS

- Complete and return with Registration Packet. Only list family and friends **that are available to pick up your sick child during school hours. This is very important information that the school depends on.**
- Fill out the Health History Update form and return with Registration Packet. Please note any fractures, surgeries or serious illnesses.
- If any information changes, including phone number, address, or health issues, during the school year, please immediately notify the Main Office at (315) 389-5131, ext. 29300.

If Physical certificates are not completed by October 31st, our school physician will complete the physical here at school.

If you have received this form, it must be completed and returned to the Health Office.

BRASHER FALLS CENTRAL SCHOOL DISTRICT 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:	Date:
	Cell Phone:		

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

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
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:
TREATMENTS	YES	NO	
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: (use back of sheet if necessary) _____

Parent/Guardian Signature: _____ Date: _____

Brasher Falls Central School Emergency Form: Please complete information for each child attending Brasher Falls Central **Elementary** School. *Please note that the Middle/High School have a separate form.*

<p>Student: _____</p> <p>Grade _____</p> <p>Parents/Guardians in the Home:</p> <p>_____</p>	<p>Student: _____</p> <p>Grade _____ <input type="checkbox"/> <i>check box if information below is the same for this child.</i></p> <p>Parents/Guardians in the Home:</p> <p>_____</p>	<p>Student: _____</p> <p>Grade _____ <input type="checkbox"/> <i>check box if information below is the same for this child.</i></p> <p>Parents/Guardians in the Home:</p> <p>_____</p>
<p>Other Adults Living in the Home:</p> <p>_____</p>	<p>Other Adults Living in the Home:</p> <p>_____</p>	<p>Other Adults Living in the Home:</p> <p>_____</p>
<p>911 Address:</p> <p>_____</p>	<p>911 Address:</p> <p>_____</p>	<p>911 Address:</p> <p>_____</p>
<p>Mailing Address:</p> <p>_____</p>	<p>Mailing Address:</p> <p>_____</p>	<p>Mailing Address:</p> <p>_____</p>
<p>Home Phone: _____</p>	<p>Home Phone: _____</p>	<p>Home Phone: _____</p>
<p>E-mail: _____</p>	<p>E-mail: _____</p>	<p>E-mail: _____</p>
<p>Work Phones:</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p>	<p>Work Phones:</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p>	<p>Work Phones:</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p>
<p>Cell Phones:</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p>	<p>Cell Phones:</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p>	<p>Cell Phones:</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p>
<p>Emergency Contacts who you authorize to pick up your child from school in the event you cannot be reached:</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p>	<p>Emergency Contacts who you authorize to pick up your child from school in the event you cannot be reached:</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p>	<p>Emergency Contacts who you authorize to pick up your child from school in the event you cannot be reached:</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p> <p>Name: _____ # _____</p>
<p>Parent Not Living in Home:</p> <p>_____</p>	<p>Parent Not Living in Home:</p> <p>_____</p>	<p>Parent Not Living in Home:</p> <p>_____</p>
<p>911 Address:</p> <p>_____</p>	<p>911 Address:</p> <p>_____</p>	<p>911 Address:</p> <p>_____</p>
<p>Mailing Address:</p> <p>_____</p>	<p>Mailing Address:</p> <p>_____</p>	<p>Mailing Address:</p> <p>_____</p>
<p>Phone #: _____</p>	<p>Phone #: _____</p>	<p>Phone #: _____</p>
<p>Is there a Court Order prohibiting anyone from picking up your child? _____ If Yes, please provide office a conv.</p>	<p>Is there a Court Order prohibiting anyone from picking up your child? _____ If Yes, please provide office a copy.</p>	<p>Is there a Court Order prohibiting anyone from picking up your child? _____ If Yes, please provide office a copy.</p>

In case of Emergency (serious illness or injury) when I cannot be reached, I hereby authorize BFCSD personnel to obligate me for services of a local doctor/hospital for my child(ren). Hospital Preference: _____ Doctor: _____
 Parent/Guardian Signature: _____

STUDENT USER AGREEMENT AND PARENT PERMISSION FORM



This form must be completely filled out for your network and email accounts to be activated. If you don't know how to respond to any item, please ask for assistance. PLEASE PRINT! Illegible responses will be considered incomplete.

To be completed by all new PreK-4th grade students to the district.

