

CANAJOHARIE

CENTRAL SCHOOLS
CANAJOHARIE, NEW YORK 13317

www.canajoharieschools.org
Twitter: @CanajoharieCSD
Instagram: @Canjoschools



Welcome to our School District

We look forward to having you as part of our school family.

To enroll your child(ren), please complete the attached enrollment packet
(one for each child)

Enrollment Packet Checklist

- ☐ Student Enrollment Form
- ☐ Authorization to Release Information
- ☐ Student Age Verification
- ☐ Proof of Residency
- ☐ Health/Medical Packet
- ☐ Immunization Records
- ☐ Home Language Questionnaire
- ☐ Transportation
- ☐ Digital Access Survey
- ☐ School Meals Program
- ☐ Chromebook Agreement
- ☐ Student Acceptable Use of Technology
- ☐ Field Trip Permission Form
- ☐ Medicaid Consent

Parents/Guardians must sign up for Parent Square and School Tool

Completed enrollment packets need to be submitted to the
District Registrar.

Call to set up an appointment: 518-673-6300 Ext. 1046

**CANAJOHARIE CENTRAL SCHOOL
STUDENT ENROLLMENT FORM**

ARE YOU A CANAJOHARIE CENTRAL SCHOOL DISTRICT RESIDENT? ☐ YES ☐ NO

STUDENT'S FULL LEGAL NAME: _____
(First) (Middle) (Last)

Date of Birth: _____ Birthplace: _____ Nickname: _____

Is the child known by any other name? If so, what is the name? _____

Student Age Verification: ☐ Birth Certificate ☐ Baptismal Record ☐ Passport ☐ Other*

*if above not available: State or government issued identification, hospital or health records, military dependent identification card

Grade: _____ Gender: _____ Home language: _____

Racial/Ethnic Identification - please answer both of the following questions:

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race. ☐ YES ☐ NO

2. Select one or more races from the following five racial groups (Check all groups that apply to your child)

☐ AMERICAN INDIAN or ALASKAN NATIVE - a person having origins in any of the original people of North America.

☐ ASIAN - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ BLACK - a person having origins in any of the black racial groups of Africa

☐ WHITE - a person having origins in any of the original peoples of Europe, North Africa, or the Middle East

MAIN CONTACT: (Parent(s)/Guardian(s) whom student lives with:

Parent(s) Name: Father: _____ Mother: _____

Parent Marital Status: _____ Is there a custody issue on this child? _____

If yes, who has custody? _____ Relationship _____

CANAJOHARIE CENTRAL SCHOOL
STUDENT ENROLLMENT FORM

911 ADDRESS (actual residence): _____
(Street number & name) (City/Village) (Zip)

Mailing Address (if different from above) _____

Home Phone: _____ **Mom Cell Phone:** _____

Dad Cell Phone: _____ **Parent E-mail:** _____

Student Cell Phone: _____ **Student E-Mail:** _____

Order of Protection*: _____ **Yes** _____ **No**
*if an order of protection exists, it must be submitted to registrar at time of student enrollment.

Student resides with: Both: _____ Father Only: _____ Mother Only: _____ Step-Parent/Guardian: _____
Other: (please specify) _____

Sibling Information

Name (First and Last)	Gender	Birth Date	Living at Home	Present Grade	School Attending

(List additional siblings on back)

Is this a foster placement: _____ **YES** _____ **NO** If yes, name of county: _____
If Yes, copy of DSS 2999 Form required

PROOF OF RESIDENCY VERIFICATION PROVIDED	
☐ Lease Agreement	☐ Paycheck stub
☐ Current utility bill	☐ Driver's License

**CANAJOHARIE CENTRAL SCHOOL
STUDENT ENROLLMENT FORM**

McKinney-Vento Act:

____ Check here if the student is permanently housed. If checked, move to the next section.

____ Check here (and provide details) if student is homeless or living in temporary housing (lives in a shelter, abandoned apartment/building, motel/hotel, camping ground, care, or train/bus station; if the student lives with relatives or others due to lack of housing or other similar situation; or if the student is temporarily housed in a shelter awaiting permanent foster care placement).

