CHAZY CENTRAL RURAL SCHOOL

CHAZY, NEW YORK 12921

PHONE (518) 846-7135

Please fill out all forms to the best of your ability.
Please return original signed paperwork to:

Chazy Central Rural School

Attention: District Clerk

609 Miner Farm Road

Chazy, NY 12921

If you have any questions, please contact Mrs. Breton in the Main Office at 518-846-7135 EXT 505.

Thank you!

Chazy Central School – Central Registration – Required Information

Please Note: All of the following required information MUST BE provided before any registration is processed.

If you have a question regarding the above note, please call **518 846-7135**.

Grade	Student Name	
Proof Provided	**Description of Proof Received**	**Registration Requirements**
☐		**Parent/Guardian Photo Identification**: Driver's License, State Issued ID card, Passport, etc.
☐		**Completed District Registration Packet** including District Registration form, Emergency form. *All forms must be signed by the parent or legal guardian only*
☐		**Proof of Age**: Original Birth Certificate Only (official seal must be present)
☐		**Proof of Residency**: Depending on living situation & original documents must be seen. *Name(s) on closing papers, utility bill, lease, notarized affidavits & letters must match parent/guardian.* • Own a home: signed closing papers &/or utility bill *Must show exact address* • Rent with a lease: signed lease & utility bill • Rent without a lease: notarized Landlord Affidavit & utility bill • Living with a district resident: Set of 2 notarized letters, utility bill for resident, parent's driver's license & another piece of mail at the district address. **Notarized letters must state all parties' names (including children) & physical district address.*
☐		**Immunization Records**
☐		**Custody/Guardianship Papers:** Custody/Guardianship papers are required of all registrants if not living with one or both parents &/or legal guardians. Must be issued by court of appropriate jurisdiction or forms approved by the District Superintendent.
☐		**Records Request**: All parents/guardians must sign a records request/release form to be sent by the buildings to the previous school.
☐		**Building Packets:** The individual buildings may have a secondary registration packet to be completed by the parent/guardian at Central Registration before continuing on to school. **Elementary (K-6):** Student Information Sheet, Health History & Physical Form*, Census Form and any other forms required for registration. **Jr. High/High School:** Student Information Sheet, Health History & Physical Form*, and any other forms required for registration. *Physical Form to be completed by physician/doctor.

Chazy Central Rural School District
Student Enrollment Form

School Use Only

School Entered: _____ ES _____ JH _____ HS
AM Bus:_____ 2:30 Bus:_____ 3:15 Bus_____
Please check:

_____ New Student
_____ Returning Student
_____ Proof of Age
_____ Proof of Residency
_____ Custody Papers
_____ Foster Child*

_____Guardianship Papers
_____McKinney-Vento
_____ Migrant Student
_____ Restraining Order
_____ Title III Eligible

* If yes, provide district of origin_____

Student School ID#_____
Enrollment Date_____
Teacher/Homeroom_____

Student Information

Student's Last Name:_____ Student's First Name:_____
Student's Middle Name:_____ Date of Birth:_____
Grade:_____ Gender:_____ Home Phone:_____
Birth Place (City/State/Country):_____
Mailing Address:_____
Residence Address:_____
Primary Language Spoken at Home:_____ Student Citizenship:____Yes____No
Ethnicity:

___Asian ___Multiracial
___Black or African American
___Hispanic or Latino ___ White
___ American Indian/Alaskan Native
___ Native Hawaiian/Pacific Isle

Living with:

___Both Parents ___Mother/Stepfather
___ Mother Only ___Father/Stepmother
___ Father Only ___Foster Parents
___Self (Proof of emancipation status required)
___ Other:_____

Where is the student currently living: (Please check one)

___ In a 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")
___ In a hotel/motel
___ In a car, park, bus, train, or campsite
___ Other temporary living situation (Please describe)_____
___ In permanent housing

Student's Special Programs

Has your child been retained (repeated a grade)? ____ Yes ____ No If yes, what grade:_____
Circle the services/programs your child receives: IEP Section 504 Plan
AIS Counseling ESL Remedial Math Remedial Reading
Speech Improvement Special Services
Has your child been declassified from the Committee on Special Education or Section 504?_____ If yes, date of declassification:_____
Please indicate if your student has/had any of the following concerns: (If yes, please explain)
Behavior Issues:_____ Attendance Issues:_____
Medical Concerns:_____
Previous School Name:_____ Previous School Address:_____
Grades Attended:_____

CHAZY CENTRAL RURAL SCHOOL
609 Miner Farm Road
Chazy, NY 12921

PHONE (518) 846-7135

Dear Parents:

