



## SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A

310 Washington Avenue Ext.

Saugerties, New York 12477

(845) 247-6500

[www.saugerties.k12.ny.us](http://www.saugerties.k12.ny.us)

# Welcome to the Saugerties Central School District

Registration for all new students will take place at the District Registrar's office located at:

**310 Washington Avenue Ext, Saugerties, NY 12477**

**Hildebrandt Building**

Hours of registration are by appointment Monday through Friday

**Please call for an appointment.**

**(845) 247-6500 x9211**

**F: 845-681-4241**

The following documentation is required in order to enroll your child for school in the Saugerties Central School District:

- ✓ **Proof of Residency:** You must provide **two (2)** original copies that are current (within the last 30 days), and must contain the name of the parent/guardian and the physical address of the residence.
  - ➔ Documents accepted: executed lease agreement, deed, mortgage or other proof of home ownership, notarized/signed statement or affidavit from a third party landlord/owner, utility bill (gas, oil, electric, telephone, cable, etc.), tax bill
- ✓ **Proof of Date of Birth:** Your child's birth certificate, passport, or other proof of age
- ✓ **Immunization Record/Physician Health Form/Dental Form:**
  - ➔ Public Health Law 2164 requires immunizations be received prior to a child being allowed to enter school
- ✓ **Photo I.D. of the Parent/Guardian:** Driver's License or Non-Driver I.D.
- ✓ **Custody Papers:** If applicable are required
- ✓ **Academic Records:** Including transcripts, recent report cards and any Special Education Plans will be requested from previous school (if applicable). If your child has received special education service or accommodation through an Individualized Education Program (IEP) or a Section 504, please sign consent for the release of special education records so that special education services can begin as soon as possible.

# SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties, New York 12477 Telephone: (845) 247-6500

## STUDENT REGISTRATION FORM

### For Office Use Only

School \_\_\_\_\_ Enter Date \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/HR \_\_\_\_\_  
Student # \_\_\_\_\_ Out of District \_\_\_\_\_ Non Resident \_\_\_\_\_

- **PLEASE PRINT LEGIBLY** This information will be used for your child's school and achievement records. Failure to answer all questions and not printing legibly could delay the registration process.

**STUDENT NAME:** \_\_\_\_\_  
Last First MI

**DATE OF BIRTH:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **GENDER:** Male / Female / Non-Binary

### HOUSEHOLD ADDRESS

**RESIDENTIAL ADDRESS:** \_\_\_\_\_  
House # Street Name Apt. # City or Town Zip Code

**HOUSEHOLD PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**MAILING ADDRESS (if different):** \_\_\_\_\_ **ZIP** \_\_\_\_\_

### PARENT/GUARDIAN(S) RESIDING AT THE ABOVE ADDRESS:

Last \_\_\_\_\_, First \_\_\_\_\_ Last: \_\_\_\_\_, First \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(mother, father, guardian, step-parent, other) (mother, father, guardian, step-parent, other)

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

If divorced, separated, or guardian, proof of custody must be submitted and verified. Proof of custody may be established through evidence of a separation/divorce agreement, court ordered guardianship documents, or notarized custody affidavit from the parent(s) and/or guardian(s). This information must be provided at the time of registration.

### SECONDARY HOUSEHOLD

If both parents are not residing together with the child, extra mailing is requested. (address must be complete)

Parent Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Household Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Has this student ever been enrolled in the Saugerties Central School District? YES NO

If yes, what school? Jr/Sr High Cahill Mt Marion Riccardi Morse

### ALL CHILDREN - PRE-SCHOOL AGE & SCHOOL AGE RESIDING IN HOUSEHOLD:

Name (Last, First, MI)	Date of Birth	Gender	Grade	Present School
_____	_____	M____ F____	_____	_____
_____	_____	M____ F____	_____	_____
_____	_____	M____ F____	_____	_____
_____	_____	M____ F____	_____	_____
_____	_____	M____ F____	_____	_____

# SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties, New York 12477 Telephone: (845) 247-6500

## Student's Special Programs

Does your child have an: ☐ IEP ☐ 504 Plan

Has your child been retained (repeated a grade)? If so, what grade? \_\_\_\_\_

Has your child received: ☐ Counseling ☐ RTI Math ☐ RTI Reading  
☐ Speech ☐ English Language Services (ELL)  
☐ Other (Explain) \_\_\_\_\_

## Student's Educational Background

Previous School Name	Previous School Address	School Phone Number	Current Grade

## Parent Information

Parent/ Guardian Name	Living	Deceased	Current Occupation	On Current Active Military Duty