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

- ☐ 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) _____

> Do you prefer to remain in your ____ **SCHOOL OF ORIGIN** **or**
____ **ATTEND CANAJOHARIE**

EMERGENCY CONTACT # 1

(Name) (Address) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Relationship to Student: _____ Can pick up student from school (circle one) Yes No

EMERGENCY CONTACT # 2

(Name) (Address) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Relationship to Student: _____ Can pick up student from school (circle one) Yes No

HAS STUDENT EVER ATTENDED CANAJOHARIE CENTRAL SCHOOL (circle one) Yes No

CANAJOHARIE CENTRAL SCHOOL
STUDENT ENROLLMENT FORM

PREVIOUS SCHOOL ATTENDED

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Student received the following services previous school (check all that apply):

___ AIS Math ___ Special Education or 504 Plan ___ Counseling
___ AIS Reading ___ Speech or Language Services ___ Other: _____

ANY OTHER PERTINENT INFORMATION NECESSARY FOR SCHOOL OFFICIALS

(EXAMPLES: Order of Protection, persons NOT to be contacted under any
circumstances, persons NOT allowed to pick up student)

Signature of Parent/Guardian or
Student (only if an unaccompanied
homeless youth)

Date

FOR OFFICE USE ONLY

Date Entered: _____ Submitted to Special Ed. Office _____

Parental Release Received: _____

Homeroom: _____ Locker # _____ Combo# _____

AM Bus # _____ AM Stop: _____ PM Bus # _____ PM Stop: _____

AM Drop off: _____ Walk: _____ PM Pick-Up: _____ Walk: _____



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

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
		☐ Male ☐ Female
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?	☐ English	☐ Other	specify
2. What was the first language your child learned?	☐ English	☐ Other	specify
3. What is the Home Language of each parent/guardian?	☐ Parent 1	☐ Parent 2	specify
	☐ Guardian(s)		specify
4. What language(s) does your child understand?	☐ English	☐ Other	specify
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? _____

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:

CANAJOHARIE

CENTRAL SCHOOLS
CANAJOHARIE, NEW YORK 13317

www.canajoharieschools.org
Twitter: @CanajoharieCSD
Instagram: @Canjoschools



AUTHORIZATION TO RELEASE INFORMATION

Student Name: _____ Prior School District: _____

Date of Birth: _____ Address: _____

Date of Entry: _____ City/State/Zip: _____

Telephone: _____

Fax: _____

____ Files needed for the above named student for registration at Canajoharie Central School.

____ Files are being requested for the above named student for enrollment consideration at this time. Student should remain enrolled in current placement. Notification of enrollment will be confirmed.

This is to request and authorize the release of the following records/pertinent information:

- | | |
|--|--------------------------------------|
| ____ Transcript of Grades | ____ AIS/Remediation/Support Records |
| ____ Withdrawal Grades (at time of transfer) | ____ Health/Immunization Records |
| ____ Regents/Proficiency Scores | ____ Copy of Birth Certificate |
| ____ Grading Key | ____ IEP or 504 |
| ____ Semester Grades | ____ Psychological Evaluation |
| ____ Standardized Test Scores & State Assessment | ____ Social History |
| | ____ Related Service Evaluations |

Please send records to:

____ Canajoharie Registrar
25 School District Road
Canajoharie, NY 13317
P: 518-673-6300 X1046
F: 518-673-3887
Emily.Shults@canio.org

____ CCSD Special Education Office
136 Scholastic Way
Canajoharie, NY 13317
P: 518-673-6307
F: 518-673-4131
Shayna.Skandera@canio.org

Parent/Guardian Signature: _____

Health Office Checklist

- ☐ **Health Examination** is required per child's grade and all new entrants. The **Required NYS School Health Examination Form** must be completed by a NYS Licensed physician, physician assistant or nurse practitioner. This form is available at <https://www.p12.nysed.gov/ssd/documents/health-exam-form.pdf> and the school health office.
- ☐ **Medication Information for Parents** is attached. All over-the-counter (OTC) and prescribed medications need a healthcare provider order and parental permission.
- ☐ **Disclosure of Protected Health Information Form** although not required, this form allows school medical staff to speak with your child's health care provider in regards to your child's school health.
- ☐ **Immunizations** are required per child's age or grade. For entrance and attendance requirements, refer to <https://www.health.ny.gov/publications/2370.pdf> . Please provide a copy of your child's immunization history to the health office.

