

2024 - 2025

Williamson CS Registration Requirements

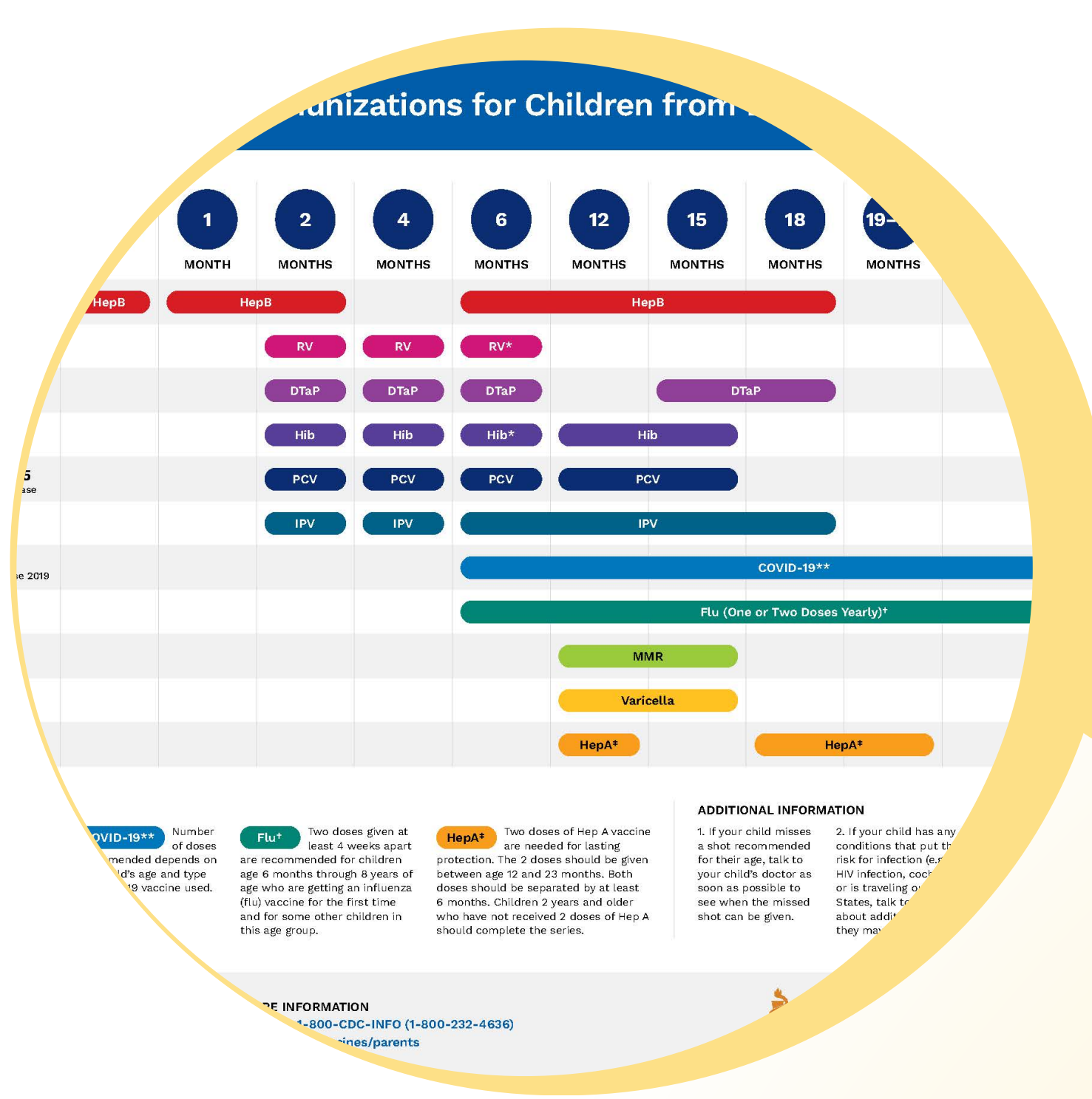


Proof of Residency

1



2

Proof of Age



Immunization Records and
Physical Form

3

 www.williamsoncentral.org 

THE FOLLOWING DOCUMENTS ARE REQUIRED AT TIME OF REGISTRATION:

- Proof of Residency
- Proof of Age
- Immunization Records
- Physical Form
- Custody Paperwork (if applicable)

DOCUMENTS THAT ESTABLISH PROOF OF RESIDENCY

Such documents may include but are not limited to:

- (1) a copy of a residential lease or proof of ownership of a house
- (2) a statement by a third-party landlord, owner or tenant from whom the guardian(s) resides. Document Notarized.
- (3) such other statement by a third party establishing the guardian(s) in parental relation's physical presence in the District.

