

CHAZY CENTRAL RURAL SCHOOL

609 MINER FARM ROAD
CHAZY, NEW YORK 12921

(518) 846-7135 FAX (518) 846-8322

SUPERINTENDENT OF SCHOOLS
SCOTT J. OSBORNE



ELEMENTARY PRINCIPAL
ROBERT E. MCAULIFFE

March 13, 2023

Dear Parents:

According to our census your child will be 5 years old on or before December 1, 2023, and therefore is eligible to register for the September kindergarten class. If you are planning on entering your child in September, you should attend registration day.

Registration will be held Monday, April 24th, in the Chazy Auditorium beginning with registration/screening sign up at 8:15.

Enclosed you will find health history, internet safety, census data, and permanent record information forms. Please complete and return this information to the Elementary Office by April 17th. A preschool physical examination is required and must be completed and returned to the School Nurse, Ms. Hubbell, prior to your child entering school in September.

A copy of your child's original birth certificate (not the hospital heirloom copy) or other legal proof of age should be included with your returned forms. Additionally, we will need you to send in proof of residency – this could consist of any bill with parent name and address.

A time will be scheduled May 15 – 17th for the screening and June 14th to meet both kindergarten teachers and take a ride on the school bus.

Please be sure we have your current email address as that is how information will be sent to you. If you have any questions concerning the above, please call Mrs. Thew in the Elementary Office at 846-7135 Ex.515 or email athew@chazy.org

Sincerely,

Robert E. McAuliffe
Elementary Principal

(PLEASE PRINT)

CHAZY CENTRAL RURAL SCHOOL
Student Emergency Contact Information
2023-2024 School Year

(PLEASE PRINT)

STUDENT INFORMATION

1st Run Bus #: _____ 2nd Run Bus #: _____ OR Walk

Student's Name: _____ Date of Birth: _____
(last name) (first name) (middle name)

Mailing Address: _____ Age: _____

Physical Address: _____ Student Cell #: _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

What country was student born in? _____ If not in the US, what was their date of entry? _____

Grade: _____ Home Room Teacher: _____ Locker #: _____

Name of Brothers or Sisters: _____ age: _____ grade: _____ D.O.B. _____
(0-19 years of age)

_____ age: _____ grade: _____ D.O.B. _____

_____ age: _____ grade: _____ D.O.B. _____

_____ age: _____ grade: _____ D.O.B. _____

PARENT INFORMATION

Who does the student live with?: Mother _____ Father _____ Both _____ Guardian _____

If child not living with both parents should other parent receive school correspondence? yes _____ no _____

Mother's email address: _____ Father's email address: _____

Mother's Name: _____ Mother's Home #: _____

Mother's Maiden Name: _____ Mother's Cell #: _____

Mother's Address: _____ Mother's Work #: _____

City: _____ State: _____ Zip: _____

Mother's Place of Employment: _____

Father's Name: _____ Father's Home #: _____

Father's Cell #: _____

Father's Address: _____ Father's Work #: _____

City: _____ State: _____ Zip: _____

Father's Place of Employment: _____

Legal Guardian: _____ Home #: _____ Work #: _____

Address, City, State, Zip: _____

PERSON(S) TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

1. Name: _____ Home #: _____ Work #: _____ Cell #: _____

2. Name: _____ Home #: _____ Work #: _____ Cell #: _____

FAMILY DOCTOR: _____ Phone #: _____

FAMILY DENTIST: _____ Phone #: _____

STUDENT HEALTH HISTORY

Name: _____ Age: _____ Birthdate: _____

Address: _____ Phone #: _____

Date of Interview: _____ Individual providing health history: _____

History:

Were there any issues during pregnancy, labor and/or delivery for this child? _____ Yes _____ No
If yes, please describe: _____

Does this child have an on-going health concern? (asthma, diabetes, etc.) _____ Yes _____ No
If yes, please describe: _____

Does this child have any allergies? _____ Yes _____ No
If yes, please list: _____
Has the allergy required emergency treatment? _____ Yes _____ No
If yes, please explain: _____

Are the child's immunizations up to date? _____ Yes _____ No
Additional immunizations required: _____ given? _____

