

CHAZY CENTRAL RURAL SCHOOL

609 MINER FARM ROAD
CHAZY, NEW YORK 12921

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

SUPERINTENDENT OF SCHOOLS
Robert E. McAuliffe



ELEMENTARY PRINCIPAL
Krista B. Ringer

Dear Parent/Guardian,

We are excited to welcome you and your child to the Chazy Elementary community. According to our records, your child will be five years old on or before December 1, 2025, making them eligible to enroll in kindergarten for the upcoming school year. If you plan to enroll your child, we encourage you to attend **Kindergarten Registration Day** to learn more about the program and ensure a smooth transition into school.

Kindergarten Registration

Date: Monday, April 14

Location: Chazy Cafeteria

Time: Registration and screening sign-up begin at 8:30 AM

This is an **informational session for parents**, so children do not need to attend.

Required Documents

Enclosed, you will find the following forms: Health History, Internet Safety, Census Data, Permanent Record Information

Please complete these forms and return them to the **Elementary Office by March 25**. Along with your forms, please include:

- A copy of your child's **original birth certificate** (not the hospital keepsake version) or other legal proof of age
- Proof of residency (such as a utility bill or other official document with your name and address)

A **physical examination** is also required for all incoming students and must be completed and submitted to our **School Nurse, Ms. Hubbell**, before the start of school in September.



(PLEASE PRINT)

CHAZY CENTRAL RURAL SCHOOL
Student Emergency Contact Information
2025-26 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 Address: _____ Father's Cell #: _____

_____ 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

<input type="checkbox"/> Head _____	<input type="checkbox"/> Eyes _____	<input type="checkbox"/> Nose _____
<input type="checkbox"/> Ears _____	<input type="checkbox"/> Throat _____	<input type="checkbox"/> Neck _____
<input type="checkbox"/> Chest _____	<input type="checkbox"/> Respiratory _____	
<input type="checkbox"/> Cardiovascular _____	<input type="checkbox"/> Gastrointestinal _____	
<input type="checkbox"/> Genitourinary _____	<input type="checkbox"/> Neurological _____	
<input type="checkbox"/> 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:

<input type="checkbox"/> Mother _____	<input type="checkbox"/> Father _____
<input type="checkbox"/> Siblings _____	<input type="checkbox"/> Grandfather _____
<input type="checkbox"/> 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.



Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

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"/> Parent 1	<input type="checkbox"/> Parent 2	_____ 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	_____ <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <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: _____	_____

Home Language Questionnaire (HLQ)—Page Two

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: Parent Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF 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:

MO. DAY YR.

PROFICIENCY LEVEL ACHIEVED ON NYSITELL:

- ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING

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

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.

2025-2026 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.

School Procedures

Please be aware and familiar with the following policies and procedures.

- If your child is absent, tardy, or being dismissed early you will need to send in a parent note or email the elementary office at athew@chazy.org.
- Parents assisting in the classroom must obtain a visitor's pass before proceeding to the classroom.
- All snacks and projects are to be brought to the main office – not directly to the classroom regardless of the time of day.
- Parents are not to go directly to the classrooms to pick up students. If a student needs to be excused early parents will go to the main office and they will contact the teacher.
- Parents are not to go to the buses at any time to remove a student. The office should be contacted, and they will assist in getting the child.
- Parents are to be in the courtyard no earlier than 8:05 am for drop off and 2:15pm for pick up.
- Children may be dropped off in the back parking lot and are to wait at the band room entrance. Parents may wait with their child/children at this location.
- Parents are not to accompany their child/children to his/her classroom.
- Walkers are not to walk in the school driveway but are to use the sidewalk on the north end of the pond and the sidewalk in front of the school.
- Students that walk are to wait at the receiving room entrance or band room entrance.
- Parents are not to use the front drive during the hours of 7:30am – 8:30am or 2:30pm – 3:30pm
- Parents coming in for a performance should go to the main office and they will direct you.
- No food or drinks are allowed in the auditorium, gym, or halls.
- Children must wear appropriate footwear to school. Flip flops and shoes that do not have a back strap are not permitted.

Building Entry Policy

In August of 2004 the Board of Education adopted a policy regarding student drop off and building entry. The policy was developed to insure a safe, secure environment for all.

The policy consists of two points:

1. 7-12 students will enter the building thru the lobby doors. K-6 parents who drive and drop off their child, must use the band entrance doors. All students should be dropped off between 8:05 a.m. and 8:10 a.m. Children may not be dropped off prior to 8:05 a.m. Parents will be given the first five days of school as an adjustment period, if they wish, to walk their child to their classroom after obtaining a visitor pass at the main office. Beginning on day six, parents will no longer be allowed to drop their child off at the classroom; students must be dropped off at the previously mentioned designated areas.
2. No visitor passes will be issued between 8:10 a.m. and 8:30 a.m. Projects and snacks can be dropped off at the main office during that time. All items need to be labeled with child and teacher name. Visitors must check in at the main office. Picture ID's may be required to obtain a pass.

Your anticipated cooperation is appreciated.

CHAZY CENTRAL RURAL SCHOOL

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CHAZY, NEW YORK 12921

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SUPERINTENDENT OF SCHOOLS
ROBERT E. MCAULIFFE



ELEMENTARY PRINCIPAL
KRISTA RINGER

Dear Parents,

It is my intent to keep our students safe and accounted for on all upcoming field trips. I would like to give you some information that will need to be followed for upcoming and recurring field trips. Children are to ride the bus on the field trip to the destination. It is preferable that students also ride the bus back to school since it is still a part of the school day.

Parents are welcome to bring their child home with a note approved by the principal. The teachers should not release the student to the parent unless the principal has given approval. Please be sure all notes arrive at school the day prior to the field trip.

Thank you for your understanding and if you have any questions you may contact me at 846-7135.

Sincerely,

Krista Ringer
Elementary Principal