If such documentation listed above is not available, the District shall consider other forms of documentation and/or information establishing physical presence in the District, in lieu of those described above, which may include but are not limited to:

- (1) pay stub (showing your address)
- (2) income tax form (that shows your address)
- (3) utility or other bills;
- (4) official driver's license, learner's permit, or non-driver identification;
- (5) state or other government-issued identification;
- (6) documents issued by federal, state, or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
- (7) evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

The District may also require the parent(s) or person(s) in parental relation to provide an affidavit either:

- (1) indicating that they are the parent(s)/guardian(s) with whom the child lawfully resides; or
- (2) indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control.

The District may also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency. The District will not require submission of a judicial custody order or an order of guardianship as a condition of enrollment.

PROOF OF AGE

Where a certified transcript of a birth certificate or record of baptism (including a certified foreign birth certificate or record of baptism) given the date of birth is available, the District will not require or use any other form of evidence to determine the student's age.

If no certified transcript of a birth certificate or record of baptism is available, the District may use a passport (including a foreign passport) to determine the student's age.

If neither a certified transcript of a birth certificate or record of baptism nor a passport are available, the District may consider certain other documentary or recorded evidence in existence for two (2) years or more to determine the student's age, including but not limited to the following:

- (1) official driver's license;
- (2) state or other government-issued identification;
- (3) school photo identification with date of birth;
- (4) consulate identification card;
- (5) hospital or health records;
- (6) military dependent identification card;
- (7) documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement);
- (8) court orders or other court-issued documents;
- (9) Native American tribal documents; or
- (10) records from non-profit international aid agencies and voluntary agencies.

If any of the 10 other types of age documentation listed directly above originates from a foreign country, the District may request verification of such documentary evidence from the appropriate foreign government or agency, consistent with the requirements of the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Such request and verification shall not delay the enrollment process.

PROOF OF IMMUNIZATIONS MUST BE COMPLETE AT TIME OF REGISTRATION

If no certificate of immunization is provided, the student may be temporarily refused admission to school for a period of up to 14 days. That 14 day period may be extended to not more than 30 days if the student is transferring from out-of-state or from another country and can show a good faith effort to get the necessary certification or other evidence of immunization.

PHYSICAL FORM - Need to have had a physical within a year or will receive one within 30 days from registration



WAYNE COUNTY

student registration form

2024 -2025

To enroll your child for ANY services, we will need the following documentation:

- Birth Certificate or other documentation indicating date of birth
- Proof of residency (closing papers/lease agreement, current tax bill or current gas/electric bill)
- Custody papers (if applicable)
- Immunization history
- Registration form completed in its entirety

student information

Student Name: _____
Last First Middle

Preferred Name: _____ Date of Birth: _____
(xx/xx/xxxx)

Address: _____
Street City/Town Zip

Grade Registering for: _____

Male
 Female
City, State Born: _____

Is the student a citizen of the United States? Yes No

If the student was not born in the United States, when did the student enter the United States? _____

How many years has the student attended school in the United States? _____

Is this student registering school for the first time? Yes No

If no, where did the student last attend school? _____

Is the child hispanic or latino? Yes No

What is the child's ethnicity? (Please check one)

- American Indian or Alaskan Native Asian or Pacific Islander Hispanic
 Black, not of Hispanic origin White, not of hispanic origin

Special services needed: (Please check all that apply)

- Current IEP 504 ESL (English as a second language)
 Occupational Therapy Physical Therapy Speech Other: _____

guardian/family information

student name: _____

Parent/Guardian 1:

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ Relationship to child: _____

I would like to receive mailings for this student:

Yes No

Has this parent/guardian been employed in temporary or seasonal agricultural work/activities?

Yes No

Parent/Guardian 2:

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ Relationship to child: _____

I would like to receive mailings for this student:

Yes No

Has this parent/guardian been employed in temporary or seasonal agricultural work/activities?

Yes No

Student currently resides with: (Court Documents are required for custody rights and legal alerts.)

Both parents Mother Father Legal Guardian Other: _____

Emergency Contact 1: (Alternate-Parent/Guardians will be contacted first).