CANAJOHARIE

CENTRAL SCHOOLS

CANAJOHARIE, NEW YORK 13317

BOARD OF EDUCATION

Mark Brody, President
Heldi Meka, Vice President
Patricia Prime, Member
Keith Baker, Member
Lauri Broady, Member

www.canajoharieschools.org

Twitter: @CanajoharieCSD

Instagram: @Canjoschools



Dear Parents/Guardians,

The district's School Health Services program supports your student's academic success by promoting health in the school setting. One way that we provide care for your student is by performing the health screenings as mandated by the State of New York.

During this school year, the following screenings will be required or completed at school:

Vision

- Distance and near acuity for all newly entering students and students in Pre-K or Kindergarten, Grades 1, 3, 5, 7, and 11.
- Color perception screening for all newly entering students.

Hearing

- Hearing screening for all newly entering students and students in Pre-K or Kindergarten, 1st, 3rd, 5th, 7th, and 11th grade.

Scoliosis

- Scoliosis (spinal curvature) screening for all girls in grades 5 and 7, and boys in grade 9.

A letter will be sent home if your student needs follow-up with your health care provider. For vision screenings only, parents will be notified of all results. Please call the school's Health Office if you have any questions or concerns.

Superintendent Dr. Nick Fitzgerald 136 Scholastic Way Tel: 518/673-6302 Fax: 518/673-3177	Director of Finance Leah S. Schaffer 136 Scholastic Way Tel: 518/673-6340 Fax: 518/673-4131	High School Principal Nicholas Bottino 136 Scholastic Way Tel: 518/673-6330 Fax: 518/673-3177	Middle School Principal Christopher R. DePaolo 25 School District Road Tel: 518/673-6320 Fax: 518/673-5557	Elementary Principal Alicia D'Ambrosio 25 School District Road Tel: 518/673-6310 Fax: 518/673-3887	Director of Special Education Jennifer Schwabrow 136 Scholastic Way Tel: 518/673-6307 Fax: 518/673-4131
---	---	---	--	--	---

CANAJOHARIE

CENTRAL SCHOOLS

CANAJOHARIE, NEW YORK 13317

BOARD OF EDUCATION

Mark Brody, President
Heidi Meka, Vice President
Patricia Prime, Member
Keith Baker, Member
Lauri Broady, Member

www.canajoharieschools.org

Twitter: @CanajoharieCSD

Instagram: @Canjoschools



Dears Parents/Guardians,

New York State law requires a health examination for all students entering the school district for the first time and when entering Pre-K or K, 1st, 3rd, 5th, 7th, 9th, and 11th grade. The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner.

A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school, and when your child starts Pre-K or K, 1st, 3rd, 5th, 7th, 9th, and 11th grade. If a copy is not given to the school within 30 days, the school will contact you.

- If your child has an appointment for an exam during this school year that is after the first 30 days of school, please notify the Health Office with the date. An appointment card from your physician is preferred.
- We realize that it may be difficult to arrange an appointment with your child's doctor. Therefore, a school physical can be provided.

Please check the appropriate line regarding your child's physical and return to the health office:

_____ I've attached a copy of my child's latest physical.

_____ My child has an appointment with our family doctor on _____ (date) and an appointment card is attached.

_____ I request that my child have a school physical.

Student's name _____ Grade _____

Parent/Guardian Signature _____ Date _____

*We suggest that you make copies of the completed forms for your own records before sending them to the school office. Completed forms may also be faxed or mailed.

Sincerely,

Ashley Divers, RN
136 Scholastic Way
Canajoharie, NY 13317
518 673 6334
518 673 6322 fax

Haley Baker, LPN
25 School District Road
Canajoharie, NY 13317
518 673 6314
518 673 0248 fax

Superintendent Dr. Nick Fitzgerald 136 Scholastic Way Tel: 518/673-6302 Fax: 518/673-3177	Director of Finance Leah S. Schaffer 136 Scholastic Way Tel: 518/673-6340 Fax: 518/673-4131	High School Principal Nicholas Bottino 136 Scholastic Way Tel: 518/673-6330 Fax: 518/673-3177	Middle School Principal Christopher R. DePaolo 25 School District Road Tel: 518/673-6320 Fax: 518/673-5557	Elementary Principal Alicia D'Ambrosio 25 School District Road Tel: 518/673-6310 Fax: 518/673-3887	Director of Special Education Jennifer Schwabrow 136 Scholastic Way Tel: 518/673-6307 Fax: 518/673-4131
---	---	---	--	--	---