**It is the policy of the District that proof of residency be provided within three (3) business days in order to complete enrollment for a student to attend the Saugerties Central School District. The student listed above will be enrolled immediately, or as soon as practicable, pending a final determination by the District that the student is a resident of the District and is entitled to attend the schools of the District on a tuition free basis. Please be advised that, in the event that a family violates the residency requirement, the Saugerties Central School District has the right to bill for back tuition for the period of time that the student(s) attended District schools as non-residents.**

\_\_\_\_\_  
Initials

I certify that I am a resident of the Saugerties Central School District.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ANY QUESTIONS/CONCERNS REGARDING REGISTRATION REQUIREMENTS MUST BE REVIEWED BY THE CENTRAL REGISTRAR.**

# SAUGERTIES CENTRAL SCHOOL DISTRICT

## STUDENT RESIDENCY QUESTIONNAIRE

THIS QUESTIONNAIRE IS INTENDED TO ADDRESS THE MCKINNEY-VENTO ACT 42 U.S.C. 11435. THE ANSWERS TO THIS RESIDENCY INFORMATION HELP DETERMINE THE SERVICES THE STUDENT MAY BE ELIGIBLE TO RECEIVE.

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F \_\_\_ X  
Last First Middle

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Student ID #: \_\_\_\_\_

1. Is your current address a temporary living arrangement? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Name of previous School District where student was enrolled \_\_\_\_\_
4. What is your school district of choice - Saugerties or previous School District \_\_\_\_\_
5. If Saugerties, please sign attached form (STAC-202)

**If you answered YES to the above questions, please complete the remainder of this form before signing. If you answered NO, you may stop here and sign now in the box below.**

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

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite.

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Is this a temporary address? \_\_\_\_\_. If yes, whose address is it \_\_\_\_\_.  
Yes or No First and Last Name

What is the relationship to the student? \_\_\_\_\_

***Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.2002(3)(d).***

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

For school use:

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alexis Bulich, McKinney-Vento Liaison Signature

☐ ***Please send copy to Alexis Bulich at Saugerties High School***

# SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties, New York 12477 Telephone: (845) 247-6500

## STUDENT INFORMATION QUESTIONNAIRE

The following information is required by the New York State Education Department for data collection purposes. This information shall not be used to deny resident students a Free Appropriate Public Education.

### 1. INFORMATION

Child's Name: \_\_\_\_\_ Gender: M / F / X

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

Parent/Guardian Name: \_\_\_\_\_

### 2. ETHNICITY OF STUDENT

**Hispanic, Latino, or of Spanish origin:** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Is the student Hispanic, Latino, or of Spanish origin? YES \_\_\_\_\_ NO \_\_\_\_\_

### 3. RACE OF STUDENT (Check all that apply, must check one)

- ☐ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Asian:** A person having origins in any of the 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 and Vietnam.
- ☐ **Black or African-American:** A person having origins in any of the Black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands.
- ☐ **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

#### 4. BIRTHPLACE OF STUDENT

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

#### 5. CITIZENSHIP OF STUDENT

United States Citizen: YES \_\_\_\_\_ NO \_\_\_\_\_

Immigrant: YES \_\_\_\_\_ NO \_\_\_\_\_

*Immigrant children and youth are defined as individuals who:*

- *are aged 3 through 21;*
- *were not born inside the United States;*
- *have not been attending one or more schools in the United States for more than 3 full academic years. The months need not be consecutive.*

Migrant: YES \_\_\_\_\_ NO \_\_\_\_\_

*A "migratory child" or student is defined as:*

- *A child not older than 21 years of age; AND*
- *The child is entitled to a free appropriate public education, or FAPE, under state law or is below the age of compulsory attendance; AND*
- *The child is a migratory agricultural worker or a migratory fisher, or the child has a parent, spouse, or guardian who is a migratory agricultural worker or a migratory fisher; AND*
- *The child has moved from one school district to another within the preceding 36 months in order to seek or obtain qualifying work, or to accompany or join the migratory agricultural worker or migratory fisher who is a parent, spouse, or guardian in order to seek or obtain qualifying work. Notice that ALL of these conditions must be met in order for the student to meet the definition.*

Student Country of Origin/Last Country of Residence: \_\_\_\_\_  
*(the last country that the student lived in)*

First Month and Year of Student Entry to U.S.: \_\_\_\_\_

Month and Year Student Entered U.S. Schools: \_\_\_\_\_

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

\_\_\_\_\_  
Date



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

H O M E L A N G U A G E C O D E

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

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <input type="checkbox"/> Guardian(s) _____	<input type="checkbox"/> Father _____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify

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

<b>Educational History</b>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <b>Yes*   No   Not sure</b>  <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> </div> <div style="width: 65%;"> <i>*If yes, please explain:</i> _____ </div> </div>	
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* <i>*Please complete 10b below</i>	
10b. <i>*If referred for an evaluation,</i> 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 <i>(Please check all that apply):</i> <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? <i>(e.g., special talents, health concerns, etc.)</i> <div style="border-bottom: 1px dotted black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>	
12. In what language(s) would you like to receive information from the school? _____	

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation*

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
*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: <div style="border-bottom: 1px dotted black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>**DATE OF INDIVIDUAL INTERVIEW:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>MO.</span> <span>DAY</span> <span>YR.</span> </div>	<b>OUTCOME OF INDIVIDUAL INTERVIEW:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> ADMINISTER NYSITELL  <input type="checkbox"/> ENGLISH PROFICIENT  <input type="checkbox"/> REFERTO LANGUAGE PROFICIENCY TEAM </div> <div style="width: 5%;"></div> </div>
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
<b>DATE OF NYSITELL ADMINISTRATION:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>MO.</span> <span>DAY</span> <span>YR.</span> </div>	<b>PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 80%;"> <input type="checkbox"/> ENTERING   <input type="checkbox"/> EMERGING   <input type="checkbox"/> TRANSITIONING   <input type="checkbox"/> EXPANDING </div> <div style="width: 20%;"> <input type="checkbox"/> COMMANDING </div> </div>
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: <div style="border-bottom: 1px dotted black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>	



# SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties, New York 12477 Telephone: (845) 247-6500

## Parent/Guardian Emergency Information Form

**Please print legibly.** To ensure accurate information, it is **MANDATORY** that parents/guardians **SIGN AND DATE** this Student Information Form for **each student** enrolled within the Saugerties Central School District.

		<i>Student ID:</i>	<i>Date Updated</i> ___/___/___
<i>Student Name</i>	<i>Last Name</i>	<i>First Name</i>	<i>MI</i>
<i>Student Residence Address</i>	<i>Street/Apt. #</i>	<i>City</i>	<i>State, Zip</i>
<i>Student Mailing Address</i>	<i>Post Office Box</i>	<i>City</i>	<i>State, Zip</i>
<i>Student Household Telephone</i>		<i>Current Grade</i>	
<i>Student Birth Place (city/state)</i> <i>Student Birth Country</i>		<i>Students Birth Date</i>	
<i>Parent/Guardian Name</i>		<i>Is student a US Citizen</i> <i>Date Student Entered US</i>	<i>Y or N</i> <i>Date: ___/___/___</i>
<b>Elementary Only</b> Early Dismissal Contact	<i>Name and Telephone:</i>		

**If guardianship or residential address has changed**, you must contact the building secretary to request the required change of address form or guardianship filing requirements.

**Emergency Contact Information:** If a Parent/Guardian cannot be reached, the individuals below are authorized to pick up my child and can be reached during school hours at the numbers listed. **Please list 3 individuals other than the parents.**

<i>Emergency Contact 1</i>	<i>Relationship</i>	<i>Phone Number(s)</i>	
		Cell:	Other:
<i>Emergency Contact 2</i>	<i>Relationship</i>		
		Cell:	Other:
<i>Emergency Contact 3</i>	<i>Relationship</i>		
		Cell:	Other:

### Emergency & Health Information

In case of serious accident or illness at school, your child will be sent to an emergency medical facility. **If your child is currently under treatment for a medical condition and/or will require medication administration during the school day, you must notify the health office via phone or in person.** Special health forms must be completed and signed by your physician before ANY medication can be administered to your child.

Physician's Name:	Phone:
-------------------	--------

Health Comments: \_\_\_\_\_

Do you require a translator? If yes, please indicate desired language. \_\_\_\_\_

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



**SAUGERTIES CENTRAL SCHOOL DISTRICT**

KIRK REINHARDT, SUPERINTENDENT

**Call Box A**

310 Washington Avenue Ext.

Saugerties, New York 12477

(845) 247-6500 Fax (845) 246-8364

[www.saugerties.k12.ny.us](http://www.saugerties.k12.ny.us)

---

IF YOU DON'T WANT YOUR CHILD TO BE PHOTOGRAPHED.