All school districts are obligated to provide the following letter of information to all parents of school aged students in their district. This letter provides information for you to be aware of, if you are a resident of this school district and you have placed, or are considering placing, your child who has a disability or is suspected of having a disability in a nonpublic school for which you would be paying tuition. The federal Individuals with Disabilities Education Act (IDEA) and State law require the school district where the nonpublic school is located to assume responsibility to provide special education services for your child. The following information is important for you to know:

- If you place your child in a nonpublic school and wish your child to receive special education services while enrolled in that school, you must request those services in writing no later than June 1 before the school year in which services are to be provided.
  If your child is first identified as a student with a disability after June 1 and before April 1 of the current school year, you may submit your request within 30 days after your child is first identified.
- Transportation requests to and from your child's home to the nonpublic school should continue to be submitted to us (i.e., the school district where you legally reside) by April 1 of the school year before transportation is to be provided in accordance with district policy.
- If you placed your child in a nonpublic school and, while the child is enrolled in that school, you suspect that your child has a disability and you wish to have your child evaluated to determine if special education services are needed, you must contact the school district where the nonpublic school is located to request an evaluation to determine your child's eligibility for special education services.
- In order for us to share special education information about your child with the school district where the nonpublic school is located, we must have your written consent.
- If the nonpublic school where you place your child is located within the geographic boundaries of another public school district, the public school district in which the nonpublic school is located will arrange for and provide the recommended services for your child, including conducting special education individual evaluations, Committee on Special Education (CSE) meetings and developing an individualized education services program (IESP). An IESP must be developed in the same manner and with the same contents as an individualized education program (IEP). It is called and IESP to

distinguish it from the IEP that would be developed if your child were reenrolled in our public school district.

- If the nonpublic school where you place your child is located within the geographic boundaries of our public school district, we will continue to provide special education services to your child, pursuant to an IESP.
- If you are a resident of New York State and the nonpublic school where you place your child is located in another state, your child may not be entitled to any or all of the special education services he/she might have received if enrolled in a public school. In this case you must contact the school district in the other State where the school is located and they must determine your child's eligibility for services and develop a Services Plan, which will indicate the services to which you are entitled.
- If you have a dispute regarding special education evaluations or services provided for your child by the school district where the non public school is located, you should pursue resolution of these disputes with that school district.

If you have any questions regarding these new requirements, please contact Mrs. Kerry Adams at 846-8885.

Sincerely,

Robert McAuliffe
Superintendent of Schools

cc: Mrs. Adams, Director of Special Education

CHAZY CENTRAL RURAL SCHOOL

PLEASE COMPLETE THIS FORM FOR VEHICLE INFORMATION.
Circle One: Faculty/Staff OR ***Student**

***The last two rows in the back parking lot marked with yellow squares are designated for student parking.**

Name:

Address:

City, State, Zip:

Phone #:

Vehicle #1
License Plate #: Make: Color:

Vehicle #2
License Plate #: Make: Color:

Vehicle #3
License Plate #: Make: Color:

Vehicle #4
License Plate #: Make: Color:

Date:

Signed:

Please return to the main office. Thank you.

(PLEASE PRINT)

CHAZY CENTRAL RURAL SCHOOL
Student Emergency Contact Information
2025-2026 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 the 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: _____
(0-19 years of age)

_____ age: ____ grade: _____

_____ age: ____ grade: _____

_____ age: ____ grade: _____

PARENT INFORMATION

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

If a child is not living with both parents, should the 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 #: _____

Parent/Guardian Signature:_____

CHAZY CENTRAL RURAL SCHOOL

CHAZY, NEW YORK 12921

PHONE (518) 846-7135

Date: _____

From: Chazy Central Rural School
609 Miner Farm Rd.
Chazy, NY 12921

To: _____
_____
_____
_____

_____has enrolled in grade_____. Please send us a complete transcript of the student's record including the following information:

- Grades for each marking period to date of withdrawal
- Birth Certificate
- Social Security Number
- Standardize test scores
- Attendance record
- Health records
- Discipline records
- Gifted records

Special Education Records are to be sent to:

Director of Special Programs
609 Miner Farm Road
Chazy, NY 12921

_____
Parent Signature

CENSUS DATA FORM — the following information is needed for our school district census.

Head of Household: _____
last name first name m.i. home phone

Other parent/
Adult in household: _____
last name first name m.i. home phone

Mailing address: _____ _____, NY _____
Town Zip code

Your physical 911 address: _____

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

1. Name: _____
last name first name m,i. Sex DOB(mo/da/yr)

A. Is this child currently attending school? Yes No (circle)

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

_____

C. As far as you know, does this child have any difficulties which would hamper him in school? Yes No (circle)
(If you mark yes, we will contact you for further information.)

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

2.Name: _____
last name first name m.i. Sex DOB(mo/da/yr)

A. Is this child currently attending school? Yes No (circle)

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

_____

C. As far as you know, does this child have any difficulties which would hamper him in school? Yes to (circle)
(If you mark yes, we will contact you for further information.)

