



COOPERSTOWN CENTRAL SCHOOL

District Offices, 39 Linden Avenue
Cooperstown, New York 13326-1496

WILLIAM T. CRANKSHAW, Ed.D. Superintendent of Schools - 607-547-5364
AMY B. KUKENBERGER, Business Administrator - 607-547-5386
KRISTIN BUTLER, Director of Curriculum Development and Assessment - 607-547-9976
DAVID BERTRAM, Director of Extra-Curricular Advisement and Athletics - 607-547-2401

BOARD OF EDUCATION
Marcy Birch, President
Mary Leonard, Vice President
Marielle Ainsworth
Timothy Hayes
Anthony Scalici
Matthew Schuermann
Gillian Spencer
Wendy Lansing, Clerk

October 12, 2018

Dear Parents/Guardians of student(s) attending classes in other public schools:

We are already planning for anticipated school delays, cancellations or early closings due to the effects from severe winter weather or other factors. This letter contains some important information that you will need to know so that safety can remain our number one priority for all Cooperstown CSD students and staff. Each Principal depends upon your cooperation to collect information using the "Emergency Early School Closing Form" enclosed in this letter. This form should be completed, signed, and returned to Laura Bliss Lamb by November 2, 2018. It is important that the sheet be returned for all children, even if there is no change from a regular dismissal. Please know that you can always notify the school, in writing - at any time during the year, of a request to changes in destination/drop-off after this date.

The process for school closings is carefully planned. The Cooperstown CSD Transportation Department and I consult with Town and Village Highway Departments, weather reports from several official sources, and Superintendents from some of our contiguous school districts when deliberating a decision to close or delay school. Discussions begin as early as possible in the process so that a decision can be made as early as possible to address a variety of safety concerns and accommodate parents'/caregivers' schedules.

When school is closed for any reason, the official announcement will be sent via School Messenger and will be posted on our school Facebook page and website www.cooperstowncs.org. Closings are broadcast over several local radio and television stations. Please refer to the "School Closure Procedure" section on page 5 of the District Calendar. Individual telephone contact will not be made. Please subscribe for email or text message alerts through the District website, as well. Our main office in each building will be more than happy to assist you. In general, the District will not close *early* due to inclement weather. Doing so risks creating several very real unsafe situations for students.

To ensure that sufficient and mandated instructional time is protected, School District Calendar has been developed that includes five (5) built-in "emergency closing days". Any unused emergency closing days are called "give back" days; I will announce those in March 2019. I strongly caution against making holiday plans around the assumption that there will again be "give back" days.

Please be advised that in accordance with Section 155.17 of New York State Education Law, the district has a series of other emergency plans for incidents requiring immediate evacuation separate from those where we are able to transport students by bus. Thank you in advance for your cooperation.

I send warmest regards to you and your student for a safe and productive year at Cooperstown Central School.

Yours Very Truly,

A handwritten signature in black ink, appearing to read "William T. Crankshaw".

William T. Crankshaw
Superintendent of Schools

Cooperstown Central School District
Mrs. Laura Bliss Lamb
CPSE/CSE Chairperson
21 Walnut Street
Cooperstown, NY 13326

In the event of an **emergency early school closing**, during the 2018-2019 school year, I authorize the school to send or take my child(ren) to the alternative destination as noted below. Please note that the Clark Sports Center is NOT an option.

Child's Name: _____	Teacher:-----
Child's Name: -----	Teacher:-----
Child's Name: -----	Teacher:-----
Child's Name: _____	Teacher:-----

(One and Complete Information)

No Change - Same as any other day

Bus# _____ to:-----

Pick-up by:-----

Walk to:-----

Parent/Guardian Signature:-----

Date:-----

Print Name:-----

Emergency Phone#:-----

Alternate Contact:-----

Phone#:-----

Please return form to Laura Bliss Lamb by November 2, 2018