







# Altmar-Parish-Williamstown Central School District

## District Office

 639 County Route 22 • Parish, NY 13131  (315) 625-5250  (315) 625-7952  [www.apwschools.org](http://www.apwschools.org)

## NEW STUDENT REGISTRATION PACKET

Thank you for inquiring about registering your child at Altmar-Parish-Williamstown (APW) Central School District. Below is a list of information that will be requested during the registration process. Please check off all completed items and documents.

**Should you have any questions, you can call the District Registrar at (315) 625-5275**

### Please complete the following registration paperwork:

- Student Record Request
- Student Enrollment Verification Form
- Housing Questionnaire
- Home Language Questionnaire
- Mandatory Health Appraisals for New Students
- Student Confidential Health Form
- Computer Privileges and Internet Use Agreement
  - Must also be signed by any student going into 5<sup>th</sup> – 12<sup>th</sup> Grade.
- Household Income Eligibility Form
- Guardian Affidavit – If student is not living with biological parents – Please reach the District Registrar for these forms.
  - Not for students in foster care, foreign exchange students or any placements due to court orders.

### In addition to the completed paperwork, the following required documents are needed:

- PROOF OF RESIDENCY (At Least One)**
  - A copy of a residential lease or proof of ownership, such as a deed or mortgage statement.
  - Statement by the landlord, owner or tenant from whom the parent or guardian leases or shares property within the District, preferable notarized.
  - Current Pay Stub showing the address listed on the registration form.
  - Income Tax Form showing the address listed on the registration form.
  - Utility bill or other bills with the service address the same as the address listed on the registration form.
  - Membership documents (e.g., library cards) based upon residency.
  - Voter registration document(s).
  - Official driver's license, learner's permit or non-driver identification.
  - State or other government issued identification.
  - Documents issued by federal, state or local agencies (e.g. local social services, federal Office of Refugee Resettlement).

- **PROOF OF IDENTITY FOR PARENT/GUARDIAN (Provide One)**
  - Valid state issued Driver's License, Learner's Permit, or Non-Driver's Identification
  - Valid passport
  - Valid NYS Work-issued photo identification
- **PROOF OF AGE – *Must be obtained from parent/guardian – cannot always received from previous school***
  - Birth Certificate
  - Record of Baptism
  - Passport
    - If the above is not available, the District will consider other forms of documentation which has been in existence two years or more. Other evidence may include, but will not be limited to:
      - Official Driver License of the Student
      - State or other government issued identification
      - School photo identification with date of birth
      - Consulate identification card
      - Hospital or health records
      - Military dependent identification card
      - Native American Tribal documents
      - Records from non-profit international aid agencies and voluntary agencies
      - Adoption or Foster Placement Documents
- **EVIDENCE OF IMMUNIZATIONS AND PHYSICALS – *Present New York State Laws require that no school official shall permit any child to be admitted to school or to attend school for more than 14 days without a certificate, or other acceptable written evidence, that the child has met NYS immunization requirements. Therefore, should proof of immunization is not provided by the previous school or at time of registration with the 14 day period, the student cannot attend school per the requirements of the New York State Health Department and will not be allowed in the school building.***
  - Immunization Records.
  - Physical Examination completed within the last 12 months
    - Required NYS School Health Examination Form is part of the registration paperwork.
    - Dental Health Certificate is part of the registration paperwork.
- **RECORDS FROM PREVIOUS SCHOOL**
  - School Records.
  - Last Report Card from previous school district (Grades 9-12 in progress Grades & Transcripts).
- **SPECIAL EDUCATIONAL SERVICES – If applicable**
  - Last IEP from previous school.
  - Last 504 Plans from previous school.
  - If you suspect that your child is in need of special educational services or programs, you may refer your child to the District's Committee on Special Education for evaluation.
- **CUSTODY OR LEGAL GUARDIANSHIP PAPERS – Does not include children in Foster Care or Foreign Exchange Students**
  - If divorced or separated, provide any custody paperwork that is available.
  - If the student is not a biological child, documentation/affidavit must be presented which proves a permanent and total transfer of custody and control has been achieved. The District Registrar can provide you a copy of this form.
  - Not applicable if both biological parents are living together.
- **MAKE AN APPOINTMENT TO REGISTER THE STUDENTS**
  - Call (315) 625-5275 to make an appointment.



