



ALTMAR PARISH WILLIAMSTOWN CENTRAL SCHOOLS

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

WEBSITE: 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
larcher@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
ebooth@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
sthorp@apw.cnyric.org
Phone: (315) 625-5275
Fax: (315) 625-7952



Altmar Parish Williamstown Central Schools

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

Phone: (315) 625-5275

Fax: (315) 625-7952

Website: www.apw.cnyric.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

PARENT/GUARDIAN INFORMATION:

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	Student lives with:	Yes / No	
Name: _____			Receives Mailings:	Yes / No	
Relationship: _____		Pickup: Yes / No	Receives Email:	Yes / No	
Address: _____		Mailing Address: _____			
			Phone Call Order		
Employer: _____		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 _____	#1 Parent/ Guardian	Custody: Yes / No	Student lives with:	Yes / No	
Name: _____			Receives Mailings:	Yes / No	
Relationship: _____		Pickup: Yes / No	Receives Email:	Yes / No	
Address: _____		Mailing Address: _____			
			Phone Call Order		
Employer: _____		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**

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

Has student ever attended APW School District? YES / NO

Altmar Parish Williamstown Central Schools

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

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

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

- Name _____ Date of Birth: _____ Male Female
(Last, First)
- Name _____ Date of Birth: _____ Male Female
(Last, First)
- Name _____ Date of Birth: _____ Male Female
(Last, First)
- Name _____ Date of Birth: _____ Male Female
(Last, First)

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.

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.



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

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Website: www.apw.cnyric.org

HOME LANGUAGE QUESTIONNAIRE

Page 1 of 2

Lissette Colon-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 Ave. Room 528EB
Albany, NY 12234
Tel: (518) 474-8775 / Fax: (518) 474-7948

*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
		<input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="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"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ 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 <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

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	

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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



Altmar Parish Williamstown Central Schools

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District Office

Phone: (315) 625-5251

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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. Treat, RN
APW Elementary School
School
(315) 625-5203

Mrs. Krupke, RN
APW Jr/Sr High School

(315) 625-5223

Mrs. Bateman, LPN
APW Elementary School

(315) 625-5203

Mrs. Rossman, LPN
APW Jr/Sr High

(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 _____

"Academics at its best ▪ Pursuit of excellence ▪ Where students come first"



ALTMAR PARISH WILLIAMSTOWN CENTRAL SCHOOLS

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

Website: 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
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: _____



ALTMAR PARISH WILLIAMSTOWN CENTRAL SCHOOL DISTRICT
Internet Access and Acceptable Use Policy
for Students, Faculty, and Staff

COMPUTER PRIVILEGES AND INTERNET USE AGREEMENT

APW is pleased to offer our students, faculty, and staff the use of the latest in computer technology hardware and software as well as access to the Internet and World Wide Web.

Families should be aware, however, that some material available via the Internet and World Wide Web may contain things that are not age-appropriate, and could be potentially offensive, defamatory, inaccurate, or even illegal.

Parental permission is required for any student to engage in independent access to Internet and components of the APW District Computer network. Parents or guardians must sign and return the *Altmar-Parish-Williamstown Central School District Computer Privileges and Internet Use Agreement* before (an access account will be established) independent access is granted to any student. Independent access is defined as access that is not under DIRECT teacher direction and that is for any purpose other than access to direct, web-delivered course content assigned by a teacher (e.g. classroom support sites and District-purchased web-delivered electronic materials).

Such independent use of computers at APW is a privilege not a right. This privilege may be, and will be revoked or denied as a result of improper account holder behavior. Systems administrators may deny independent access (close an account) at any time as required. The administration, faculty and staff of APWCSD as well as parents/guardians may request the System Administrator to deny, revoke, or suspend such independent access (specific accounts).