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ Relationship to child: _____

Allowed to pick child up from school? Yes No

guardian/family information *continued*

Emergency Contact 2: (Alternate-Parent/Guardians will be contacted first)

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ Relationship to child: _____

Allowed to pick child up from school? Yes No

Babysitter/Daycare Provider

Name: _____

Address: _____

Phone: (home) _____ (cell) _____

When will this child go to daycare? Before school After school Both

Allowed to pick up child from school? Yes or No (circle one)

Sibling 1:

Name: _____ Male Female D.O.B.: _____

Relationship to Student: _____ Grade: _____ School Attending: _____

Address: (if different from student) _____

Sibling 2:

Name: _____ Male Female D.O.B.: _____

Relationship to Student: _____ Grade: _____ School Attending: _____

Address: (if different from student) _____

Sibling 3:

Name: _____ Male Female D.O.B.: _____

Relationship to Student: _____ Grade: _____ School Attending: _____

Address: (if different from student) _____

Sibling 4:

Name: _____ Male Female D.O.B.: _____

Relationship to Student: _____ Grade: _____ School Attending: _____

Address: (if different from student) _____



Lisette Colon-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:
_____	_____	<input type="checkbox"/> Male
Month	Day	Year
_____	_____	_____
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?	<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"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<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	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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 of 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	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

**Community Eligibility Provision (CEP)
Williamson CSD Household Income Eligibility Form**

2024-2025

Williamson Central School District is participating in the Community Eligibility Provision (CEP) in a non-base year. **All children** in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call 315-589-9621 if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____

CASE # _____

3. Household Gross Income:

List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address _____

Home Phone _____ Work Phone: _____

Home Address: _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

SNAP/TANF/Foster
Income

Total Household Income/How Often:

Household Size:

Free Eligibility

Reduced Eligibility

Denied Eligibility

Signature of Reviewing Official

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.

PRIVACY ACT STATEMENT

The District will comply with the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974. The provisions afford parents and students over 18 years of age certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days of a request for access. This includes all official records, files and data that are incorporated into the student's cumulative record.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading.
3. The right to consent to disclosures of personally identifiable information contained in the student's educational records except to the extent that FERPA allows.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA.

Williamson Central School District
FOR TRANSPORTATION USE
 Copied Date: _____
 Entered Traversa: _____
 Entered Schooltool: _____

Annual Student Transportation Application School Year 2024 - 2025

Transportation Department, PO Box 900, Williamson, NY 14589 (315) 589-6901
Please mail, Fax or email the completed application by Friday, August 2, 2024
 Fax # (315) 589-8316 / transportation@williamsoncentral.org

SCHOOL:	Elementary	Middle	High		Grade Level:	
Please CIRCLE the School Building Your Student is Entering						

STUDENT'S NAME:			
	LAST Name	FIRST Name	Date of Birth

Parent(s)/Guardian(s):			
Home Phone # <small>(including area code)</small>	Parent/Guardian Cell Phone <small>(including area code)</small>	Parent/Guardian Cell Phone <small>(including area code)</small>	
	Parent/Guardian Work Phone <small>(including area code)</small>	Parent/Guardian Work Phone <small>(including area code)</small>	
House Number / Street Name		MAILING ADDRESS (IF APPLICABLE)	
Town		State	Zip Code

Please fill in the boxes below to indicate where your child will be picked up and dropped off and/or no bus needed.
THESE MUST REMAIN CONSISTENT THROUGHOUT THE SCHOOL YEAR!

AM PICK UP

	HOME	DAY CARE	NO BUS NEEDED	Day Care Provider Name	Address	Contact #	Permission To Pick Up
Mon							
Tues							
Wed							
Thu							
Fri							

PM DROP OFF

	HOME	DAY CARE	NO BUS NEEDED	Day Care Provider Name	Address	Contact #	Permission To Pick Up
Mon							
Tues							
Wed							
Thu							
Fri							

If any of the above information changes during the school year, a new form must be completed. Forms can be picked up and dropped off at the school offices and/or via email or fax. Please allow five (5) days for changes to become effective.

I hereby authorize the Williamson Central School District to transport my child to/from the locations listed above.

Date		Signature of Parent/Guardian

PLEASE NOTE: Forms MUST be submitted to the Transportation Department every school year!



Welcome to 2024-2025 School Year!!!

Important Information from the Williamson Transportation Department

*****PLEASE READ CAREFULLY*****

Please Note: Elementary School Parent/Guardian

For the safety of our students, it will be our practice to have a parent, guardian or sibling meet or acknowledge your student when the bus driver drops them off at your student's bus stop. If you feel it is not necessary to have a parent, guardian or sibling meet the school bus when we drop off your student, please put your request in writing to the transportation department. If we do not have a written consent to drop off your student without a parent, guardian or sibling visible, the bus driver will take your child back to their school and it will be your responsibility to pick up your child.

The safety of your child is the ultimate concern of The Williamson Central School District's transportation team. However, parents and transportation need to work together for this to be achievable. The following information will assist us in transporting your students safely and stress free.

TRANSPORTATION INFORMATION YOU WILL WANT TO KNOW!

BUSES WILL MOST LIKELY RUN LATE THE FIRST TWO WEEKS!