# ALTMAR PARISH WILLIAMSTOWN CENTRAL SCHOOLS

639 County Route 22, P.O. Box 97, Parish, NY 13131

WEBSITE: [WWW.APW.CNYRIC.ORG](http://WWW.APW.CNYRIC.ORG)

## STUDENT RECORD REQUEST

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
Last Name First MI

Male  Female

Previous School Attended: \_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

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

FAX: \_\_\_\_\_

**OFFICE USE**

The student listed above has  
ENROLLED with the APW CSD  
On  
\_\_\_\_\_  
Please record an exit date from your  
District PRIOR to the above date.  
Thank you.

*According to the Final Regulations-Family Education Rights and Privacy Act (Buckley Act), dated June 17, 1977, schools are allowed to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31): School officials with legitimate educational interest; and other schools to which a student is transferring.*

**Please include Birth Certificate, Health Records, Academic Records including Standardized Testing, last Report Card and Sign-Out Grades, Confidential / Psychological/Special Education Records, IEP, 504 Plan, Custody or Guardianship Papers.**

**\*PLEASE forward records to:**

Elementary Secretary  
APW Elementary School  
640 Co. Rt. 22  
Parish, NY 13131  
mstone@apw.cnyric.org  
Phone: (315) 625 -5260  
Fax: (315) 625 - 4937

Special Programs Secretary  
APW Junior Senior High School  
639 Co. Rt. 22  
Parish, NY 13131  
larcher1@apw.cnyric.org  
Phone: (315) 625-5234  
Fax: (315) 625-4273

Guidance Secretary  
APW Junior Senior High School  
639 Co. Rt. 22  
Parish, NY 13131  
smailloux@apw.cnyric.org  
Phone: (315) 625 -5229  
Fax: (315) 625 - 5239

Susan Thorp, District Registrar  
APW Junior Senior High School  
639 Co. Rt. 22  
Parish, NY 13131  
  
Phone: (315) 625-5275  
Fax: (315) 625-7952



# Altmar-Parish-Williamstown Central Schools



639 County Route 22 • Parish, NY 13131



(315) 625-5250



(315) 625-7952



www.apwschools.org

## STUDENT ENROLLMENT VERIFICATION FORM

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Please provide the following with completed form:  
Student's Birth certificate, Shot Record, Proof of Residency, Custody Paperwork, (if applicable)

Student Last Name: \_\_\_\_\_  Male  Female Grade: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_ Student Home Phone: \_\_\_\_\_

\_\_\_\_\_  please check if your student receives  
Special Education Services

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

\_\_\_\_\_  IEP  504

Has student ever attended APW School District? YES / NO

Is Your Child Hispanic, Latino or of Spanish Origin? YES / NO

Check all racial groups that apply to your child:

American Indian/Alaska Native  Asian  Native Hawaiian/Other Pacific Islander  Black  White

### PARENT/GUARDIAN INFORMATION: STUDENT RESIDES WITH

The **Schooltool Parent Portal** provides parents and guardians with access to assignments, grades, and attendance information.  
**\*\*To receive access, you must provide a valid email address and receive mail regarding the student.**

#### Call Order

**Contact #1 Parent/ Guardian Custody: Yes / No** Receives Mailings: Yes / No  
Name: \_\_\_\_\_ Receives Email: Yes / No  
Relationship: \_\_\_\_\_ Pickup: Yes / No

Employer: \_\_\_\_\_ Phone Call Order  
Home Phone: \_\_\_\_\_ 1 2 3  
\*\*EMAIL: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ 1 2 3  
Work Phone: \_\_\_\_\_ 1 2 3

***\*\*Please provide me with access to the Schooltool Parent Portal for my child YES / NO***

#### Call Order

**Contact #2 Parent/ Guardian Custody: Yes / No** Receives Mailings: Yes / No  
Name: \_\_\_\_\_ Receives Email: Yes / No  
Relationship: \_\_\_\_\_ Pickup: Yes / No

Employer: \_\_\_\_\_ Phone Call Order  
Home Phone: \_\_\_\_\_ 1 2 3  
\*\*EMAIL: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ 1 2 3  
Work Phone: \_\_\_\_\_ 1 2 3

