

WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION PACKET

Office of Central Registration

52 West Main Street, Washingtonville, NY 10992

Phone: (845) 497-4000 x27041

Fax: (845) 497-4032

Email: vsanchez@wcsdk12.org

Website: www.wcsdk12.org

Central Registration

Dear Parent/Guardian,

The Washingtonville Central School District Registration Office is located at 52 West Main Street, Washingtonville, NY 10992. To fulfill the registration process, the registration packet must be fully completed and signed, and all required documentation must be submitted accordingly.

The contact information for Central Registration is: The District's Registrar, Vanessa Sanchez.

Registration Documents: <http://www.wcsdk12.org/registration>

Phone: (845) 497-4000 x27041; Fax: (845) 497-4032; Email: vsanchez@wcsdk12.org

Checklist

- Download and complete this entire document (Registration Packet)
- Complete Student Registration Information Form
- Complete Parent/Guardian Information Form
- Complete Health History Form
- Complete New York State Health Examination Form
- Complete Request for Transfer of Records (not required for Kindergarten or Pre-K)
- Complete New York State Home Language Questionnaire
- Complete Housing Questionnaire
- Complete Parent Portal Sign-up Form

Required Documentation - Student Information

- Proof of Age: Pupil Birth Certificate for each child or other satisfactory evidence of age. For kindergarten, students must be 5 years of age by December 1st.
- Health: Immunization Records and most recent physical examination.
- Previous Education: Report Card from Previous School, including name, address, and telephone number of school.
- Guardianship: Custodial papers or affidavits and orders of protection (if applicable).
- Special Education: Individual Education Plan or IEP (if applicable).
- Completed documents attached within, including: 1) Confidential Health Card; 2) Emergency Contact Numbers, Home Language Questionnaire, Media Release, Student Information Form and Release of Information Form).

Required Documentation – Proof of District Residency

Parent(s) or guardian(s) must present two proofs of residency and include residence physical street address (no PO Box). Examples include:

Mortgage or deed; Rental/Lease Agreement; Utility Bill (Central Hudson, Telephone, Cable, etc.); Driver's License, learner's permit or non-driver identification; State or other government issued identification; Pay Stub with address; Voter Registration Card; Post Office Form with forwarding address; Social Services check or unemployment check with new address; Income tax form; Notarized or signed statement from a third party landlord, owner or tenant with whom you are sharing property; Notarized or signed statement from a third party establishing your physical presence in the district; Membership documents (e.g. library card) based upon residency; Documents issued by federal, state or local agencies (e.g. Federal Office of Refugee Resettlement).

Required Documentation – Parent/Guardian Identification

- State Issued Driver's License, State Issued Picture ID, or Passport (one or both parents, if available).

Washingtonville Central School District

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Student Registration Information Form

Date Completed: _____

Last name

First Name

Middle name

Date of Birth

Primary Phone #

Birth Place (City, State) or Country (if not USA) Date of Entry U.S. # Years in U.S. Schools

Physical Address of Student, include street, city, zip code and if applicable apartment or unit

Mailing Address (only if different), include street, city, zip code and if applicable apartment or unit

Is the student of Hispanic, Latino, or of Spanish Origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. **YES, Hispanic** **No, not Hispanic**

Select one or more races from the following five racial groups: (check at least one box):

- AMERICAN INDIAN or ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition, e.g. Cherokee, Mohawk, Inuit.
- ASIAN:** A person having origins in any of the originals of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origin 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 people of Europe, North Africa, or the Middle East.

Languages spoken at home (other than English): 1st _____ 2nd _____

Last School Student Attended

School Name: _____ School Address: _____ Grade: _____

Student Special Needs

Has your child been retained (repeated a grade?) YES NO If yes, what grade? _____

Does your child receive any of the following services? Counseling Remedial Math Remedial Reading Speech

Does your child currently have an IEP (special needs)? YES NO If your child has been declassified, provide date: _____

Is the child's parent an active member of United States Military? YES NO

Certification I certify that all the information is correct:

Parent/Guardian-Print Name

Signature

Date

OFFICE USE ONLY

Student #: _____ Class Of: _____ Year of Graduation: _____ Date Faxed for Records: _____

School entered:(circle one) LB RH TF MS HS Grade: _____ Entry Date: _____

Migrant student: _____ McKinney-Vento: _____ Materials distributed (District Calendar):

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Parent/Guardian Information Form

Date Completed: _____

Primary Parent/Guardian Last name

First Name

Relationship to student

Physical Address Street City State Zip if applicable, also include apartment or unit

Mailing Address (only if different)

Check box if number can be used for texting

Primary Phone #

Secondary Phone #

Additional/work Phone #

Email address

Parent/Guardian Last name

First Name

Relationship to student

Physical Address (only if different than primary parent) Street City State Zip

Mailing Address (only if different)

Check box if number can be used for texting

Primary Phone #

Secondary Phone #

Additional/work Phone #

Email address

Presently, where is student living (check only one)

Home/Apartment Shelter With more than 1 family in house/apt Motel/hotel, car or campsite With Friends or family members other than parent/guardian

Student resides with:

Both parents Mother only Father only Mother/Stepfather Father/Stepmother

Foster parents (DSS299 required) Self (proof of emancipation) Other, explain: _____

Are there any Custodial/Guardianship papers: No Yes, type: _____ Copy must be provided before registration

Is there an order of protection: No Yes, against who: _____ Copy must be provided before registration

Emergency Contacts These contacts can be notified in the event a parent/guardian is not available. Please check if contact is allowed to pick up children from bus stop/school.