- **Please Note:** The enclosed Transportation Application is not due until August 2, 2024. Please complete this form once your child(s) pick/up drop off location is confirmed.
- Please wait patiently for the bus to arrive. It is advisable to be ready 10-15 minutes in advance while route times are established. In addition, the first day or two of school, parents like to take pictures with their children getting on and off the bus, which can further delay the bus.
- Bus routes are put together just prior to school starting. These routes could change due to students registering late. Please be patient as pick up times may change.
- **Once routes are established, please continue to have your students ready at least five minutes prior to pick up time. This will ensure an on time arrival at school. If your student misses the bus because he/she is running late, it will be your responsibility to transport them to school. Drop off times are approximately 10-40 minutes after the students are dismissed from school, depending on the drop off location.**

Over

- Please have your child carry a backpack so that his/her hands are free to grab handrails when getting on and off the bus. When exiting the bus, be aware of clothing with drawstrings; also, don't have toys attached or hanging down backpacks as these items could get caught in the handrails or doors of the bus.
- The school bus is an extension of the classroom. Please take the time to go over the bus rules with your child. Let them know that they need to listen to the bus driver and follow their directions to keep them and all the children on the bus safe.
- If there is a change in your child's drop off information, please email this change to: transportation@williamsoncentral.org.
If you are going to make a permanent change, please contact the transportation department. A new transportation form will have to be completed to reflect this change. Please allow five (5) days for a permanent change to become effective.
- Bus passes are not issued for students to be transported to any location outside of their "normal" schedule, unless it is an emergency.
- If you need to call the Transportation Department during the first couple of weeks of school, please understand that there is a high volume of calls during this time and it may be difficult to get through. Please be patient.

REMEMBER THAT YOUR CHILD'S SAFETY IS OUR UTMOST CONCERN.

PLEASE ASSIST US IN CREATING A SUCCESSFUL BUS EXPERIENCE FOR YOU AND YOUR STUDENT.

THANK YOU!!

On behalf of my entire Transportation Team, I'd like to welcome you back to school!!
It is an exciting time for your child.

Please feel free to reach out to me directly if you have any questions or concerns.

Mr. Chuck O'Neil
Director of Transportation
Williamson Central School District
(315) 589-6901
coneil@williamsoncentral.org



We appreciate **your** service to our **country**!

A new federal education act entitled ***Every Student Succeeds***, was signed in December of 2015. This act requires schools across the country to inquire as to whether our students have an active military parent or guardian. In an effort to stay connected with any military family within our district, we are asking that you complete this form, if it applied to your family and return it with your student contact information sheets.

Student Name: _____

Grade: _____

Military Family Member: _____

Relationship to the student: _____

Siblings: _____





Williamson Central School

Release of Directory Information

The Williamson Central School will release or publish in school newsletters, school or student newspapers, athletic programs, musical or theatrical programs, news releases, district web page some and/or all of the following directory information pertaining to students as may be appropriate under the circumstance; name of students, photographs of students, name of parents, grade, age, height & weight of athletic team members, major fields of study, participation in school activities, extra-curricular activities and sport programs, academic honors, degrees, achievements, awards and scholarships.

Pursuant to the Every Student Succeeds Act, Williamson Central School District must disclose to military recruiters and institution of higher learning upon request the names, addresses and telephone numbers of high school students.

Under Title 34, Part 99, parent or eligible students who **do not** want this information released are able to request that this information is not released. Failure to make such a request shall be deemed consent to release directory information during the present school year.



Williamson Central School District

Media Release Opt-Out Form

PLEASE READ COMPLETELY

Throughout the year, the Williamson Central School District publishes photos and information about students and school accomplishments, especially during special events and performances.

Examples of how the District may use your student's name or photograph:

- A group photo or video from a choir or band concert
- Photos on the school website from school activities/clubs
- A first and last name in the local newspaper(s) for winning awards
- A printed photo in a newsletter or District annual report or school calendar
- A group photo on Facebook of a classroom activity
- A video clip or picture on Twitter of students engaged in a school-related activity
- A drawing or poem your student created posted on the District website.

Places where the District may use names or photos:

- School and District website
- School newsletter
- Newspaper articles and photos
- Photos in district reports, school calendar
- Videos on the website
- Social media posts

The Williamson Central School District does NOT distribute information regarding a student's records, address, or phone numbers to the media. However, the media may request a full student's name to be used in publications and the District retains the option to give the name in full for media usage. Be advised that the media does not seek the District's approval for any photographs they themselves take of students at school/public events.

*Note: No payment will be made to a student for usage of his/her photograph under the terms of this release, nor his/her family. Parents/guardians waive the right to preview or approve the finished photographs or videos. Parents are advised that they cannot select specific items to be withheld from this list. **This form does not prohibit your student from appearing in the yearbook.***

MEDIA RELEASE OPT-OUT	WILLIAMSON CENTRAL SCHOOL DISTRICT
Filling out this form indicates your request for the Williamson Central School District to not use the student's name listed and photo in any District/school media.	
Student Name _____	Parent Signature _____
Parent's Name _____	Date _____

Return this completed form to your school office within the first 10 days of enrollment.