***\*\*Please provide me with access to the Schooltool Parent Portal for my child YES / NO***

**NON-PRIMARY PARENT/GUARDIAN**  
**Please list Parent/Guardian who does NOT physically reside/live with child**

**Legal Custody: Yes / No** **NOT APPLICABLE**

Name: _____	Student lives with Parent Part of the time: Yes / No
Relationship: _____	Receives Mailings: Yes / No
Address _____	Pickup: Yes / No
_____	Home Phone: _____
_____	Cell Phone: _____
Email: _____	Work Phone: _____

**\*\*Please provide me with access to the Schooltool Parent Portal for my child YES / NO**

**Please list up to four adults to contact if you cannot be reached in case of emergency:**

1. Name: _____	Telephone: _____
Relationship: _____ Allowed picking up student? Yes / No	Cell Phone: _____
2. Name: _____	Telephone: _____
Relationship: _____ Allowed picking up student? Yes / No	Cell Phone: _____
3. Name: _____	Telephone: _____
Relationship: _____ Allowed picking up student? Yes / No	Cell Phone: _____
4. Name: _____	Telephone: _____
Relationship: _____ Allowed picking up student? Yes / No	Cell Phone: _____

**Do you have any children in your household that have not reached school age? Yes / No**

Name _____ (Last, First)	Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name _____ (Last, First)	Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name _____ (Last, First)	Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name _____ (Last, First)	Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Parental Opt-Out/In:**

\_\_\_\_\_ I DO NOT want my child's name, photograph, artwork or film footage released by APW Central School District.

\_\_\_\_\_ (Grade 9-12 only) I DO NOT want my child's name/directory information shared with any organization for purposes of recruitment.

**PARENT/GUARDIAN AND CUSTODY INFORMATION****Information of Rights of Parent from the Family Education Rights and Privacy Act (FERPA)**

An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding documents relating to such matters as divorce, separation or custody that specifically revokes these rights. (Authority: 20 U.S.C. 1232g)

**Please Note:** District Registration Office is responsible for registration, not determining which parent or guardian may check a child in/out of school, provide educational information, etc. If custodial or guardianship issues exist when you register your child in the Altmar-Parish-Williamstown School District, it is your responsibility to provide custodial documentation to the District Registrar and a copy will be forward to your child's school principal.

**PLEASE KEEP YOUR CHILD'S SCHOOL INFORMED OF ANY CHANGES IN CUSTODIAL ARRANGEMENTS****Please check the current custody/guardianship arrangement (more than once can be checked):**

- Parents/Guardians are together residing at the same residence
- Single Parent (father and mother ARE listed on the birth certificate)
- Single Parent (i.e. father IS NOT listed on the birth certificate)
- Parents/guardians divorced/separated – joint custody – **Legal Documentation must be provided**
- Parents/guardians divorced/separated – sole custody – **Legal Documentation must be provided**
- Parents have never been married and no legal custody papers.
- Custody/Guardianship is transferred by the courts – **Legal Documentation must be provided**
- Restricted pickup – **Legal Documentation must be provided.**
- Student is emancipated – **Legal Documentation must be provided**

**Please check all that apply:**

- I have disclosed my current custody/guardianship arrangement
- I have attached a copy of the legal current court documents that describe custody arrangements
- No legal documents that describe custody arrangements exist
- I understand my responsibility that it is my responsibility to update my child's school of any changes made in custody

**Affirmation:** I, the undersigned, affirm that the above information is true and correct and that I am the custodial parent or legal guardian of the child named above and that I understand that it is my responsibility to notify the school of any changes.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date



**HOUSING QUESTIONNAIRE**

Dear Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and **must** be completed for each student. The information you provide is confidential. Your child will **not** be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_\_  
Month Day Year (preschool-12) (Student ID number)

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

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

- In a shelter (emergency or transitional shelter)
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- Awaiting Foster Care Placement
- In a hotel/motel (living in what is NOT an emergency or transitional shelter and involves payment)
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_  
*(Trailer park, campground, car, park, public places, abandoned building, Street or any other inadequate living space)*
- In permanent housing

\_\_\_\_\_  
**Print name** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date \_\_\_\_\_

**If the student is not living in permanent housing, please complete the following:**

Unaccompanied Youth (youth who is not in the physical custody of a parent or guardian) YES/NO

\_\_\_\_\_/\_\_\_\_\_

Previous Address (if in a temporary housing) Current Address

\_\_\_\_\_  
Phone Number (include area code)