Office Use Only:
Username: _____
Password: _____
Date of Completion: _____

Student LAST Name: _____

Student FIRST Name: _____

Year of Graduation: 20__ Date of Birth: __/__/__ Home Phone: _____

Student ID Number: _____ Homeroom Teacher or #: _____

Parent/Guardian Name: _____

Home Street Address & Town: _____

Parent: Please read and respond in the appropriate place(s) below.

As a parent or guardian of a Brasher Falls Central School student, I have read the Computer Use Policy regarding student use of the computer network. I have discussed the rules and procedures with my son/daughter and agree to allow him/her to utilize the districts network, Internet and personal e-mail as long as he/she upholds those rules. I understand that computer network privileges can and will be suspended or revoked for a student who does not comply. I agree to release the Brasher Falls Central School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the District's Computer System (DCS) in any manner whatsoever. I agree that my son/daughter may have access to the DCS and I agree that this may include remote access from our home.

PARENT SIGNATURE: _____ Date: _____

COMPUTER USE POLICY

The Board of Education considers computers to be a valuable tool for education and encourages the use of computer-related technology in district classrooms.

Through software applications, online databases, and electronic mail, computer use will significantly enhance educational experiences and provide statewide, national, and global communications opportunities for students and staff.

The Superintendent shall establish rules and regulations governing the use and security of the district's computer network. Failure to comply with district policy and regulations for use of the computers may result in disciplinary actions as well as suspension and/or revocation of computer access privileges.

The following rules and regulations apply to students using the district computer system:

1. Each student will be granted a network account.
2. Each student will be issued a network login name and password. The username/login is comprised of the last two digits of the year of graduation + first three letters of last name + 3 digit student ID. (i.e. 04smi990)
3. Each student shall sign an acceptable use agreement to abide by district policy and regulations concerning the use of computers. These agreements shall be kept on file in the technology office and are active for the duration of student's educational career. Parental permission is required.
4. The district prohibits the use of any computer hardware/software in any inappropriate, fraudulent, or destructive manner including but not limited to
 - o Accessing inappropriate sites
 - o Sending of unauthorized messages
 - o Entering a code-protected file
 - o Plagiarism
 - o Altering a software program
 - o Vandalizing hardware or software components
 - o Using others username and/or password

Users are expected to follow these rules for network etiquette:

1. I will be polite and use appropriate language. Abusive and/or vulgar messages are not allowed.
2. I will not reveal anyone else's address, phone number, or personal information out over the Internet.
3. I will not use the network in any way that will disrupt others' use of the network.
4. I will not access, alter, or destroy another user's files.
5. I will not use another person's password, nor will I give my password to anyone.
6. I will treat the district computer equipment with care and not abuse it.
7. I will use the network with educational intent. I will not play or investigate games or use chat rooms.
8. I will credit all materials in my work in keeping with copyright laws.
9. I will not employ the network for commercial purposes.
10. I understand that a user's files are *not* guaranteed to be private. System Operators may have access to all files.
11. I will not engage in illegal activities. Any evidence of or incidents relating to or in support of illegal activities may be reported to authorities.
12. I will not hold the District responsible for materials acquired on the network.
13. I will not download any programs, games, or other inappropriate files from the Internet to the hard drive or to my network storage space.
14. I will not tamper with network system or computer desktop security passwords or programs.
15. I will report any misuse of the system according to these rules to the administration.

SANCTIONS FOR VIOLATIONS:

First Offense - loss of privileges for **30 school days**, at the discretion of the administration.

Second Offense - loss of privileges for **60 school days**, or the remainder of the semester, at the discretion of the administration.

Third Offense - loss of privileges for **90 school days**, or the remainder of the school year, at the discretion of the administration.

The Technology Coordinator may remove students from the network system for inappropriate use of the network/Internet. Faculty/staff will file a referral to report violations. Additional disciplinary action may be determined at the building level for infractions that may violate existing practices (i.e. inappropriate language). When applicable, law enforcement agencies may become involved. A student whose account has been suspended for a third offense must appear before the technology committee to discuss the infraction(s) prior to reinstatement.

Internet Safety Policy:

The Children's Internet Protection Act (CIPA) was signed into law on December 21, 2000. In compliance with the FCC regulations, Brasher Falls Central School has employed software and hardware technologies to ensure Internet safety for all computers in the district. This Internet Safety Policy protects against access, through computers with Internet access, to visual depictions that are obscene, child pornography, or (in the case of use by minors) harmful to minors.

Internet harassment that occurs outside of school may be referred to law enforcement.