**PHOTOGRAPHS/VIDEO FORM  
NON-PERMISSION/OPT-OUT FORM**

**(PARENTS: Complete and return this form only if you do NOT give permission for your student's image to appear in possible school publications, including postings on the website and social media.)**

From time to time, photographs or videos of students are taken during the school day for use in the District and for educational news releases, publications, video productions, social media, educational projects, and the District's website. Such photography or videography shall not be used for commercial purposes.

**If you do NOT wish to have your child photographed/videotaped** for news media or school publicity purposes, sign and return this form to the school's principal. Parents must submit this form to their student's principal by September 15 of each year. This form applies *only* to the current school year. Please fill out a new form each school year if you do not want your child's image published.

Student's full name (please print): \_\_\_\_\_

Current school Grade level: \_\_\_\_\_

School year: \_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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

*Please note that if your student participates in public events (such as a sporting event or drama production that is open to the community) the school/district may have little or no control over photographs taken by media, other parents, or community members attending the event.*

*For more information, contact the Saugerties Central School District office at 845-247-6550.*



# SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A

310 Washington Avenue Ext.

Saugerties, New York 12477

(845) 247-6500

[www.saugerties.k12.ny.us](http://www.saugerties.k12.ny.us)

## Health Information for Students Entering Grades Kindergarten – 12

Student Name:	Date of Birth:
Place of Birth:	Home Phone:
Parent/Guardian Name:	Emergency Phone:
Physician's Name:	Physician's Phone:

### Child's Health History

*Please Circle YES or NO if the child has had any of the following conditions. If YES, please provide the requested information.*

Chicken Pox	No	Yes	Date(s):
Rubella (German Measels)	No	Yes	Date(s):
Hepatitis	No	Yes	Date(s):
Mononucleosis	No	Yes	Date(s):
Mumps	No	Yes	Date(s):
Pneumonia	No	Yes	Date(s):
Rheumatic Fever	No	Yes	Date(s):
Scarlet Fever/Strep Throat	No	Yes	Date(s):
High Fever	No	Yes	Date(s):
Convulsions, Seizures, or Spells	No	Yes	Date(s):

**When noting medications, please list ALL medications the student takes, at home or at school. Please see the district's Percipitive Medication Policy to give permission for medications to be administered in school.**

				<u>Medication</u>	<u>Dose</u>	<u>Times</u>
Asthma		No	Yes			
Allergies to:	Medication	No	Yes			
	Food	No	Yes			
	Insects	No	Yes			
	Other (Please Specify)	No	Yes			
Diabetes		No	Yes			
Nosebleeds		No	Yes			
Tuberculosis or contact with TB		No	Yes			
Heart Condition		No	Yes			
Other: _____		No	Yes			
Other: _____		No	Yes			

Student Name:			
<i>Please Circle YES or NO if the child has had any of the following illnesses. If YES, please provide the requested information.</i>			
<b>Visual Problems</b>	No	Yes	Specialist:
<b>Wears Glasses</b>	No	Yes	
<b>Hearing Problem</b>	No	Yes	Specialist:
<b>Hearing Aid</b>	No	Yes	
<b>Ear/Nose/Throat Condition</b>	No	Yes	Specialist:
<b>Is the child toilet trained?</b>	No	Yes	
<b>Does the child wet the bed?</b>	No	Yes	
<b>Has the child had any operations?</b>	No	Yes	Type and Date(s):
<b>Has the child been hospitalized?</b>	No	Yes	Reason and date(s):
<b>Please answer the following questions. Write "none" if the question does not apply.</b>			
Please list any physical deformities or disabilities:			
Other diseases or conditions (please describe):			
Please list any accidents or injuries the child has had:			
Is there anything else concerning the health, behavior, or development of this child that the school should know in order to make special provisions? Please describe.			

---

 (Parent/Guardian Signature)

---

 (Date)



## SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A  
310 Washington Avenue Ext.  
Saugerties, New York 12477  
(845) 247-6500  
[www.saugerties.k12.ny.us](http://www.saugerties.k12.ny.us)

---

Dear Parent/Guardian,

Education Law requires all New York State (NYS) public school students to have a health exam when they are a new student in a school district and when they enter Pre-K or Kindergarten, and grades 1, 3, 5, 7, 9, and 11.

**Beginning on 1/31/21, schools cannot accept the health exam if it is not on the required form or the required health record equivalent.**

We have attached a letter and copy of the required form with instructions for your health care provider (HCP). The form and instructions are also on our website at [www.schoolhealthny.com](http://www.schoolhealthny.com). Please share the attached papers at your child's visit for a health exam with the health care provider (HCP). This is typically your doctor but may be a nurse practitioner or physician assistant.