**Please return this form to the District Registrar**



## INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM – HOUSING QUESTIONNAIRE

### PURPOSE OF THE ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

ALL LEAS ARE REQUIRED TO IDENTIFY STUDENTS EXPERIENCING HOMELESSNESS. ADDITIONALLY, ALL LEAS THAT RECEIVE TITLE I FUNDS MUST ASK ENROLLING STUDENTS ABOUT THEIR HOUSING STATUS. SED ENCOURAGES ALL LEAS REGARDLESS OF WHETHER THEY RECEIVE TITLE I FUNDS TO DO THE SAME. TO COLLECT THIS INFORMATION, LEAS MAY:

1. USE THE MODEL ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE ATTACHED HERE,
2. UPDATE/MODIFY THE MODEL ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE TO ADDRESS THE NEEDS OF THE LEA, OR
3. INCORPORATE THE HOUSING STATUS QUESTION FROM THE MODEL ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE INTO THE LEA'S ENROLLMENT FORM OR OTHER DOCUMENTS ALREADY USED BY THE LEA DURING THE ENROLLMENT PROCESS.

IF AN LEA ELECTS THE THIRD OPTION AND INCORPORATES THE HOUSING STATUS QUESTION INTO THE LEA'S ENROLLMENT FORM, THE LEA SHOULD TAKE STEPS TO ENSURE THAT A STUDENT'S HOUSING STATUS DOES NOT BECOME A PART OF THE STUDENT'S PERMANENT RECORD, BECAUSE OF THE SENSITIVE NATURE OF THIS INFORMATION. PLEASE SEE THE SECTION TITLED "CONFIDENTIALITY" (BELOW) FOR INFORMATION ABOUT HOW AND WHEN HOUSING INFORMATION MAY BE SHARED WITHIN THE LEA.

### WHO SHOULD FILL OUT THE ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE?

A ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE SHOULD BE FILLED OUT FOR ALL STUDENTS ENROLLING IN SCHOOL AND FOR ALL STUDENTS WHO HAVE A CHANGE OF ADDRESS IN GRADES PRESCHOOL-12. PRESCHOOL INCLUDES ANY LEA PROGRAM FOR 3-5 YEAR OLDS, SUCH AS PRE-K, HEAD START, OR EVEN START. THE FORM - QUESTIONNAIRE SHOULD BE COMPLETED BY THE STUDENT'S PARENT, PERSON IN PARENTAL RELATION, OR IN THE CASE OF AN UNACCOMPANIED YOUTH, BY THE STUDENT DIRECTLY.

### CONFIDENTIALITY

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's completed Enrollment Form - Residency Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and generally **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Enrollment Form - Residency Questionnaires and housing information from becoming a part of a student's permanent record.

### DISCUSSING THE ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE WITH STUDENTS AND FAMILIES

In reviewing the Enrollment Form - Residency Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.





**Educational History**

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*  No  Not sure  \*If yes, please explain: \_\_\_\_\_

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

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

10b. \*If referred for an evaluation, has your child ever **received** any special education services in the past?  
 No  Yes - Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):  
 Birth to 3 years (Early Intervention)  3 to 5 years (Special Education)  6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  No  Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

\_\_\_\_\_  
 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 QUALIFIED PERSONNEL ADMINISTERING HLQ**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

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

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

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY:  No  Yes

\*\*DATE OF INDIVIDUAL INTERVIEW: \_\_\_\_\_  
 MO. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW:  ADMINISTER NYSITELL  
 ENGLISH PROFICIENT  
 REFER TO LANGUAGE PROFICIENCY TEAM

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL ADMINISTRATION: \_\_\_\_\_ PROFICIENCY LEVEL ACHIEVED ON NYSITELL:  ENTERING  EMERGING  TRANSITIONING  EXPANDING  COMMANDING  
 MO. DAY YR.