Name(s): _____ Primary Phone: _____ Secondary Phone: _____ Can pick up

Name(s): _____ Primary Phone: _____ Secondary Phone: _____ Can pick up

Certification I certify that all the information is correct:

Parent/Guardian-Print Name

Signature

Date

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Request for Transfer of Records

IMPORTANT note for Kindergarten or Pre-k: this form is not necessary

Date of Request: _____

Student Name: _____

Date of Birth: _____ Grade: _____

School Fax Number: _____

Email Address: _____

The above-named student has enrolled in the Washingtonville Central School District. Please forward the required information to us as soon as possible. For middle and high school students, please also fax the latest transcript directly to the appropriate guidance office noted below to expedite registration.

- | | |
|--|---|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Standardized test scores |
| <input type="checkbox"/> Latest Report Card | <input type="checkbox"/> Health records including immunizations and latest physical |
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Special Services Records including IEP/504B |
| <input type="checkbox"/> Disciplinary records – <u>Please indicate if there are no Disciplinary records to submit</u> | <input type="checkbox"/> Psychological reports |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Any other pertinent information |
| <input type="checkbox"/> High School Science Labs | <input type="checkbox"/> ELL records if applicable |

Note: If your district participates in Frontline IEP (formerly IEP Direct), please transfer the student's IEP via Frontline IEP.

Authorization

To Parent or Legal Guardian
Please complete and sign below. We will forward this request for records from to your student's former school.

To: _____ Attention: _____
Name and Location of School School Contact Person

I hereby authorize the transfer of all school records regarding the above-named student to Washingtonville Central School District.

Print Name Signature Date

Please fax middle and high school transcripts to:
Washingtonville High School, Guidance: Phone# 845-497-4000 x24511 * Fax: 845-497-4040
Washingtonville Middle School, Guidance: Phone# 845-497-4000 x21511 * Fax: 845-497-4036

Please fax or mail all education records to: Washingtonville Central School District, Office of Central Registrar
Registrar: Vanessa Sanchez, 52 West Main Street, Washingtonville NY 10992
Phone: (845) 497-4046; Fax: (845) 497-4032; Email: vsanchez@wcsdk12.org

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New York State Housing Questionnaire

Name of District (LEA): _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: ____
Female 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 McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

- In a shelter
- 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

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **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 must contact the previous district/school attended 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.



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
		<input type="checkbox"/> Male
		<input type="checkbox"/> 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?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1	_____	<input type="checkbox"/> Parent 2
		<i>specify</i>	_____
	<input type="checkbox"/> Guardian(s)	_____	<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
			<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
			<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
			<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: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
 ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING
 MO. DAY YR.

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

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached Date of last seizure:
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Not Done **Hypertension:** No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$				
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)		Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
		<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIIS		
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					

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Health History

Date: _____ Student Name: _____ Date of Birth: _____

Health History – mark an “X” if applicable and describe below under “Comments” if necessary

Convulsions/Seizures		Asthma		Chicken Pox		Ear Infections (more than 3 years)	
Epilepsy		Bronchitis		Scarlet Fever		Sore/Strep Throats (more than 3 years)	
Nose Bleeds		Bed Wetting		Serious Burns		TB (in contact with)	
Heart Disease		Pneumonia		Lead Poisoning		Rheumatic Fever	
Sickle Cell Disease/Trait		Broken Bones		Diabetes		Urinary Problems	
Nephritis Infections		Lyme Disease		Anemia			

Has your child ever been hospitalized? Yes No If yes, indicate date(s) and reason(s):

Has your child ever had a visual exam? Yes No Do they wear corrective lenses? Yes No

Has your child ever had a hearing exam? Yes No Do they wear a hearing aid? Yes No

Does your child have a heart problem? Yes No If yes, complete the following:

Heart Murmur Innocent Mitral Valve Prolapse Extra Heartbeat

Has your child ever had an EKG? Yes No Echocardiogram? Yes No

Has your child seen a cardiologist? Yes No If so, provide name of doctor: _____

Has your child been released by the doctor for regular activities? Yes No Date: _____

Has your child been seen by any of the following Health Care Professionals:

Specialty	Name & Phone of Specialist	Last Date Seen	Reason
Allergist			
ENT (ear, nose, throat)			
Orthopedist			
Psychiatrist			
Psychologist/Therapist			
Social Worker			
Physical Therapist			
Occupational Therapist			
Neurologist			
Speech Pathologist			

Comments: _____

Allergies: None Medicines Foods Bee/Insect Environmental Other

What happens when your child has an allergic reaction? _____

List all medicines child takes and reasons needed: _____

Other information about health history: _____

I understand that this confidential information will be shared with the school personnel deemed appropriate by the health professional in the child's building:

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



SCHOOLTOOL



WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

WCSD User Guidelines for the SchoolTool Portal

Section I: User Expectations

The Board of Education supports access by parents/guardians, middle and high school students, teachers, and administrators to informational resources that will improve participation in a child's education and improve communication between parents/guardians and the student's teacher(s).