Sincerely,

**Dr. Lisa Jane Kappler**  
Director Pupil Personnel Services

**If you have questions, please contact:**

<b>Cahill Elementary:</b> Marcy Traudt	845-247-6800 x4799	f: 845-681-4001
<b>Morse Elementary:</b> Sherri Danza	845-247-6960 x5799	f: 845-681-4222
<b>Mt. Marion Elementary:</b> Lynda Angier	845-247-6920 x6799	f: 845-681-4233
<b>Riccardi Elementary:</b> Connie Sciutto	845-247-6870 x7799	f: 845-246-2582
<b>Saugerties Junior High:</b> Nara Scanlon	845-247-6561 x2799	f: 845-246-2773
<b>Saugerties High School:</b> Susan Carter	845-247-6651 x1799	f: 845-246-2773




## SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A  
310 Washington Avenue Ext.  
Saugerties, New York 12477  
(845) 247-6500  
[www.saugerties.k12.ny.us](http://www.saugerties.k12.ny.us)

Dear Health Care Provider,


Education Law requires all New York State (NYS) public school students to have a health exam as a new entrant and in Pre-K or Kindergarten and grades 1, 3, 5, 7, 9, and 11.

**Effective 2/1/21, all health examinations performed for school must be documented on the [NYS Required Health Examination Form](#)  or an electronic health record equivalent form - pursuant to Education Law. The form will be available on the NYSDOH Health Commerce System (HCS) in mid-February.**

**ONLY the approved form or an electronic health record equivalent form will be accepted by schools for health examinations conducted on or after 1/31/2021.**

Students who present a physical exam that is not acceptable will be required to have the parent/guardian contact your office to complete the correct form. Students who are unable to obtain the correct form will be required to have the health examination repeated at school, which will upset many families. To prevent that, we ask that you comply with Education Law and document a health exam on the correct form or electronic health record equivalent.

**Please note the components on the health exam form are required in NYS Law.**

The [Instructions for Completion of New York State School Health Examination Form](#)  provides direction to healthcare providers on the required components and the required presentation order of those components for an electronic health record form to be an equivalent form.

This information is also on the NYS Center for School Health website at [www.schoolhealthny.com](http://www.schoolhealthny.com).

Thank you for assisting your patients and families by providing the documentation required by NYS Education Law.

Sincerely,

**Dr. Lisa Jane Kappler**  
Director of Pupil Personnel Services

**Please direct any questions to:**

<b>Cahill Elementary:</b> Marcy Traudt	845-247-6800 x4799	f: 845-681-4001
<b>Morse Elementary:</b> Sherri Danza	845-247-6960 x5799	f: 845-681-4222
<b>Mt. Marion Elementary:</b> Lynda Angier	845-247-6920 x6799	f: 845-681-4233
<b>Riccardi Elementary:</b> Connie Sciutto	845-247-6870 x7799	f: 845-246-2582
<b>Saugerties Junior High:</b> Nara Scanlon	845-247-6561 x2799	f: 845-246-2773
<b>Saugerties High School:</b> Susan Carter	845-247-6651 x1799	f: 845-246-2773

**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 $\geq 5 \mu\text{g/dL}$				
<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:	
<b>SCREENINGS</b>					
<b>Vision</b> (w/correction if prescribed)	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>	
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>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>					
<input type="checkbox"/> <b>Student may participate in all activities without restrictions.</b> <input type="checkbox"/> <b>Student is restricted from participation in:</b> <div style="margin-left: 20px;"> <input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.  <input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball.  <input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track &amp; Field.  <input type="checkbox"/> <b>Other Restrictions:</b> </div>					
<b>Developmental Stage for Athletic Placement Process <u>ONLY</u> required</b> for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level <b>OR</b> Grades 9-12 who wish to play at the modified interscholastic sports level. <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V      Age of First Menses (if applicable) : _____					
<input type="checkbox"/> <b>Other Accommodations*:</b> (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.					
<b>MEDICATIONS</b>					
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School Attached</b>					
<b>IMMUNIZATIONS</b>					
<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS					
<b>HEALTH CARE PROVIDER</b>					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form To Your Child's School When Completed.</b>					





## Dental Health Certificate

**Parent/Guardian:** New York State law (Chapter 281) pennits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

### Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: _____		
Last	First	Middle
Birth Date:     /     / Month     Day     Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
School: Name _____		Grade _____
Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.		
I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.		
Parent's Signature _____		Date _____

### Section 2. To be completed by the Dentist/ Dental Hvaeinist

I. The dental health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not In fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in frt. condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