Is there a history of any hospitalizations, significant injuries or surgery? _____ Yes _____ No
If yes, please describe: _____

Are there any current medical concerns/injuries? _____ Yes _____ No
 _____ Head _____ Eyes _____ Nose _____
 _____ Ears _____ Throat _____ Neck _____
 _____ Chest _____ Respiratory _____
 _____ Cardiovascular _____ Gastrointestinal _____
 _____ Genitourinary _____ Neurological _____
 _____ Musculoskeletal (include any past fractures, etc.) _____

Does this child take any medication regularly at home? _____ Yes _____ No
Require medication at school? _____ Yes _____ No
If yes, please describe: _____

Please list any additional concerns or information: _____

Describe child's nutritional pattern and dietary intake: _____

List any significant medical concerns in family:
 _____ Mother _____ Father _____
 _____ Siblings _____ Grandfather _____
 _____ Other _____

Who lives with the child in his/her primary household? _____
 Does child spend a significant amount of time in another household? _____ Yes _____ No
 If yes, please describe: _____
 Who has legal custody of this child? _____
 Describe any custody arrangements: _____

Any additional concerns or pertinent information (use back as needed): _____

Parent/Guardian signature: _____ Date: _____

CENSUS DATA FORM – The following information is needed for our school district census.

Head of Household: _____, _____, _____
Last Name First Name M.I.

Other Parent/

Adult in Household : _____, _____, _____
Last Name First Name M.I.

Mailing Address: _____, _____, NY _____
Town Zip

Address: _____, Town: _____, NY Zip: _____
.....

Please provide the following date for all children under age 21 who reside in your household:

1. Name: _____, _____, _____, _____, _____
Last First M.I Gender DOB

A. Is this child currently attending school: Yes ___ No ___

B. If yes, name of school if different than Chazy Central: _____
.....

Please provide the following date for all children under age 21 who reside in your household:

2. Name: _____, _____, _____, _____, _____
Last First M.I Gender DOB

A. Is this child currently attending school: Yes ___ No ___

B. If yes, name of school if different than Chazy Central: _____

Please provide the following date for all children under age 21 who reside in your household:

3. Name: _____, _____, _____, _____, _____
Last First M.I Gender DOB

A. Is this child currently attending school: Yes ___ No ___

B. If yes, name of school if different than Chazy Central: _____

Please provide the following date for all children under age 21 who reside in your household:

4. Name: _____, _____, _____, _____, _____
Last First M.I Gender DOB

A. Is this child currently attending school: Yes ___ No ___

B. If yes, name of school if different than Chazy Central: _____

Please use back for additional siblings.

CHAZY CENTRAL RURAL SCHOOL

CHAZY, NEW YORK 12921

PHONE (518) 846-7135



Grades K-6

Parent/Guardian Permission for School Year 2023-2024

Print Student Name: _____

OFF-CAMPUS RELEASE (please circle one)

Yes / No - Permission given so that my child may go on off-campus CCRS field trips, clinical and hospital visitations, youth organization activities, and other field experiences. Notification will be sent home with your student prior to any off-campus activity.

Parent/Guardian's Signature: _____ Date: _____

EMERGENCY TREATMENT PERMISSION

If an accident should happen in school or on a field trip and you cannot be reached, permission is given to authorize emergency treatment and/or transportation to a medical facility.

Parent/Guardian's Signature: _____ Date: _____

HEALTH OFFICE/EMERGENCY FORM (HIPAA LAW)

Due to recent changes in confidentiality laws, it is difficult to exchange needed information with Health Care Providers. For this reason, we ask that you complete and sign this release. Information requested may include, but not limited to, immunization records, physical forms and updates, medication authorization, and restriction or release or activity information. Your physician may also request that you sign a similar release.

I authorize the exchange of pertinent medical and/or psychological information between the physician and the school for my child.

Parent/Guardian's Signature: _____ Date: _____

Student Information Sharing (please circle one)

Yes/No - Permission to share class address and phone number with other parents.

Parent/Guardian's Signature: _____ Date: _____

MEDIA RELEASE PERMISSION (please circle one)

Yes / No - Permission given for my child's picture to be used for the purpose of media releases (school newsletters, school web pages, newspapers, television, promotional literature, slides, etc.)