CANAJOHARIE

CENTRAL SCHOOLS
CANAJOHARIE, NEW YORK 13317

BOARD OF EDUCATION

Mark Brody, President
Heidi Meka, Vice President
Patricia Prime, Member
Keith Baker, Member
Lauri Broady, Member
www.canajoharieschools.org
Twitter: @CanajoharieCSD
Instagram: @Canjoschools



Medication Information for Parents

Dear Parents/Guardians,

A Health care provider order and parent permission is needed for all prescription and over-the-counter (OTC) medications used at school or school-sponsored activities.

- Parent/Guardian(s) must personally deliver all medications to the school health office unless a self-carry order form is signed by a parent and physician.
- Please bring all medication directly to the school health office.
- Please ask the pharmacist to give you a second labeled container for prescription medication for school to ensure we are able to store the medication properly.

We will be available for medication drop off through school hours. If you need to make special arrangements to drop off medication, please call to make these arrangements.

Thank you in advance for your cooperation,

Ashley Divers, RN
136 Scholastic Way
Canajoharie, NY 13317
518 673 6334
518 673 6322 fax

Haley Baker, LPN
25 School District Road
Canajoharie, NY 13317
518 673 6314
518 673 0248 fax

Superintendent Dr. Nick Fitzgerald 136 Scholastic Way Tel: 518/673-6302 Fax: 518/673-3177	Director of Finance Leah S. Schaffer 136 Scholastic Way Tel: 518/673-6340 Fax: 518/673-4131	High School Principal Nicholas Bottino 136 Scholastic Way Tel: 518/673-6330 Fax: 518/673-3177	Middle School Principal Christopher R. DePaolo 25 School District Road Tel: 518/673-6320 Fax: 518/673-5557	Elementary Principal Alicia D'Ambrosio 25 School District Road Tel: 518/673-6310 Fax: 518/673-3887	Director of Special Education Jennifer Schwabrow 136 Scholastic Way Tel: 518/673-6307 Fax: 518/673-4131
---	---	---	--	--	---

Authorization for Use or Disclosure of Protected Health Information

In order to share protected health information with the school district, your healthcare provider may require completion of the form below to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Please complete, sign and give the form to your healthcare provider and/or to your school nurse to avoid delays in care for your child.

I, _____ authorize my child's healthcare provider(s) listed below:

Name _____	Phone _____	FAX _____
Name _____	Phone _____	FAX _____
Name _____	Phone _____	FAX _____

to release the medical records of my child, _____, DOB _____
 to the district's: ☐ Medical Director ☐ School Nurse ☐ Athletic Trainer (AT) ☐ Counselor ☐ Occupational
 Therapist (OT) ☐ Physical Therapist (PT) ☐ Psychologist ☐ Social Worker ☐ Speech Therapist (ST)
☐ other _____

The healthcare provider may disclose the following information: (Parent/School: check all that apply)

☐ Immunizations ☐ Health Appraisals ☐ Past/Current Medical Conditions and impact on attendance,
 athletics, or school programming or therapy ☐ Other _____

**The Protected Health Information may be used, disclosed or received for the following purpose(s):
 (Parent/School: check all that apply)**

☐ To develop care or therapy plans for routine and emergent school management
☐ To design appropriate educational, school, or athletic programs
☐ To assess the impact of the medical condition(s) on school programming and/or attendance
☐ To share school observations/concerns surrounding behavior
☐ To assess a medical basis for modification of transportation and/or home tutoring
☐ Medication delivery or therapy prescriptions
☐ At patient's request with no specified purpose
☐ Other _____

PARENT: Please select one.

☐ This authorization is valid for the entire academic school year 20 - 20
☐ This authorization is valid for the duration of attendance within the school district
☐ This authorization shall expire on ____/____/____ (MO/DD/YR)

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building. I understand that the revocation of this authorization is not effective if the Healthcare Provider or District has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice. I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law. I understand that my child's treatment is not dependent on my agreement to release or withhold information. I acknowledge that the district will share relevant school information with my healthcare providers and when applicable with those governmental agencies as required for reimbursements. I give permission for the school representatives above to share and disclose information as indicated above with the health care provider listed.