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

3. Name: _____
last name first name m.i. Sex DOB(mo/da/yr)

A. Is this child currently attending school? Yes No (circle)

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

_____

C. As far as you know, does this child have any difficulties which would hamper his in school? Yes No (circle)
(If you mark yes, we will contact you for further information.)

CHAZY CENTRAL RURAL SCHOOL

CHAZY, NEW YORK 12921

PHONE (518) 846-7135

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

I hereby grant permission to:

_____

(name of school student is coming from)

to release any / all records of:

_____

(student's name)

to: Guidance Department
Chazy Central Rural School
609 Miner Farm Road
Chazy, NY 12921

phone: 518-846-7224

fax: 518-846-8322

Date: _____ _____

Signature of Student (if over 18)

_____

Signature of Parent or Guardian

NOTE TO SCHOOLS/LEAS: Please assist students and families fi1ling out this form. Do not simply include this Form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____

Last Name First Name Middle

Gender: Male Female Date of Birth:____/____/____ Grade:_____ ID#:_____

(month) (day)(year) (preschool-12) (optional)

Address:_____ Phone:_____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinsey-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-Ven to Act may also be entitled to free transportation and other services.

Where is the student currently living? *(P/ease check one box.)*

☐ In a shelter

☐ With another family or other person because of loss of housing or as a result of economic hardships (sometimes referred to as "doubled-up")

☐ In a hotel/motel

☐ In a car, park, bus, train, or campsite

Other temporary living situation (Please describe): _

_____

☐ 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, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school met contact the previous district/school attend d to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in. permanent housing, please ensure that a Designation Form is completed.

STATE EDUCATION DEPARTMENT I THE UNIVERSITY OF THE STATE 0F NE\ YORK I ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section

Student Name:

First *Middle* *Last*

Date of Birth: GENDER:

Month *Day* Year

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to Student*

Home Language Code

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence? ☐ English ☐ Other _____

2. What was the first language your child learned? ☐ English ☐ Other _____

3. What is the Home Language of each parent/guardian? ☐ Mother _____ ☐ Father _____
☐ Guardian(s) _____

4. What language(s) does your child understand? ☐ English ☐ Other _____

5. What language(s) does your child speak? ☐ English ☐ Other _____ ☐ Does not speak

6. What language(s) does your child read? ☐ English ☐ Other _____ ☐ Does not read

7. What language(s) does your child write? ☐ English ☐ Other _____ ☐ 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 _____

_____ Month: Day: Year:
Signature of Parent or Person in Parental Relation Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

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

Name/Position of Qualified Personnel Reviewing HLQ And Conducting Individual Interview

ORAL INTERVIEW NECESSARY: ☐ NO ☐ YES

**DAY Of INDIVIDUAL INTERVIEW _____

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 Commanding _____

Proficiency Level Achieved On NYSITELL: ☐ Entering ☐ Emerging ☐ Transitioning ☐ Expanding ☐

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.

All of the computers are Chazy Central Rural 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.

The employees of the Chazy Central Rural School District have been apprised of the material in this Acceptable Use Policy and are in agreement 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 used 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 insure 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 Central Rural 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
Snoqualmic Valley School District Internet Use Policy

Chazy Central Rural School
Grades K–12 Cell Phone & Personal Device Policy

📱 Device Policy Overview

This policy applies to cell phones, smartwatches (even when set to "school mode"), iPods, tablets, and any device capable of connecting to the internet or communicating externally, unless specified for educational use and approved by administration.

Students are strongly encouraged to leave cell phones and other personal electronic devices at home. If a student chooses to bring a device to school, it must be stored in their locker for students in grades 4-12, or cubby for grades K-3, upon entering the building at 8:10 a.m. and remain there until dismissal at 2:25 p.m. or 3:15 p.m. for students who are staying for 8th period.

Devices may not be carried on the student's person or used at any time during the school day (8:05 to 3:15)—including during class, hallway transitions, study hall, and lunch periods.

🎧 Headphone Use

With teacher permission, students may use headphones or earbuds during the school day as long as devices are connected directly to their Chromebook. Headphones or earbuds may not be used in hallways.

📞 Parents/Guardians Contact

To contact students during the school day, parents should call the main office at 518-846-7135. Office staff will relay the message or call the student down as necessary.

If a student needs to contact home for urgent reasons, they may request to use a school phone or visit the main office, elementary office, or guidance office.

📧 Digital Communication with Parents

At the request of parents or guardians, students may be permitted to send emails to their parents or guardians during the school day using their school-issued Chromebooks. This functionality is enabled by default for email addresses listed in SchoolTool.