{please print or stamp}

Dentist's/Dental Hygienist's Signature

**Optional Sections • If you agree to release this information to your child's school, please initial here.**

#### II. Oral Health Status (check all that apply).

☐ Yes ☐ No **Caries Experience/Restoration History-** Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries** - Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

#### II. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

# SAUGERTIES CENTRAL SCHOOLS

## District Electronic Web Access Agreement for Viewing Student Information Via Saugerties Central District Schools Infinite Campus Parent Portal

I am requesting to review my child/children's student information on the Saugerties Central District Schools Internet website. I have read **Saugerties Central District Schools User** expectations and computer requirements for the Infinite Campus Parent/Student Portal and agree to abide by and support the expectations. I understand, in the interest of security, the District reserves the right to change user passwords or deny access at anytime. By signing this agreement I, as parent/guardian, release the Saugerties Central District Schools from any and all liability for damages arising out of unauthorized access to my parent/guardian account. I agree that I will not share my password or allow anyone other than myself to use the account, including my own child or children.

I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.

I understand that three unsuccessful logins will disable my account. If my account becomes locked, it is my responsibility to request my parent portal account to be reset by sending an email request to the parent portal email address of [scsdportal@saugerties.k12.ny.us](mailto:scsdportal@saugerties.k12.ny.us) to request my parent portal account be reset. In the email note I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to 3–5 school days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on the Saugerties Central District Schools website.

### PLEASE PRINT

List the names of all your children currently enrolled in Saugerties Central District Schools and residing at the address listed below. The information given on this form must match the enrollment information you provided during registration.

Parent/Guardian Last Name:		First Name:		
Residential Address:				
Email Address:				
Home Telephone Number:				
Child's first and last name must be printed below as it appears on the birth verification:				
Child's First Name	Childs Last Name	Childs Date of Birth	Name of the Saugerties School your child attends	To be completed by school - Student ID

### Authorization Agreement Verification

The District Data Administrator Office will keep the completed and signed form in the Parent Portal Folder.

The parent/guardian must provide a photo ID prior to signing.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**If the parent/guardian cannot visit the school, the parent/guardian must provide a valid photo ID with their electronic application.**

### OFFICE USE ONLY

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

Activation Key sent to email address provided: \_\_\_\_\_

Activation Key mailed: \_\_\_\_\_



## SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A

310 Washington Avenue Ext.

Saugerties, New York 12477

(845) 247-6500

[www.saugerties.k12.ny.us](http://www.saugerties.k12.ny.us)

---

# MEMO

TO: Parents/Guardians of Saugerties Central School District Students

RE: Acceptable Use Policy for Computer Equipment

---

Attached you will find a copy of the Saugerties School District's **"Acceptable Use Policy for Student Use of Computerized Information Resources"** as well as the Superintendent's Regulations. These Documents explain the guidelines for use of school computer equipment.

Please review this document with your child. You must provide written permission for your child to use school computers by **signing** the **"Parent/Legal Guardian Consent"** form. Additionally, your child must agree to use the equipment according to the guidelines by **signing** the **"Agreement for Student Use of District Computerized Information Resources"** form.

**No student will be allowed to use school computers until the attached forms are signed and returned.**

Thank you.

**AGREEMENT FOR STUDENT USE  
OF DISTRICT COMPUTERIZED INFORMATION RESOURCES**

In consideration for the privilege of using the Saugerties Central School District's Computer System (DCS), I agree that I have been provided with a copy of the District's policy on student use of computerized information resources and the regulations established in connection with that policy. I agree to adhere to the policy and the regulations and to any changes or additions later adopted by the District. I also agree to adhere to related policies and regulations.

I understand that failure to comply with these policies and regulations may result in the loss of my access to the DCS, and may in addition result in the imposition of discipline under the District's School Conduct and Discipline Policy and the Student Discipline Code of conduct. I further understand that the District reserves the right to pursue legal action against me if I willfully, maliciously or unlawfully damage or destroy property of the District or engage in other illegal activity. Further, the District may bring suit in civil court pursuant to General Obligations Law Section 3-112 against my parents or legal guardians if I willfully, maliciously or unlawfully damage or destroy District property.

Student  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please print)

School: \_\_\_\_\_ Homeroom #: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

**PARENTAL/LEGAL GUARDIAN CONSENT**

I am the parent/legal guardian of \_\_\_\_\_, the student who has signed the District's agreement for student use of computerized information resources. I have been provided with a copy and I have read the Saugerties School District's policy and regulations concerning use of the District Computer System (DCS).