Signature of Parent/Guardian or student if over 18

Relationship

Date

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

A SIGNED COPY OF THIS AUTHORIZATION MUST BE GIVEN TO THE ADULT PATIENT OR PARENT OF THE MINOR CHILD

This sample resource is located at www.schoolhealthny.com – Forms | Notifications – 8/12

CANAJOHARIE

CENTRAL SCHOOLS
CANAJOHARIE, NEW YORK 13317

www.canajoharieschools.org
Twitter: @CanajoharieCSD
Instagram: @Canjoschools



Important Bus Information

Child's Name: _____

AM: Drop Off: _____

Walk: _____

Bus From: _____
(Address)

PM: Drop Off: _____

Walk: _____

Bus From: _____
(Address)



CANAJOHARIE

CENTRAL SCHOOLS
CANAJOHARIE, NEW YORK 13317

www.canajoharieschool.org
Twitter: @CanajoharieCSD
Instagram: @Canjoschools



DIGITAL ACCESS SURVEY

Student Name: _____
(first) (last)

1. Grade: (Circle) PK 1 2 3 4 5 6 7 8 9 10 11 12
2. Does the school district give you a device: (Circle) YES
3. What is the device your child uses most often to complete learning activities away from school (this can be a school provided device or another device): (Circle one)
Desktop Laptop Tablet Chromebook Smartphone None
4. Is the primary learning device your child uses at home: (Circle one) PERSONAL SCHOOL
5. Will the device your child uses at home be shared? (Circle one) SHARED NOT SHARED
6. Is the primary learning device sufficient for your child to fully participate in all learning activities away from school: (Circle) YES NO
7. Is your child able to access the internet in their primary place of residence: (Circle)
YES NO
8. What is the primary type of internet service used in your child's primary place of residence: (Circle)
Residential Broadband Cellular Mobile Hotspot Community WIFI Satellite
Other: _____
9. In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance. (Circle) YES NO
10. What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence: (Circle)
Availability Cost None Other: _____



FIELD TRIP PERMISSION FORM

My child has permission to attend field trips sponsored by the Canajoharie Central School during the current academic year:_____.

I understand that my child will be subject to the rules of the school district while on this trip and that supervision will be provided.

I understand that if my child is not attending a field trip, I will notify his/her teacher.

In the event of an emergency, I further give permission for my child to receive emergency medical care if I cannot be reached at one of the following telephone numbers:

Home #:_____ Work #:_____ Cell #:_____

Child's Name:_____ Grade:_____

Parent Signature:_____ Date:_____

NO PHOTOGRAPH/VIDEO NOTIFICATION

From time to time, we would like to feature your child in photographs or videos to be published in local newspapers, our newsletter or calendar, social media or on our website. This publicity highlights your child's achievements, as well as providing newsworthy accounts of school activities.

If you DO NOT wish your child's name and photograph to be used in this way, please contact your child's building principal.

Mrs. Alicia D'Ambrosio
Prek-5 Principal
518-673-6310

Mr. Chris DePaolo
Middle School Principal
518-673-6320

Mr. Nicholas Bottino
High School Principal
518-673-6330

Child's Name:_____

Grade:_____

Parent's Signature:_____

Date:_____

Canajoharie Central School District 1 to 1 Chromebook Agreement

Dear Parents and Students;

The Canajoharie Central School District is implementing a program that will distribute Chromebooks to all students in grades six through twelve. The implementation of these devices are strictly as an educational tool. Students will have use of their assigned Chromebooks throughout their education in our school district. Devices will be turned in at the end of each school year for cleaning and maintenance, and will be re-distributed to students the following fall.

Technology plays a vital role in the educational process in the Canajoharie Central School District. In order to ensure proper care and usage of a school issued Chromebook, students must abide by the ***Canajoharie CSD 1 to 1 Chromebook Agreement***. Students will be held accountable for any violation of this agreement. It is mandatory that all students and parents sign this agreement and have an understanding of this policy.