Parent/Guardian's Signature: _____ Date: _____

Please return to the elementary office by September 12, 2023

Student Name: _____

Teacher Name: _____

EMERGENCY DISMISSAL FORM

In the case of an emergency, we need to know how best to evacuate your child from our facility. As you can imagine, evacuating a large number of students from our facility can be time consuming. If school should have to close because of an emergency, an alert solutions email will be sent out. Additionally, the local radio WIRY, and television WPTZ will be contacted by the school. Please consider the choices below and make your selection carefully as this is how your child will be sent home in case of an emergency school closing. This is an attempt to limit the number of phone calls made before buses leave the school.

- Send my child home on his/her regular bus.
- Send my child to _____

(name, address, and telephone)
- My child (K-3) is a walker. He/she has my permission to walk home with older sibling _____.
(name and grade)
- My child is a walker. He/she will be held at school until I can arrive to escort him/her home.
- My child is responsible for walking home by himself/herself. I have discussed this plan with my child(ren) and they know exactly what to do when they go home:
- Safe place for house key (if door is locked).
 - Call a designated adult immediately.
 - Have a routine to follow once home.

(Parent Signature)

It is important that you call the office (846-7212) immediately if you make any changes in this plan.

NOTE: If no one is home, your child(ren) will be returned to the school.

CHAZY CENTRAL RURAL SCHOOL

Electronic Network Use Rules (Acceptable Use Policy)

Chazy Central Rural School students and staff have an exciting opportunity to become members of the information superhighway. Access to the Internet provides vast, diverse, and unique resources. An individual can locate information anywhere in the world. Connection to universities, national libraries, businesses, and museums is easily within the realm of possibility. With this opportunity comes the responsibility for appropriate use. It is for this reason that an acceptable use policy has been drawn up concerning use of both the network and the Internet.

Hardware (computers and other peripheral devices) are the property of the Chazy Union Free School District property and, as such, none of the data or information stored on them is private. District officials and the system administrator have the right to access all computerized files for any reason whatsoever.

Employees of the Chazy Union Free School District have been apprised of the material in this Acceptable Use Policy and agree with its provisions, both in terms of student use and employee use. Employees must be careful not to engage in careless use of passwords. They are aware that both students and employees may be disciplined for violating school policies relating to their use of school computers and the Internet.

Our Internet filtering system logs all users and their activities while on the Internet. Any unsuitable sites that are blocked, due to pornography, gambling, etc., are logged.

Should additional questions arise, system and school administrators will decide what constitutes appropriate use.

Respect for Privacy

Users will not record, re-post, forward, or otherwise distribute or make public any message (including live and or recorded classes, Google Meets and or class content) that was sent to them privately without permission of the person who sent or posted the content. Additionally, users will not post messages that violate the privacy of other individuals.

Please be sure to carefully read this document before signing.

The use of the Internet and network must be in support of education and research and in accordance with the educational objectives of the Chazy Central Rural School. It is expected that users will employ network etiquette and common sense. This Acceptable Use Policy is an extension of school policies already in place whose purpose is to govern student expectations and behavior. Because of the difference in the type of media employed, a more detailed list is necessary. Unacceptable use includes, but is not limited to, the following behavior by an individual(s):

- Intentionally disrupts information network traffic or crashes the network and connected systems.
- Degrades or disrupts equipment or system performance.
- Uses computer resources for commercial or financial gain or fraud.
- Steals data, equipment or intellectual property.
- Gains unauthorized access to files of others, or vandalizes the data or files of another or the network.
- Invades the privacy of individuals.
- Uses the Internet to post anonymous messages, insults, threats, attacks, or harasses others, including sexual harassment.
- Transmits or receives any material that is obscene, immoral, violent, illegal or in violation of any District policy or regulation.
- Uses network for illegal activities.
- Vandalizes--any malicious attempts to harm or destroy data of another user.
- Wastefully uses finite resources (ribbon, paper, etc.).
- Uses inappropriate language.
- Violates the rules of common sense or etiquette.
- Reads and posts messages to personal e-mail accounts and/or social networking accounts (students and non-employees).
- Uses computer resources for political activity.
- Uses computer resources for private use.