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



# Altmar Parish Williamstown Central Schools

639 County Route 22, P.O. Box 97, Parish, NY 13131

District Office

Phone: (315) 625-5251

Fax: (315) 625-7952

Website: [www.apw.cnyric.org](http://www.apw.cnyric.org)

## MANDATORY HEALTH APPRAISALS FOR NEW STUDENTS

Dear Parents,

New York State requires that each student, *within 14 days after his or her entrance into school, submit to the school nurse the immunization records* performed by a duly licensed physician, physician assistant, or nurse practitioner. Please provide a copy of the **immunization records within 14 days of enrollment of the student.** *If proof of immunizations is not received within the 14 days period, the student cannot be allowed to attend school, per the requirements of the New York State Health Department.*

Within 30 days after his or her entrance into school, New York State requires that each student submit to the school nurse a health certificate/physical exam signed by a duly licensed physician, physician assistant, or nurse practitioner. This examination shall not have been given more than 12 months prior to the commencement of the school year in which the examination is required.

If you would like your child to have their physical performed at school, at no cost to you, **please indicate so below by signing permission & returning the form to your child's school nurse as soon as possible.** The APW school district has contracted with Connex Care to provide physical examinations for students at their respective buildings during school hours.

If you choose to have your child's physician complete the physical examination, **please indicate so below & return this form.** Any private physical exam performed after the commencement of the previous school year can be accepted as this year's physical. Please provide a **copy of the exam to the school within 30 days of entry** or an exam may be performed by the district per NYSED Commissioner's Regulation 136.3.

**If you have any questions, please do not hesitate to call your child's school nurse.**

Sincerely,

Mrs. Casselmon, RN  
APW Jr/Sr High School  
(315) 625-5223

Ms. LoBello RN  
APW Elementary School  
(315) 625-5203

Mrs. Bateman, LPN  
APW Elementary School  
(315) 625-5203

Mrs. Rossman, LPN  
APW Jr/Sr High School  
(315) 625-5223

\_\_\_\_\_ **I would like my child's physical done by his/her own doctor OR My child has already had a physical since the commencement of last school year & I will provide the results to the school nurse for the immunization with 14 days of entry and the physical results within 30 days of entry.**

\_\_\_\_\_ **I would like to have my child's physical done at school and will provide immunization records within 14 days of entry.**

Student's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# ALTMAR PARISH WILLIAMSTOWN CENTRAL SCHOOLS

639 County Route 22, P.O. Box 97, Parish, NY 13131

Website: [www.apw.cnyric.org](http://www.apw.cnyric.org)

## STUDENT CONFIDENTIAL HEALTH FORM

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name First MI

Address: \_\_\_\_\_ Mailing (if different): \_\_\_\_\_

### Emergency Contact:

Parent/Guardian \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Phone: H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_ Phone: H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

### Alternate Contacts:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Please check below any conditions affecting your child which may affect his/her welfare in school:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Drug Allergy          | <input type="checkbox"/> ADD/ADHD      | <input type="checkbox"/> Seizure Disorders                       | <input type="checkbox"/> Recent Injuries       |
| <input type="checkbox"/> Food Allergy          | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Heart Condition                         | <input type="checkbox"/> Recent Surgeries      |
| <input type="checkbox"/> Insect Allergy        | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Concussion                              | <input type="checkbox"/> Hearing Problems      |
| <input type="checkbox"/> Environmental Allergy | <input type="checkbox"/> Arthritis     | <input type="checkbox"/> Kidney Disease                          | <input type="checkbox"/> History of concussion |
|  | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Vision Problems or<br>Corrective lenses | <input type="checkbox"/> If yes, how many?     |

List and explain any items checked above and any illnesses, injuries, or health problems the child has had in the past year or is currently being treated for:

### List the medications with dosages your child takes on a regular basis; prescription and over the counter medications:

	Name of Drug	Dose and Frequency	Reason
1.			
2.			
3.			

My child wears:  Glasses  Contacts  Hearing Aid(s)  Orthodontic Braces  
Other Brace:  Arm  Leg  Back

Name of Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### Permission for emergency medical treatment in case of injury or illness and parent/guardian is not available:

- In an emergency, the information on this form may be given to emergency medical personnel.  Yes  No
- I give permission for medical personnel to treat my child:  Yes  No
- If my child must be hospitalized, my hospital preference is: \_\_\_\_\_
- I give permission for my child to receive MD prescribed medication:  Yes  No

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

Print Name of Parent/Guardian: \_\_\_\_\_



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## District Office



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[www.apwschools.org](http://www.apwschools.org)

## APW CSD ACCEPTABLE USE POLICY AND DEVICE LOAN AGREEMENT

### Computer Privileges and Internet Use

The use of computers and access to the Altmar-Parish-Williamstown Central School District (APW CSD) network/internet is a privilege, not a right. Unacceptable use may result in cancellation of the privilege for any user, whether that user is a student, a staff member, or a community member.