Computer Conduct

The Canajoharie Central School District's technology equipment shall be used for educational purposes consistent with the district's mission and goals. We do expect the use of our Chromebooks to follow both the Canajoharie Central School District Code of Conduct and Acceptable Use Policies

Prohibited Uses

Prohibited uses of the District owned Chromebooks include, but are not limited to:

1. Downloading or playing games and music.
2. Peer to Peer (music file sharing) software.
3. Students are never to access someone else's account or allow anyone to use their account.
4. The Internet is to be used for research and as a means of obtaining needed instructional information.
5. Attempting to access pornographic materials, vulgarity, gambling, militant/extremist material, etc.
6. YouTube is accessible for educational purposes: it should not be used for entertainment purposes.
7. Social networking applications and sites such as Twitter, Facebook, SnapChat, TikTok, etc.
8. Sound must be turned off except when it is being used for instructional purposes.
9. Students may not deface Chromebooks in any manner. The Chromebook cover should not be decorated. Ex: stickers, decals, markings or drawings with markers, etc.

Proper Care

Proper care of school issued Chromebooks are necessary to allow for the maximum life of the Chromebook. The procedures listed below should be followed:

1. Treat your Chromebook and case with proper respect and care. You will have the same Chromebook and case from grade to grade.
2. The AC adapter should be taken home, plugged in and used to charge your Chromebook nightly. The adapter will remain at home throughout the year.
3. Chromebooks are not permitted in the cafeteria during lunchtime. Your Chromebook is to be stored in your locker during your lunch period.
4. Chromebooks are never to be left unattended. If a Chromebook is found unattended, it will be brought to the library. Acceptable locations to leave Chromebooks include the following: your locker, the library charging location, and a teacher's classroom. Depending on the severity, there may be disciplinary consequences for leaving a Chromebook unattended.
5. Students who take their Chromebooks home are fully responsible for theft and/or damage to the Chromebook.
6. Students are not allowed to have Chromebooks in an unlocked locker room during sporting events.
7. Chromebooks must be transported throughout the building in a safe and protective manner. Students must use the school issued Chromebook case for storing and transporting the Chromebook. Any damage to a Chromebook during the school day should be reported immediately. Otherwise, such damage will be considered negligent.
8. Chromebooks must be charged at home on a daily basis and must be brought to school with a full charge.
9. District identification tags, asset tags, student identification tags should not be removed from district issued Chromebook at any time.

STUDENTS AND PARENTS CAN BE CHARGED A \$75.00 FEE FOR THE CHROMEBOOK & \$35 FOR CHARGER IF PHYSICAL DAMAGE IS CAUSED BY NEGLIGENT CARE BY THE STUDENT OR IF LOST OR STOLEN. IF A 2nd ISSUED DEVICE IS DAMAGED BY NEGLIGENT CARE, THE FULL COST OF THE CHROMEBOOK (\$350.00) and/or CHARGER (\$35.00) WILL BE ASSESSED AT THE DISCRETION OF DISTRICT ADMINISTRATION.

Chromebook User Agreement

The Canajoharie Central School District will provide Chromebooks to all students in the middle school and high school (6-12). Students will keep the Chromebooks with them at school and are encouraged to take them home, upon parent permission.

Students will be responsible for a Chromebook and an AC charger. The charger will be brought home and plugged in an outlet that is safe from potential damage from pets, small children, etc. Students are expected to charge their Chromebooks each night.

Parents/students agree to return the Chromebooks and accessories to the teacher at the end of the designated time frame in the same condition it was issued to the student, less reasonable wear. In the event of loss/damage of any component of the Chromebook, and accessories (ie. case and charging adaptor) the administrative team will meet with the student and parent/guardian to discuss the circumstances which may result in restitution to the Canajoharie Central School District.

Please become familiar with the **Chromebook Agreement** and the **Code of Conduct for Technology Acceptable Use and Network Services**, included in this packet.

Furthermore, I accept responsibility for supervision when my child's use of the Chromebook is in a home setting.

STUDENTS AND PARENTS CAN BE CHARGED A \$75.00 FEE FOR THE CHROMEBOOK & \$30 FOR CHARGER PHYSICAL DAMAGE IS CAUSED BY NEGLIGENT CARE BY THE STUDENT OR IF LOST OR STOLEN. IF A 2nd ISSUED DEVICE IS DAMAGED BY NEGLIGENT CARE, THE FULL COST OF THE CHROMEBOOK (\$350.00) and/or CHARGER (\$35.00) WILL BE DUE.