I also acknowledge receiving notice that, unlike most traditional instructional or library media materials, the DCS will potentially allow my son/daughter student access to the external computer networks not controlled by the School District. I understand that some of the materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the District to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the DCS or any other electronic media or communications.

I agree to release the Saugerties Central School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son's/daughter's use of the DCS in any manner whatsoever.

I agree that my son/daughter may have access to the DCS.

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

\_\_\_\_\_  
Date

# **Student Use of Computerized Information Resources**

## **Acceptable Use Policy**

### **Program Implementation**

The Saugerties Central School Board recognizes that effective use of technology is important to our students and will be essential to them as adults. Consequently, the School District will provide access to various computerized information resources through the District's computer system (DCS hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to the Internet.

The DCS is for education and/or research use only and its use must be consistent with the goals and purposes of the Saugerties Central School District. The standards of acceptable use as well as prohibited conduct by students accessing the DCS, as outlined in the Superintendent's Regulations, are not intended to be all-inclusive. Students are responsible for good behavior on the school computer networks just as they are in a classroom or a school hallway. In addition to the specific standards of student conduct delineated in this regulation, the general requirements of acceptable student behavior expected under the District's school conduct and discipline policies and the Student Discipline Code of Conduct also apply to student access to the DCS. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Legal and ethical implications of software use will be taught to students of all levels where there is such software use. In addition, the building principal or his/her designees and/or classroom teacher will be responsible for informing District students of rules and regulations governing student access to the DCS.

### **Authorization**

Students will not be permitted to use the DCS without specific authorization from the appropriate administrator and/or instructor. Furthermore, only those students who have signed an agreement form and provided written permission from their parent/legal guardian may access the DCS, including potential student access to external computer networks not controlled by the School District. Permission is not transferable and may not be shared. All required forms must be kept on file by the Principal.

### **Standards of Conduct Governing Student Access to the DCS**

The use of the DCS is a privilege, not a right; and inappropriate use is a breach of this policy and may result in disciplinary action, including suspension from school and/or cancellation of use privileges. Each student who is granted access will be responsible for that usage. The DCS is provided for students in support to their educational program and to conduct research and communicate with others. Student access to external computer networks not controlled by the District is provided to students who act in a considerate and responsible manner. Individual users of the district's computerized information resources are responsible for their behavior and communications over the District computer network. Users must comply with District standards governing use of the DCS and honor the agreements they have signed.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be School District property and subject to reasonable control and inspection by the School District. The school administrator or designee, system administrator or teacher may access all such files and communications to insure system integrity and that users are complying with the requirements of the District policy and regulations regarding student access to the DCS. Students should NOT expect that information stored on the DCS will be private.

Use of the DCS which violates any aspect of School District policy; the Student Discipline Code of Conduct; and federal, state or local laws or regulations is strictly prohibited and may result in disciplinary action in compliance with applicable District guidelines and/or federal, state and local law including, but not limited to, suspension from school and/or revocation of access to the DCS. In addition to the District's general requirements governing student behavior, the Superintendent's Regulations shall be followed by student users of the DCS.

**SUPERINTENDENT'S REGULATIONS**  
**Student Use of Computerized Information Resources**  
**Acceptable Use Policy**

**1. PRIVILEGES OF USER ACCOUNT HOLDERS**

- A. Equal Access: All account users will be granted free and equal access to the Network and Internet.
- B. Privacy: All account users have the right of privacy in their files and e-mail, provided, however, that if there is reasonable suspicion that a user is believed to be in violation of the District's policy and regulations, a school administrator or designee, system administrator or teacher may gain access to the user's private correspondence or files. An attempt will be made to notify the user of such inspections, whenever possible.
- C. Safety: Any account user who receives threatening or unwelcome communications must bring them to the attention of a school administrator or designee, the system administrator or teacher immediately.
- D. Responsibility: Due to the wide availability of services and information on the Internet, some of which may be potentially offensive to certain individuals or groups of users, the individual user must be responsible for his/her own actions in navigating the Internet.
- E. Intellectual Freedom: The network administrators will place no official sanctions upon the expression of personal opinion on the network. However, the Saugerties Central School District does not officially endorse any opinions stated on the network and any statement of personal belief is implicitly understood to be representative of the author's individual point of view and not that of the School District or its staff members.