#### I. Terms and Conditions of Use:

The use of the network/internet is for the purpose of education, communication, or research and must be consistent with the educational objectives of the district as set forth in written board policy.

- a. Users will not disclose their passwords to others or use the passwords of others.
- b. Users shall not intentionally seek information, obtain copies of, or modify files belonging to other users or misrepresent other users on the network.
- c. Users will not attempt to obtain unauthorized access to any account or network security level other than those specifically provided for their use.
- d. Users are not to install software of any type on any computer without permission from the Director of Instructional Technology or network support personnel.
- e. Software that has the potential to damage the integrity and/or security of the network will not be used on any computers, nor will it be stored in student accessible sources on any of the file servers.
- f. Users will not damage, disable, or otherwise interfere with the operation of computers, computer systems, software, or related equipment through physical action or by electronic means.
- g. Malicious use of the network to develop programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computer system is prohibited.
- h. Users will not use the APW CSD network to obtain, download, send, print, display or otherwise gain access to or to transmit materials that are unlawful, obscene, pornographic or abusive.
- i. Users will not install, upload, or download materials that infringe on the rights of others, including but not limited to, software programs, music, designs, and all kinds of literacy and artistic works, nor will they use software not provided by the APW CSD.
- j. Instant messaging and social media sites are to be used for educational purposes only. Accessing these sites for personal use is a violation of the Acceptable Use Policy (AUP)
- k. Student email access is limited to school approved email only.
- l. Student home directories on the file server are not visible to other students. However, teachers and administrators do have "READ ONLY" access to these folders. Materials relating to or in support of illegal activities may be reported to the authorities.
- m. No user has an expectation of privacy with respect to computer files stored on the district's computer network system.
- n. Any use of the network for commercial or private business is prohibited.
- o. Unauthorized use of the network for product advertisement or political lobbying is prohibited.
- p. Attempting to access web sites blocked by our filtering system is a violation of the AUP. Attempting to use proxy sites to gain access to filtered sites is a violation of the AUP.
- q. When a user feels that they can identify a security problem on the network, they must notify a teacher, if the user is a student. The teacher or staff member will then immediately notify the Director of Instructional Technology.
- r. From time to time, the School's Technology Committee will make determinations on whether specific uses of the network are consistent with the Acceptable Use Policy.

- s. APW CSD reserves the right to remove a user account on the network to prevent further unauthorized activity.
- t. APW CSD makes no warranties of any kind, whether expressed or implied, for the service it is providing. The School District will not be responsible for any damages incurred, including loss of data (resulting from delays, non-deliveries, mis-deliveries) or service interruptions caused by negligence, errors, or omissions. The School District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

II. Due Process

- a. Students who have violated the AUP will lose network access pursuant to rule "s" above. Additional disciplinary actions as outlined in the school Code of Conduct may result from AUP violations.
- b. Due to the serious impact that may result from AUP violations disciplinary actions may include criminal prosecution.

**Technology Device Loan Agreement**

APW CSD will provide technology devices for student use. The student must use the device in accordance with the acceptable use policy.

*District filters prevent access to improper internet sites on District owned devices, however, the Parent/Guardian is responsible for providing adequate supervision of student(s) while using these devices outside of school.*

The student must return the device prior to the end of the school year and/or if they transfer out of APW CSD. Repairs or replacement of the device due to neglect or misuse are the responsibility of the student and parent/guardian.

All use of the District's computers and network/internet are subject to all District policies, including the Code of Conduct, DASA, ED Law 2D, and nondiscrimination policies.

Replacement Parts Pricing:	Chromebook: \$300.00	Touch Screen: \$110.00
	Non-Touch Screen: \$60.00	Power Cord: \$35.00
	Keyboard: \$40.00	

By signing this agreement, you understand and agree to the terms above.

I have reviewed the APW CSD Acceptable Use Policy and Device Loan Agreement and agree to abide by the policy's and agreement's terms.

Student Name (Printed) \_\_\_\_\_ Student Grade: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

Address where device will be regularly used, if other than student's primary residence on file:

\_\_\_\_\_

\_\_\_\_\_