I have read and understood the above **Chromebook Policy** and **Acceptable Use Policy** and I understand that this Chromebook is an educational tool to be used to enhance the learning process in all subject areas. My signature below signifies that I will abide by the established protocols and have kept the original Acceptable Use Policy and 1 to 1 Chromebook Policy for my reference.

***This agreement must be signed before using school issued technology**

Student Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Student Name: _____

Grade: _____

Building: _____

Canajoharie Central School District Student Acceptable Use of Technology

The Canajoharie Central School District believes that all students and staff should have access to functional computers, software, training, and networking abilities to enable seamless technology integration into the curriculum for an effective and efficient learning environment. The Board of Education will provide access to various computerized information resources through the District's computer system ("DCS") consisting of software, hardware, computer networks, and electronic communications systems. This may include access to email, on-line services, and the Internet. It may include the opportunity for some students to have independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off school premises, will be subject to this policy. Further, all DCS use must be in support of education or research and consistent with the goals and purposes of the District. All users are reminded that use of the network is a privilege, not a right.

In order to use school technology, students must accept the following responsibilities:

STUDENTS MUST:

Protect individual account and system security:

- Students will take all reasonable precautions to prevent others from gaining access to their individual account. Under no circumstances should a password be shared with others.
- Students will immediately notify faculty of possible or existing security problem. Students will not attempt to remedy the problem on their own.

Respect and protect the intellectual property of others:

- Students will not infringe on copyrights (downloading of pictures, games, photographs, movies, etc...)
- Students will not plagiarize.

Handle all equipment with care and respect:

- Students will handle all school technology equipment with reasonable care and respect.
- Students are responsible for reporting broken equipment to faculty or administration immediately.
- Students will not attempt to repair equipment on their own.

Respect the privacy of others:

- Students will not repost or resend messages sent to them by another person without the express permission of that person.
- Students will not post private information about themselves or another person.

Engage in appropriate use personal technology:

- Student use of personal technology during instruction times must adhere to expectations outlined in CCSD Code of Conduct.
- The District shall not be liable for loss, damage, misuses or theft of any personal technology brought to school.

Practice and respect digital citizenship:

- Students will not attempt to gain unauthorized access to this or any other computer system or go beyond your authorized access.
- Students will not attempt to evade district computer filtering software
- Students will not disrupt the computer system or destroy data by spreading computer viruses or by other means.
- Using the system or equipment to
- Students will not use technology in ways that violates the CCSD Code of Conduct. This includes, but is not limited to engaging in acts of: cyberbullying, harassment, discrimination, defamation, gambling, accessing obscene/vulgar material and conduct any illegal activity. (CCSD Code of Conduct)
- Students will avoid use of all non-approved commercial social media/networking on school devices.
- Students will use the system only for educational and career development activities.
- Students will not install, upload or download programs
- Students will not engage in spamming.

Consequences of Violation:

Failure to comply may result in suspension of access to the district's computer systems and/or other appropriate penalties.

Parent/Guardian Acknowledgement: I acknowledge and understand the obligations of my student:

Name: _____

Signature: _____

Date: _____

CANAJOHARIE

CENTRAL SCHOOLS
CANAJOHARIE, NEW YORK 13317

www.canajohariewschools.org
Twitter: @CanajoharieCSD
Instagram: @Canjoschools



Parent/Guardian Communication

Canajoharie Central School District communicates with parents utilizing SchoolTool: Parent Portal and Parent Square. Please download each application and check them regularly for updates on School Events and your child's progress.

SchoolTool Parent Portal Registration

SchoolTool is the Canajoharie Central School District's official record keeping system for all students. Records include demographic and contact information, attendance records, discipline records, and academic records. Parents/Guardians can have access to their child(ren)'s records through the Parent Portal. Each parent or guardian should request their own SchoolTool Parent Portal account. Only adults who are currently registered with the Canajoharie Central School District as a child's parent or legal guardian may access a Parent Portal account.

Parent Name: _____

Child(ren): _____

Parent email address: _____

Once this form is submitted to the Registrar, within 48 hours you will receive an email with a temporary password and a link to the website to complete your registration.

ParentSquare

Parent Square is utilized by the district for communication purposes. This application can be downloaded and will sync with your SchoolTool account. It is utilized for communication between parents/guardians and their child's school and individual teachers. Please download ParentSquare and follow the instructions to establish your account. Once your child is enrolled in SchoolTool, your accounts will be linked.