ADMINISTRATIVE REGULATIONS FOR TECHNOLOGY USE WILLIAMSON CENTRAL SCHOOL DISTRICT

OVERVIEW

With advanced technology comes an electronic network which provides vast, diverse, and unique resources. Our goal is to provide teachers, staff, and students with up-to-date technology, including a range of electronic devices and access to the Internet, to promote educational excellence in our schools by facilitating resource sharing, innovation and communication. We believe, however, that the use of this technology within the Williamson Central School District is a privilege, not a right, and that certain guidelines must be adhered to. This extends to staff who have independent access to the district technology systems from their home or other remote location.

Note: The procedures are universal in scope for both student and district employee. The word “user” will be employed to refer to anyone that has access to district technology or utilizes district Internet access (wired or wireless) on a district or personal electronic device (cell phone, iPad, laptop, chromebook, Cellular HotSpots, etc.).

Williamson Central School District expects all members of its community to use electronic communications in a responsible manner. The Williamson Central School District may restrict the use of its computers and network systems for electronic communications, in response to complaints presenting evidence of violations of other Williamson Central School District policies, or state or federal laws. Specifically, Williamson Central School District reserves the right to limit access to its networks, and to remove or limit access to materials posted on computers that can be accessed through LAKENet. It further reserves the right to provide or restrict access based on security, instructional impact, cost effectiveness, system performance, and the needs of consortia members.

Williamson Central School District seeks to enforce its policies regarding harassment, safety and rights of individuals; to protect the district and its components against seriously damaging or legal consequences; to prevent the posting of proprietary software or the posting of electronic copies of literary works in disregard of copyright restrictions or contractual obligations; to safeguard the integrity of computers, networks, and data either at the district or within the wide area network; and to ensure that use of electronic communication complies with the provision of these policies and those of district for maintaining the educational environment.

GUIDELINES

EDUCATIONAL PURPOSE

1. Computer Technology in the Williamson Central School District and Internet access have been established for educational purposes, which includes classroom activities, career development, and educational research projects consistent with Williamson Central School District policy.
2. Users are expected to follow the rules set forth in the Williamson Central School District Student Handbook (and any other document or policy regarding student behavior) that may apply to the use of computer technology. Minimal personal use is acceptable when used appropriately.
3. Users may not use the Internet for political lobbying, but you may use the system to communicate with elected representatives and to express your opinion on political issues. When using the Internet for this purpose, users may not claim to represent the official position of the Williamson Central School District without authority to do so.

STUDENT ACCESS

1. All students and staff will have access to the Internet World Wide Web information resources wherever available. Students in grades K-12 using the Internet will be subject to adult supervision.
2. All students & staff will have access to computer technology.
3. Access to the Internet and to district computer technology is not a right but a privilege and unacceptable usage will result in disciplinary review which may also include revocation of this privilege.
4. **Students will re-sign an agreement annually.**

This agreement must be reviewed on an annual basis. A student’s parents may withdraw their approval at any time.

1. **Email and the Internet**

- a. Users are advised against posting contact information about themselves or other people. Personal contact information includes information regarding home addresses, telephone numbers, school addresses, work addresses, etc. If you are requesting materials for a school-related activity, your school address may be used.
- b. Users will immediately notify **the District Coordinator of Network and Technology Services**, teacher, or administrator of any message they receive that is inappropriate or that makes them feel uncomfortable.
- c. Users are expected to refrain from engaging in social networking or communications except when such communication is in furtherance of a proper school or educational purpose.
- d. Mass email to an entire building that is not specific to school business should be approved by the building principal. If the mass email is to be sent to the entire district, it needs to be approved by **the District Coordinator of Network and Technology Services**, Superintendent, or Assistant Superintendent.

2. **Software**

- a. Users will not download software from the Internet without knowledge and consent of **the District Coordinator of Network and Technology Services**. Downloading software could have an impact on the local network and/or the WAN.
- b. **Ensure that only district approved, 2D compliant software or digital content is utilized.**
- c. Users will not make illegal copies of district owned software. When software is purchased it is licensed for a particular computer or group of computers. To use software in a manner that is not in compliance with the software license is an infringement of copyright laws.