To request the activation of this communication feature, please submit your request in writing to Mrs. Christy Barcomb at cbarcomb@chazy.org.

For elementary students, please submit your request to Mrs.Amanda Thew athew@chazy.org.

Student Safety & Emergencies

Chazy Central Rural School prioritizes student safety. In the event of a school-wide emergency:

- Established safety protocols will be followed.
- Communication with families will occur through Parent Square as appropriate.
- Staff and administration are equipped to respond promptly.

In the event of a school-wide emergency, students may be granted access to their cell phones to check in with families or arrange transportation, when deemed appropriate by school administration.

⚠ Consequences for Cell Phone Usage

Infraction	Consequences
1st Infraction	• Device held in the office for the remainder of the day. • 5-day probation: Student drops off and picks up devices daily at the main office. • Parents/Guardians contacted.
2nd Infraction	• Device held in the office for the remainder of the day. • Parents/guardians must pick up the device from the office. • 10-day probation: Student drops off and picks up devices daily at the main office.
3rd Infraction	• Device held in the office for the remainder of the day. Parents/guardians must pick up the device from the office. • 25-day probation: Student drops off and picks up devices daily at the main office. • Meeting with the principal, student, and parents/guardians.
4th Infraction	• Device held in the office for the remainder of the day. Parents/guardians must pick up the device from the office. • 50-day probation: Student drops off and picks up devices daily at the main office.

	• Meeting with the superintendent, principal, student, and parents/guardians.
5th Infraction	• Device held in the office for the remainder of the day. Parents/guardians must pick up the device from the office. • Probation for the remainder of the school year, potentially extending into the following school year.

****Failure to follow directions from faculty or staff will result in increased disciplinary consequences for insubordination, regardless of the original infraction.*

School administration maintains the authority to exercise discretion in evaluating incidents and determining appropriate consequences. This allows for flexibility in addressing unique situations while upholding the overall standards and expectations of the school community.

Medical Exceptions:

In cases where a documented medical condition necessitates the use of a personal cell phone during the school day, a formal exception to the general cell phone policy may be requested. All medical exceptions must be reviewed and approved by the district office in collaboration with the school nurse and administration.

Once approved, the student will be permitted to carry their cell phone on their person, but the device must remain secured in a designated pouch, provided by the school, which is fastened with Velcro to discourage frequent access.

The phone may only be used for medically necessary purposes as specified in the approved documentation. Any misuse of this privilege will result in disciplinary action in accordance with the school's cell phone policy.

📷 Inappropriate Use of Digital Devices

Students are expected to respect the privacy of others. Taking pictures or videos without the verbally expressed permission of others, including students and adults, is an inappropriate use of technology. If a personal cell phone or personal device is used to take pictures/videos during the school day, students will be assigned additional disciplinary consequences in addition to cell phone restrictions (sharing pictures/videos via text message or social media will result in more severe consequences).

📝 Sign-Off

Students and parents/guardians are required to sign a cell phone policy agreement at the start of each school year or upon enrollment, confirming they understand the outlined policy and consequences.

🖊 Student & Parent/Guardian Acknowledgment

We have read and understand the Chazy Central Rural School K–12 Cell Phone Policy. We understand that cell phones and personal digital devices must remain in lockers for grades 4-12, or cubby for grades K-3, during the school day and that communication with home is available through the main office or school email upon request.

By signing below, we acknowledge that we understand the policy and the consequences outlined.

Student Name: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name: _____ **Date:** _____

Chazy Central Rural School District
Grades 7-12 Permissions

Print Student Name: _____ **Date:** _____

OFF-CAMPUS RELEASE
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:** _____
****

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:** _____
****

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:** _____
****

MEDIA RELEASE PERMISSION
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:** _____
****

INTERNET SAFETY: ACCEPTABLE USE
We have read and understand the Chazy Central Rural School Acceptable Use Policy for network and Internet use, and agree to follow its guidelines. We release the district and its staff from any liability.
I understand that misuse may result in loss of privileges or other consequences as outlined in the policy.
This permission remains in effect for my child's time at Chazy, unless revoked in writing. A new form will only be required if the policy changes.
***Student Signature:** _____

***Parent/Guardian's Signature:** _____

SIGNATURES ON FRONT AND BACK

Chazy Central Rural School District
Grades 7-12 Permissions

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CELL PHONE POLICY

We have read and understand the Chazy Central Rural School K–12 Cell Phone Policy. We understand that cell phones and personal digital devices must remain in lockers for students in grades 4-12, or cubby for grades K-3, during the school day and that communication with home is available through the main office or school email upon request.

By signing below, we acknowledge that we understand the policy and the consequences outlined.

***Student Signature*_____

***Parent/Guardian's Signature:* _____

Please return this form to the main office by Friday, September 5, 2025

SIGNATURES ON FRONT AND BACK