1. Prior to access to the Internet, training will be given in both its use and etiquette (netiquette).
2. Treat computers, other hardware peripherals, and software with respect. Failure to do so will be considered misuse / abuse. This includes, but is not limited to:
 - Placing/installing personal software or information on District workstations
 - Placing/installing unlawful information on District workstations
 - The willful destruction of District property, stored information, and/or system programs/software
 - Accessing and/or using obscene, abusive, or otherwise objectionable text, sounds, or images
 - Unauthorized downloading of information to workstations, fileserver, diskette, or USB drive
 - Failure to keep workstation areas clean, and free of food and drink.
3. Protect your password at all times. Do not share it with anyone. The network is intended for the exclusive use of its registered users, who are responsible for the use of their password and account. ANY PROBLEMS WHICH ARISE FROM THE USE OF A USER'S ACCOUNT ARE THE RESPONSIBILITY OF THE ACCOUNT HOLDER. *Any misuse of password security, such as use of another person's account, will result in the immediate suspension of account privileges.*
4. Account holders should understand that Electronic Mail (E-Mail) is not secure, and can be read by others.
5. Data files and electronic storage areas shall remain the property of the APWCSD, subject to District control and inspection. The system administrator may access all such files and communications to insure system integrity and that users are complying with the requirements of this policy.
6. All communications and information collected via the Internet are assumed to be private property and must be correctly cited as you would any other copyrighted material.
7. In order to support the vision and mission of the APWCSD, the District will create and maintain a website for the following purposes:
 - A place to showcase innovative student and staff educational projects, presentations, and learning experiences.
 - A gateway to District and community resources and to educational websites that support instructional goals.
 - A method for community members to access District information.
 - A means of communications to and from students, District personnel, the community, and associated organizations.

All web authors (faculty, staff, and/or students) must participate in training to familiarize themselves with appropriate and acceptable website posting procedures. Failure to follow the outlined regulations and procedures may result in the loss of authoring privileges or more stringent disciplinary measures.

Documents may not contain objectionable material or link directly to objectionable material. Objectionable material is defined as text, images, sounds, etc. of an obscene, abusive, or violent nature; or any materials not directly congruent with the purpose and mission of the APWCSD. Web pages must also adhere to copyright laws.

Where feasible, links to non-district supported servers should contain a disclaimer that the user is leaving the district server and that the District does not necessarily approve of the linked material. Web pages on the district's server are the property of the District. The web server will be examined periodically to check for the timeliness and relevance of its pages.

Safeguards – Student

- Web pages may include only the first name and initial of the last name of any student. Pages or filenames may not include a student's phone number, address, Email address or names of other family members, friends, and/or relatives.
- Use of individual student pictures (video/still) and audio clips on a district web page must have signed parent/guardian approval on file for students under 18 years of age. Group pictures (video/still) and audio clips may be published without parent/guardian approval if names are omitted.

Safeguards – Employee

- Personal information about employees (home address, home phone number, personal Email, picture {video/still}, audio clip, etc.) may be published only with their written permission. School contact information may be published without employee approval.
- No classroom support web pages shall be created by a teacher or staff member on a non-District support server and claimed to be an APW support site without prior Administrative approval.

**ALTMAR-PARISH-WILLIAMSTOWN CENTRAL SCHOOL DISTRICT
COMPUTER PRIVILEGES AND INTERNET USE AGREEMENT**

Consequences for the misuse / abuse of District property and / or the Internet

Depending upon the severity of the misuse, the disciplinary process may include combinations of the following:

- ⇒ Verbal Warning
- ⇒ Written Warning
- ⇒ Loss of Email and Internet Account
- ⇒ Possible Criminal Charges

STUDENT

Student Information:

Student's Name _____ Date of Birth _____ Age _____

School Building (check one) APW Elementary () APW JR/SR HS ()

I understand and will abide by the APW Computer Privileges and Internet User Agreement. I further understand that violation of the agreement is unethical and may constitute a criminal offense. Should I commit a violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action could result.

Student (User) Signature _____ Student ID# _____ Date _____

PARENT / GUARDIAN

As the parent or guardian of this student, I understand the APW Computer Privileges and Internet Use Agreement; I understand that this access is designated for educational purposes only. I understand that some materials on The Internet may be objectionable, but agree that the benefits to this student from access to The Internet exceeds such disadvantages, and will not hold the Altmar-Parish-Williamstown Central School District responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of the APW Website is not in a school setting.

I hereby grant permission for my child to access networked computer services in the Altmar-Parish-Williamstown Central School District.

Parent/Guardian Signature: _____ Date: _____