

2024-2025 SPECIAL PERMISSION NOTICE

****KCS D IS NOT CONSIDERING REQUESTS FOR SPECIAL PERMISSION TO ANY GRADE AT CHAMBERS & EDSON ELEMENTARY SCHOOLS AND J. WATSON BAILEY MIDDLE SCHOOL DUE TO CURRENT ENROLLMENT PROJECTIONS****

The Kingston City School District (KCS D) is proud to partner with our parents in accommodating school special permission requests. We understand that many families need access to before and after school care in order to support their child's education.

Only first-time (new) school special permission requests are due on or before June 1, 2024, for the 2024-25 school year. All current school special permission approvals are no longer required to apply or renew a request every year.

The KCS D will proceed with planning and continuing all current 2023-24 special permission requests for the 2024-25 school year unless the parent/guardian notifies the KCS D in writing of their desire to return the student to their home school. If the KCS D is unable to continue to grant an approval for a continued special permission request, the KCS D will notify the parent/guardian in writing no later than July 15.

***ALL incoming Kindergarten students and ALL grade 5 students in 2024-25** seeking special permission must submit a *2024-25 Special Permission Request Form* no later than June 1. The special permission request form is available at the link listed below and is available in all district school's main offices.

General Special Permission Information and Procedures:

- Special permission is defined as permission for a student to attend a school in the Kingston City School District in an attendance zone outside of the student's residence.
- The approval or denial of all first-time (new) requests will be communicated in writing no later than August 1 by the office of the Superintendent for Teaching & Learning.
- **Special Permission approvals are not provided transportation by KCS D.** Special Permission students who are attending a childcare provider located in the school's boundary to/from the school may request to ride the bus route to and from the existing bus stops, based on seat availability. A *Special Permission Alternative Bus Stop Request* form is required to be completed and submitted for approval.
- **If a student on special permission shows a pattern of frequent absences, tardiness or inappropriate behavior, the principal of the school the child is attending may revoke the student's privilege to attend the school.** A decision by the principal will be made on a quarterly basis and the student will return to the school in the attendance area in which the student resides. The principal will communicate and inform the student and parent.
- If a student moves out of a school's attendance area but continues to reside in the district's boundaries during the school year, special permission may be requested to remain in the attending school by completing a *Request for Special Permission* form, subject to the approval of the principal. The school district will not provide transportation. Please contact your child's school principal with any questions.

2024-2025 *Special Permission Request Forms* are available at: <http://www.kingstoncityschools.org/parents.cfm?subpage=813717>



We Inspire. We Educate. We Graduate.
All Students. All of the Time

Dr. Paul J. Padalino, Superintendent

Kirk Reinhardt, Deputy Superintendent of Teaching & Learning
21 Wynkoop Place • Kingston, NY 12401

**KINGSTON CITY SCHOOL DISTRICT
REQUEST FOR SPECIAL PERMISSION - 2024-2025 SCHOOL YEAR**

To: Special Permission
Kingston City School District
21 Wynkoop Place
Kingston, New York 12401

- Please PRINT all information
- Please INITIAL and SIGN

Phone: 845-943-3000, ext. 3007

School Requested: _____

School where I reside: _____

Residence address: _____

Student Name	_____	Grade	_____
Student Name	_____	Grade	_____
Student Name	_____	Grade	_____
Student Name	_____	Grade	_____

I understand: If this request is approved, it can also be revoked by the principal for reasons stated in the Special Permission Notice. Please initial here _____

Permission for the transfer will only be honored if the requested school grade class size permits. Please initial here _____

Transportation is the responsibility of the parents. Please initial here _____

Reason for request of special permission to attend a school outside your attendance zone:

___ Daycare – forms enclosed must be completed*

___ Moved to another attendance zone in the district – **proof of residency must be attached**

___ Other: Please be specific _____

Signature of Persons in Parental Relation Print Name: _____

Date: _____ Daytime Phone _____

ACTION OF THE SUPERINTENDENT (for office use)

___ APPROVED

___ DENIED

Superintendent's Signature: _____

Date: _____

DAY CARE INFORMATION

(Return with *Request for Special Permission Form*)

Parent/Guardian Name: _____

Date: _____

School: _____

To Whom It May Concern:

This is to certify that I _____ reside at
(print name)

_____ and provide childcare in my home
(street address of your residence)

for the following student(s): (please indicate name and grade of each student):

Signed: _____
Signature of childcare provider

Any person who knowingly and with intent to defraud the Kingston School District or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Please complete this form and return it at your earliest convenience to:

Kingston City School District
Attn: Special Permissions
21 Wynkoop Place
Kingston, New York 12401

**KINGSTON SCHOOL DISTRICT
ALTERNATIVE BUS STOP REQUEST
2024–2025 SCHOOL YEAR**

If you are requesting transportation to and/or from an alternative bus stop, **please complete and return this form to the school that your child attends. A separate form must be completed for EACH child. A new form must be completed each school year (even if your child care arrangements have not changed).** Allow up to 5 business days to process. Requests received **after August 15** may take up to **10 business days** to process.

School: _____ Date: _____

Child's Name _____ Grade _____

Home Address _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Email _____

Emergency Contact 1 _____ **Relationship** _____

(____) _____ Alt # (____) _____

Emergency Contact 2 _____ **Relationship** _____

(____) _____ Alt # (____) _____

Requested Start Date: _____

Name of Day Care Center, Child Care Provider or Housing Site

Address of Day Care Center, Child Care Provider or Housing Location (____) _____
Phone Number

Pick Up Location In A.M.

Day Care/Child Care Provider/Housing Site Home

Circle Days: M T W TH F; All

Drop Off Location In P.M.

Day Care/Child Care Provider/Housing Site Home

Circle Days: M T W TH F; All

Parent/Guardian Signature

Please Print Name

Circle Days: M T W TH F; All

For Office Use Only: _____

School Approval

Date Processed

STUDENT ID
(For office use only)