**2. RESPONSIBILITIES OF NETWORK/INTERNET USERS**

- A. Using Appropriate Language: All account users must use language appropriate for school situations, as indicated by the District Codes of Conduct. Profanity, obscenity, vulgar or sexually offensive language is prohibited.
- B. Content of Speech: Account users must respect the rights of others and be mindful of the age and maturity of those with whom they are communicating. Speech communicated by users shall not be defamatory (comprised or injurious falsehoods, whether or not stated maliciously, with reckless disregard for the truth or where the communication is not about a public figure, just false). If you are the victim of a personal attack, the incident should be brought to the attention of a school administrator or designee, your teacher or the system administrator.
- C. Copyright: Account users must respect all copyright issues regarding software, information and attributions of authorship. The unauthorized copying or transfer of copyrighted materials may result in the loss of the user's account and/or disciplinary actions.
- D. Plagiarism: Account users should exercise care not to take ideas or writings from other individuals and use them as their own. Account users must give appropriate attribution to the author or creator of the idea or writing.
- E. Advertisement Solicitation Ban and Business Use Ban: Account users shall not publish information containing any advertising or solicitation of other members to use goods and services. Account users shall not use the capabilities of the account to conduct business or any activity which is prohibited by law.
- F. Account User Understanding Regarding Content of Information Residing on Other Systems on the Internet: Some systems may contain defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive or illegal material. The Saugerties Central School District does not condone the use of such materials and does not permit the use of such material in the school environment. Account users and parents/guardians of student account users should be aware of the existence of such materials and monitor home usage. Account users who knowingly bring such materials into the school environment may be found in violation of the Student Use of Computerized Information Resources Acceptable Use Policy, have his/her privileges terminated and be subject to discipline in accordance with District Policy and the law, as well as legal action.

- G. Electronic Mail: Electronic mail which is alleged to contain defamatory, threatening, profane, obscene, sexually oriented or racially offensive material must be reported to and inspected by the school administrator. If it is found that an account user sent such material, the user's account may be terminated and the user may be subject to discipline in accordance with District Policy and the law, as well as legal action.
- H. Security: If an account user believes that he/she can identify a security problem through the use of an Internet account, the account holder must notify the school administrator immediately. The account user should not demonstrate the problem to others. Attempts to log on to the DCS as the system administrator or teacher will result in cancellation of user privileges and/or disciplinary action. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the DCS. Further, any violations regarding the use and application of the DCS shall be reported by the student to the teacher in charge.
- I. Re-Posting Personal Communications without the Original Author's Prior Consent: It is a violation of the author's privacy to re-post personal communications without the original author's prior consent and therefore prohibited. However, all messages posted in a public forum, such as newsgroups or listservs, may be copied in subsequent communications so long as proper attribution is given.
- J. Use of Network for Illegal Activities: Illegal activities, including but not limited to tampering with computer hardware or software, unauthorized entry into computers or knowingly vandalize or destroy computer files, are prohibited. These activities may be considered crimes under State and Federal law and subject the user to prosecution under such laws as well as be subject to discipline in accordance with District Policy.
- K. Interfering with the Network Operations: Damaging, disabling or otherwise interfering with the operation of computers, computer systems, software or related equipment through physical action or by electronic means will be prohibited. If a user is found performing any of these functions without permission, disciplinary action will be taken.
- L. Interfering with Files: Changing, copying, renaming, deleting, reading or otherwise accessing files or software not created by the student without express permission from the system administrator is prohibited. If a user is found performing any of these functions without permission, cancellation of user privileges and/or disciplinary action will be taken.
- M. Unauthorized Software: The use of unauthorized software is prohibited. To reduce the risk of spreading a computer virus or damaging the network, users shall not install software on any DCS equipment. Software installation will be the sole responsibility of the system administrator or designee.
- N. Computer Viruses: "Computer viruses" are programs that have been developed as pranks and can destroy valuable programs and data. To reduce the risk of spreading a computer virus, users shall not import files from unknown or disreputable sources. Deliberate attempts to degrade or disrupt any computer system or network by spreading computer viruses is considered criminal activity under State and Federal law and may subject the individual to prosecution under these laws as well as school disciplinary action.
- O. Responsibility for the User Account: All violations of this policy that can be traced to an individual account name will be treated as the sole responsibility of the owner of that account. Under no condition should an account holder give his/her password to another user.
- P. Impersonation and Anonymity: Impersonation and/or anonymity are prohibited. Real names shall be used at all times; pseudonyms are not allowed. Individuals must take responsibility for their actions and words.
- Q. Revocation of Use Privilege: A user account pursuant to this Policy is a privilege that may be revoked in the event of a breach of the provisions set forth above by an account user. Further, a breach of the terms of this Policy may be considered an act of insubordination and result in discipline of the account holder.