3. **Illegal Activities**

- a. Users will not attempt to gain access to any other computer system through the Internet access, or go beyond their authorized access. This includes attempting to log in through another person's account or access another person's files. These actions are illegal, even if only for the purpose of "browsing".
- b. Users will not make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses or by any other means. These actions are illegal.
- c. Users will not use the Internet to engage in any other illegal act, such as arranging for the sale or purchase of illegal drugs which includes alcohol and cigarettes, engaging in criminal gang activity, or threatening the safety of a person.
- d. Users will not willfully, maliciously or unlawfully damage or destroy property of the district, including 1:1 electronic devices provided by the district. Users will be responsible for the replacement cost of any device determined to be damaged under the aforementioned circumstances.

4. **Inappropriate Language and Uses**

- a. Users will not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language.
- b. Users will not post information that could cause damage or a danger of disruption to the computer network.
- c. Users will not engage in personal attacks, including those that are prejudicial or discriminatory.
- d. Users will not harass another person. Harassment is persistently acting in a manner that distresses or annoys another person. If a user is told by a person to stop sending them messages, then the user must do so.
- e. Users will not knowingly or recklessly post false or defamatory information about a person or an organization.

5. **Request for Privacy**

- a. Users will not share a message that was sent privately without permission of the person who sent the message.
- b. Users will not post private information, including photos, of or about another person.

6. Respecting Resource Limits

- a. Users will use the system only for appropriate activities, defined as those not restricted by this agreement.
- b. Users will not download files to a computer unless approved by a supervising adult.

7. Plagiarism and Copyright Infringement

- a. Users will not plagiarize works that they find on the Internet. Plagiarism is taking the ideas of writings of others and presenting them as if they were yours. Users should not participate in any activity that promotes academic dishonesty, such as sharing your work with others to pass off as their own.
- b. Users will respect the rights of copyright owners. Copyright infringement occurs when someone inappropriately reproduces a work that is protected by a copyright. If a work contains language that specifies appropriate use of that work, users should follow the expressed requirements. If users are unsure whether or not a work can be used, permission should be requested from the copyright owner. If in doubt about copyright status, consult with a teacher or library media specialist.

8. Inappropriate Access to Material

- a. Users will not use the Internet or any other computer technology to access material that is obscene (pornographic). Users will not access material that advocates illegal acts, or violence or discrimination towards other people (hate literature).
- b. If a user mistakenly, without intent, accesses inappropriate information, that user should immediately tell a teacher, administrator, or **the District Coordinator of Network and Technology Services**. This will be documented and will protect the user against a claim that the user has intentionally violated this policy. However, if a user repeatedly accesses the inappropriate information, a review will be done to determine if the access was truly accidental. If it is determined that access was accidental, no further action need be taken. If it is determined that this is NOT accidental, disciplinary action will be taken in accordance with existing procedures.
- c. If there is material that a parent feels is inappropriate for their child to use, the Williamson Central School District fully expects that the student will follow their parent's instruction in this matter.

9. System Security

- a. Users are responsible for their individual account and should take all reasonable precautions to prevent others from being able to use their account. **Staff must utilize two-factor authentication.**
- b. Users will immediately notify **the District Coordinator of Network and Technology Services**, teacher, or administrator if they have identified a possible security problem. Users will not identify this problem to anyone other than those persons specified.
- c. Users will avoid the inadvertent spread of computer viruses by taking all reasonable precautions to ensure that their diskettes or other data storage media is virus free.
- d. Any user identified as a security risk will be denied access to computer technology.
- e. **The District Coordinator of Network and Technology Services** will notify affected individuals, where there has been or is reasonably believed to have been a compromise of an individual's personal information, in compliance with the Information Security Breach Notification Act.

YOUR RIGHTS

1. Free Speech

Technology communication is considered a limited forum, similar to the school newspaper, and the Williamson Central School District may restrict your speech for valid education reasons.

2. Search and Seizures

- a. Users should expect no privacy in the contents of their personal files on the Williamson Central School district system. Teachers, administrators, and the Technology Director will have access to student files on the Williamson Central School District's computer networks, subject to the restrictions of the Family Educational Rights and Privacy Act.
- b. Routine maintenance and monitoring of the Williamson Central School district's computer networks may lead to the discovery that a user has violated this policy, (or any other district policy) or the law.
- c. An individual search may be conducted at any time to determine if a user has violated the Acceptable Use Policy for Computer Technology, Student Handbook Policy.
- d. Parents have the right at any time to request to see the contents of their child's account.
- e. Network storage areas may be treated like school lockers. **The District Coordinator of Network and Technology Services** may review files and communication to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on district computers or Internet usage of district on district computers will be private.