 **ParentSquare**



Written Notification Regarding Use of Public Benefits or Insurance to Pay for Certain Special Education and Related Services

INTRODUCTION

You are receiving this written notification to give you information about your rights and protections under the federal Individuals with Disabilities Education Act (IDEA), so that you can make an informed decision about whether you should give your written consent to allow your school district to use your or your child's public benefits or insurance to pay for special education and related services that your school district is required to provide at no cost to you and your child under IDEA.

Funds from a public benefits or insurance program (for example, Medicaid funds) may be used by your school district to help pay for special education and related services, but only if you choose to provide your consent, as explained below.

Before your school district can ask you to provide your consent to access your or your child's public benefits or insurance for the first time, it must provide you with this notification of the rights and protections available to you under IDEA. This notification is intended to help you understand these rights and protections, including the type of consent your school district will ask you to provide. If you choose not to provide your consent, or later decide to withdraw your consent, your school district has a continuing responsibility to ensure that your child is provided all required special education and related services under IDEA at no charge to you or your child.

PARENTAL CONSENT

34 CFR §300.154(d)(2)(iv)(A)-(B) and 8 NYCRR §200.5(b)(8)(i)

Beginning on July 3, 2013, before your school district can use your or your child's public benefits or insurance for the first time to pay for special education and related services under IDEA, it must obtain your signed and dated written consent. Your school district is only required to obtain your consent one time.

This consent requirement has two parts.

1. **Consent to share records about your child:** Your school district is required to obtain your written consent before disclosing [sharing] personally identifiable information about your child (such as your child's name, address, social security number, individualized education program (IEP), and evaluation results) from your child's education records. In asking for your consent, the district will (1) identify the records [or information] about your child that will need to be shared (for example, about the services that may be provided to your child); (2) tell you the purpose of sharing the records (for example, billing for special education and related services); and (3) identify the agency to which your school district may disclose the information (for example, the Medicaid agency).
2. **Consent to bill your public insurance program (for example, Medicaid):** Your consent must include a statement specifying that you understand and agree that your school district may use your or your child's public benefits or insurance (e.g., Medicaid) to pay for some of your child's special education services.

If your school district has on file your consent that you provided before July 3, 2013 to release your child's records and to use your or your child's public benefits or insurance to pay for special education and related services, your school district is required to request a new consent from you only when there is a change in any of the following: the type of services to be provided to your child (for example, physical therapy or speech therapy), the amount of services to be provided to your child (for

**Canajoharie Central School District
Committee on Special Education
136 Scholastic Way
Canajoharie, NY 13317 (518-673-6317)**

Medicaid Consent

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services and to release information to the school district's/county's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____, have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services

I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The school district/county must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district/county to release the following records' information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (e.g. records or information about services your child receives, student demographic information):	
IEP	Medication Administration Report
Written Order Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable Information
Session Notes	Any Other Specific Records Pertaining to the Student's Services or Program

Student's CIN, if known: _____

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Dear Canajoharie CSD family,

Our school district participates in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, all students receive a free breakfast and lunch each day, for the entire school year.

However, to determine eligibility to receive other additional benefits, such as assistance with college course fees and other school program fees, families need to complete a [Household Income Form](#) securely, and quickly online. You can complete the form by clicking [here](#). This form also helps the school to qualify for special grants and funds.

- Do I need to fill out a form for each child? No. Use one [Household Income Form](#) for all students living in your household.
- My child(ren) already receive free meals at school, why should I complete [this form](#)? Many state and federal programs use household income information to determine eligibility for their programs. By completing [this form](#), our school is able to determine eligibility for additional programs that benefit everyone.
- Who should I include as members of my household? You must include all people living in your household, related or not, who share income and expenses. You must include yourself and all children living with you. You do not have to include other people living with you who are financially independent.
- What if my income is not always the same? List the amount that you normally receive. If you normally get overtime, include it, but do not include overtime if you only get it occasionally.

[Please complete the Household Income Form](#) by going to: <https://linqconnect.com/public/income-form/new?identifier=YDCK9C>

If you have any questions about the online [Household Income Eligibility Form](#), please contact Susan Frank at 518-464-5133 or email susan.frank@neric.org

Sincerely,
School District Administration
and the School Nutrition Department