The Washingtonville Central School District manages student information electronically and will make student education records available for viewing only to authorized parents/guardians and middle/high school students. All eligible parties will be expected to comply with the District's Acceptable Use Policy for the SchoolTool Portal and all technology regulations/procedures, as well as all other District policies that may apply.

A. Eligibility

Access to the SchoolTool Portal is a free service offered to all parents and legal guardians of Washingtonville Central School District students and current middle & high school students. Once a student withdraws or graduates from the Washingtonville Central School District, their account will be deactivated. Each parent/guardian of a student who is currently enrolled in grades K -12 is eligible to apply for access to the SchoolTool Portal by signing the Portal Agreement. After receipt of the Portal Agreement, the District will establish a parent/guardian account.

B. Information Accuracy Responsibilities

Information accuracy is the joint responsibility of schools, parents/guardians, and students. Each school will make every attempt to ensure that information is accurate and complete. If a parent/guardian discovers any inaccurate information, they should notify their school immediately.

C. Accessible Information

The Washingtonville Central School District reserves the right to add, modify or delete functions viewed through the SchoolTool Portal at any time without notice.

D. Use of the System

Parents/guardians and students are required to adhere to the following guidelines:

- Users will act in a responsible, ethical, and legal manner.
- Users will not attempt to harm or destroy the school or the District's data or networks.
- Users will not attempt to access an account assigned to another user.
- Users will not use this Portal's information for any illegal activity, including violating Federal and State Data Privacy laws. Anyone found to violate these laws may be subject to civil and/or criminal prosecution.
- Users who identify a security problem within the Portal must notify the Director of Data Services immediately, without demonstrating the problem to anyone else.
- Account-holders are responsible for protecting their passwords. Users will not share their password.



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- Users will not set their computers to automatically login to the SchoolTool Portal.

E. Security Features

- Three unsuccessful login attempts will disable the user's account. Until the District has verified the assigned user to the locked account, the account will remain locked. To use the account again, the user will need to email SchoolTool Portal Support at parentportal@wcsdk12.org
- Users will be automatically logged off when they leave their web browser open and inactive for 30 minutes.
- The parent/guardian's account will be deactivated when they no longer have a child actively enrolled in the Washingtonville Central School District, or a court action denies the parent/guardian access to the student's information.

Section II: System Requirements and Support:

A. System Requirements

- You may access the Portal from any computer with Internet connectivity and an up-to-date web browser.
- The Portal is best accessed from a personal computer with the most current operating system version. The District recommends using a Chrome web browser.

B. Portal Help

- For portal assistance with login and access issues, send an email from your registered email account to parentportal@wcsdk12.org. Include your name and a description of the problem with your request. We can only offer support via email. Please do not call the District directly for telephone support regarding Portal issues.
- We cannot offer any technical support other than for login to the Portal.
- For assistance with data issues such as attendance and grades, after speaking with your child, please contact the appropriate school personnel, guidance office for middle/high school, main office for elementary school.

Section III: Portal Access and Use:

- When parents/guardians are enrolling their child or children, the parents/guardians should complete the Portal Agreement. Current parents/guardians need to complete one Portal Agreement form for portal access to all data for their child/children.
- After the student is actively enrolled in the District, the parents/guardians or student requesting the account will be provided with a password by email.
- The password is used by the user to create their secure account.
- The system will be unavailable due to regular system maintenance between the hours of midnight and 5:00 a.m.



WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

Instructions for completing the SchoolTool Parent Portal Registration form.

1. Parents/guardians will need to complete the fillable PDF version of the Parent/Guardian Registration form.
 - a. Save the file as follows: last name-first name (ie: smith-john.pdf).
 - b. Open the document on your computer.
 - c. Fill in all of the information (please list all children currently enrolled in the Washingtonville Central School District on one form).
 - d. Each parent must complete their own form with their own email address.
 - e. Parent/Guardian must **DIGITALLY SIGN** the document. Once you click on the box the document will walk you through the process.
 - f. Save the document again.
2. Attach the following documents in an email to parentportal@wcsdk12.org
 - a. The completed and signed Parent Portal Registration Form.
 - b. A copy of your photo identification.
3. Once the verification process has been completed your account will be created and you will receive an email notification with a temporary password to access your account.

If you have any questions, please contact your child's guidance office at the middle or high school, or the main office for elementary schools. Please give your full name and the name(s) and grade(s) of your children. All requests must come from the email address that is registered to your name.

Please remember that there are NO family accounts and only the registered user has permission to access this account with this email address and password. Passwords should not be shared with anyone including family members.