3. Due Process

- a. The Williamson Central School District will cooperate in full with local, state, or federal officials in any investigation related to any illegal activities conducted through the Internet or Williamson Central School District networks.
- b. In the event there is a claim that a user has violated this Policy in the use of computer technology, the user will be provided with a written notice of the suspected violation and an opportunity to be heard through normal disciplinary procedures.
- c. Williamson Central School District administrators will make the final determination as to what constitutes unacceptable use for student use.
- d. The standards of acceptable use as well as prohibited conduct by staff as outline in District policy and regulation are not intended to be all-inclusive. The staff member who commits an act of misconduct which is not specifically addressed in District policy and/or regulation may also be subject to disciplinary action, including loss of access to the District Computer System as well as the imposition of discipline under the law and/or the applicable collective bargaining agreement.

4. Limitation of Liability

The Williamson Central School District makes no guarantees that the functions or the services provided through the Williamson Central School District system will be error-free or without defect. The Williamson Central School District will not be responsible for any damage incurred, including but not limited to, loss of data or interruptions of service. The Williamson Central School District is not responsible for the accuracy or quality of information obtained through or stored on the system. The Williamson Central School District will not be responsible for any financial obligations arising through the unauthorized use of the system.

5. Personal Responsibility

- a. It is the user's responsibility to use technology, both inside and outside of school, in a proper, lawful fashion.
- b. Staff and student should not expect that information stored on the district computer system will be private.



Digital Citizenship Agreement

Student Section:

I agree to abide by the rules for authorized student uses of the Internet and understand that if I engage in any unauthorized use of the Internet or any use that is not strictly in compliance with Williamson Central School Policy, Practices and Procedures, my Internet privileges may be revoked, suspended, or modified. In addition, I understand that I may be subject to personal responsibility and liability, both civil and criminal, for any unauthorized, improper or illegal use of the Internet.

Student Name (print) _____ Grade _____ Date _____

Parent/Guardian Section:

I have received and read a copy of the Administrative Regulations for Technology Use for the Williamson Central School District. I will emphasize to my child the importance of following the rules for personal safety. I will also instruct my child regarding any restrictions that we may have in addition to the District's restrictions set forth.

Parent's Name (print) Date _____

Parent's Signature

Williamson Central School

williamsoncentral.org
(315) 589-9661

PO Box 900
Williamson, NY
14589

Marygrace Mazzullo
Superintendent of Schools

Estimados Padres de Familia o Guardianes:

Nuestros edificios escolares estan localizados dentro o cerca de diez-millas de emergencia que planea la zona (EPZ) de la planta "Ginna" de poder nuclear. La Comisión Federal Reguladora Nuclear, recomendó salvaguardar la salud pública, y es la política y la disponibilidad y uso del contador de la droga de potasio iodide. Y otro paso (KI) es durante una emergencia radiológica. Como resultado, el Estado de Nueva York también revisó su política con respect a la administración de KI.

El KI es una droga que protege la tiroides de la exposición del yodo radiactivo. El KI solo protegé un órgano contra la sustancia radiactiva. Explica que no es una alternativa la evacuación o albergando de las personas. De hecho, la evacuación y albergando siguen siendo el publico de Nueva York el primero, y las acciones proteccionista en caso de un accidente a cualquier sitio de poder nuclear.

Si el Condado o el Departamento del Estado de Salud deben recomendar el uso de el KI durante una emergencia mientras los estudiantes están en la escuela. El distrito de Williamson y la Escuela Central tendrán el KI el mismo sitio disponible para sus niño. La evacuación de la diez-millas EPZ sigue siendo nuestra acción radiológica proteccionista primaria. En caso de la evacuación no es possible el uso inmediato del KI. Se recomienda por el Condado de NY y los oficiales de salud de Estado, una dosis apropiada de KI que se proporcionará a sus niño. Ahora, la escuela se ha proporcionado con la forma píladora de esta droga. Por favor vea las noticias de que han sido repartidas en el estado de Nueva York el Departmaneto Estatal de Salud que tiene la información sobre la dosificación, asi como otros temas, para ayudarle a tomar su decision.

Una vez que usted haya leído toda la información pertinente y ha hecho su decision. Usted **deberá firmar**, y deberá devolver el formulario adjunto (al otro lado de esta carta) y lo devolverá a la enfermeria escolar con su niño que esta aendiendo **en** de octubre. Si usted **no quiere que** la escuela le proporcione el KI a su niño en una emergencia radiológica. Este formulario que permanecerá en la escuela. A menos que usted nos notifique por escrito que usted no desea ahora que su niño se le administre con el KI. **Por favor note que sí usted no devuelve firmado el formulario, se recomienda por oficiales de salud, su niño recibirá el KI.**

Si usted tiene cualquier preocupación que considera la salud de su niño en el uso del KI, por favor discuta esto con el proveedor de cuidado de salud de su niño. Si usted tiene las preguntas sobre las escuelas puede llamar haciendo una cita, o usted puede llamar a la escuela directamente.