In addition, users should not transmit any personal addresses or addresses of others. Credit card numbers, bank account numbers, or any other financial information should not be disclosed. Users must also notify system administrators immediately if they detect a security problem.

Downloading, installing, or using unauthorized software is prohibited.

The District reserves the right to amend the policy at any time without notice.

Issues of methods of use of information procured from the Internet may arise. These issues include, but are not limited to, the following.*

Plagiarism: Plagiarism is “taking ideas or writings from another person and offering them as your own.” Credit should always be given to the person who created the article or is responsible for the idea. Take extra caution when using the information networks. Cutting and pasting ideas into your own document, without giving credit to the author, is plagiarism.

Copyright: According to the Copyright Act of 1976, “Fair Use” means that you may freely use any information that you legally find for scholarly purposes. You may not plagiarize or sell it. For example, if you find copies of ClarisWorks or any other copyrighted or licensed software, you cannot legally copy it. However, if you find an article about ClarisWorks, you may copy it as long as you give credit to the author and do not sell it.

Citing Sources: Be sure to include all necessary information when citing sources. More information may be found in the attached addendum.

Violation of the acceptable use policy may result in any or all of the following penalties:

- Suspension of Internet access.
- Revocation of Internet access.
- Suspension of network privileges.
- Revocation of network privileges.
- Suspension of all computer access.
- Revocation of all computer access.
- School suspension.
- School expulsion.
- Legal action and prosecution by the authorities.

Due process will be considered in handling violations. In addition, the District has the right to restrict or terminate network/Internet access at any time for any reason. The District, further, has the right to monitor network activity (e-mail included) in any form that it sees fit to maintain the integrity of the network/Internet system.

The Internet contains sites which make it possible for students to access information that is intended for adults. Student access to and use of the Internet will be under teacher/staff direction and will be monitored as any other classroom activity. Although the Chazy Central Rural School District has taken all responsible actions to ensure that **Internet use is only for purposes consistent with the school curriculum**, the District cannot prevent access to, nor identify, all areas of inappropriate material elsewhere on the Internet. No security is ever perfect and computer security certainly falls in this category. It is very possible that a determined student could make use of computer resources for inappropriate purposes.

The Chazy Union Free School District believes that the benefits to both students and educators from Internet access far outweigh the possible disadvantages. As is the case for all school behavior, ultimately, the parent(s) and guardian(s) of minors are responsible for setting and conveying standards for their children. Therefore, it is the opinion of the District that it is each family's right to decide whether or not to apply for Internet access.

References:

Kings County Internet Use Policy
Lexington Internet Acceptable Use Policy
NuevaNet Acceptable Use Policy
Saddleback Valley Unified School District Electronic Network Use Rules
Los Angeles Unified School District - Information Technology Division
Jefferson County Public Schools Net Use Procedure
Newport-Mesa Unified School District Information Network Access
Terms and Conditions for Use of Internet in Leon County Schools
The Library Bill of Rights of the American Library Association
Bellingham School District 501 Board Policy

**PLEASE COMPLETE AND SIGN A FORM FOR EACH CHILD AND
RETURN TO YOUR CHILD'S HOMEROOM TEACHER.**

INTERNET SAFETY POLICY

Please complete and sign a form for each child and return to your child's homeroom teacher.

2023 - 2024 SIGNATURE SHEET

_____ * and _____ have read
(Parent/Guardian name) (Student name – please print)

the Acceptable Use Policy for the Chazy Central Rural School network and the Internet, understand it, and agree to abide by the principles and procedures as detailed within. We understand and accept the conditions stated, and agree to hold blameless, and release from any liability, the Chazy Central Rural School District and its employees.

I understand that if my child does not follow the suggested guidelines, loss of network and/or Internet privileges as well as other penalties as stated in the document may result.

I also understand that I am granting this permission for the remainder of my child's education at Chazy Central Rural School. I will only be required to sign a new form if the policy is updated at a later date.

I also understand that I may rescind this permission by contacting the building principal in writing.

(Student Signature)

_____ *
(Parent/Guardian Signature)

*Parent signature necessary only if applicant is under 18 years of age.