La mejor,



Marygrace Mazzullo
Superintendente de las Escuelas del distrito de Williamson



Williamson Central School

williamsoncentral.org
(315) 589-9661

PO Box 900
Williamson, NY
14589

Marygrace Mazzullo
Superintendent of Schools

Dear Parent/Guardian:

Our school buildings are located within or near the ten-mile emergency planning zone (EPZ) of the Ginna nuclear power plant. In another step to safeguard public health, the Federal Nuclear Regulatory Commission amended its policy on the availability and use of the over-the-counter drug potassium iodide (KI) during a radiological emergency. As a result, New York State also revised its policy regarding the administration of KI.

KI is an over-the-counter drug that protects the thyroid from exposure to radioactive iodine. KI only protects this one organ against radioactive substance. It is not an alternative to evacuation or sheltering. In fact, evacuation and sheltering remain New York's primary public protective actions in the event of an accident at any nuclear power site.

Should the County and/or State Department of Health recommend the use of KI during an emergency while students are at school, the Williamson Central School District will have KI available on-site for your child. Evacuation from the ten-mile EPZ remains our primary protective radiological action. In the event that evacuation is not immediately possible and/or KI use is recommended by the County and/or State health officials, an appropriate dose of KI will be provided to your child. At present, the school has been provided with the pill form of this drug. Please see the attached fact sheets from the New York State Department of Health which has information on dosage, as well as other topics, to help you make your decision.

Once you have read all the pertinent information and made your decision, you **must** sign and return the enclosed form (on the reverse side of this letter) and return it to the school nurse in your child's building **as soon as possible** if you do **not** want the school to provide your child with KI in a radiological emergency. This form will remain in effect as long as your child attends their current school building, unless you notify us in writing that you now wish your child to be provided with KI. **Please note that if you do not return the enclosed form and KI use is recommended by health officials, your child will receive KI.**

If you have any concerns regarding your child's health and the use of KI, please discuss this with your child's health care provider. If you have questions about the schools program, you may contact me directly.

Best,



Marygrace Mazzullo
Superintendent of Schools





Preparation

1. Fill out the *Application for SchoolTool Parent/Guardian Portal* and submit it to your student's school or to Dawn Everhart (deverhart@williamsoncentral.org) at the district office.
2. Access your email; you will receive your first email as a 'user' from SchoolTool.

Logging In

3. Use your web browser to go to <https://st.edutech.org/williamson>
4. Click on "New User or Forgot Password?" below the login button.
5. Enter your email address and click submit.

LOGIN

USERNAME

PASSWORD

LOGIN

[New User or
Forgot password?](#)



Enter your email below to receive a new password (existing users only).
For new users or non-email usernames, please contact your district for assistance.

Email:

SUBMIT

★ Clicking Submit will cause an email message to be sent to you that will contain your new password.

6. Access your email for the password; look for an email from "SchoolTool"
(Note: the password may include a combination of letters, numbers, and/or symbols)
7. Log in to SchoolTool. Navigate back to the SchoolTool website <http://st.edutech.org/williamson>, type in your email address and the new password.
8. Change the password. Click the **Account** tab, enter the existing password, the new desired password (2x), and click on the Change Password button to finalize.

Students Campus Account Messages

MY HOME

CHANGE PASSWORD

Old Password:

New Password:

Confirm:

Change Password

Subsequent Logins

Simply navigate back to the SchoolTool website

<https://st.edutech.org/williamson> OR open the SchoolTool App on your

smartphone, enter your username (email address) and password, and click **Login**.

You will be presented with a screen containing four tabs:

- **Students:** Students listed under the parent/guardian; clicking on a student will show details.
- **Campus:** A parent/guardian will see general campus information
- **Account:** Ability to change passwords
- **Messages:** See messages



SchoolTool Parent Portal Application

Williamson Central School District

Primary Contact Information

Name: _____

Address: _____

Phone: _____

E-mail: _____

Student Name	Grade

Parent/Guardian Signature: _____

Date: _____

EMERGENCY EARLY CLOSING INFORMATION

Williamson Elementary School

There may be times due to adverse weather or other emergencies when it will be necessary to close school early. If the determination is made before school opens on a certain day, local radio station WHAM (1180) will carry notification. Local TV Channels 8, 10 and 13 will also have this information.

In the event that school closes after the students have arrived, it is imperative that each child (as well as school personnel) is aware of your emergency child care request. Please complete the form below for each of your children. **This information is updated on a yearly basis. Please return this form by the end of this week.**

An emergency closing may not always affect all of the buildings in the District. Therefore, older siblings might not be at home if the dismissal only involves the Elementary School.

PLEASE NOTE THAT WE ARE NOT ABLE TO CONTACT OR CALL PARENTS INDIVIDUALLY WHEN SUCH AN EMERGENCY CLOSING OCCURS. We will use our Parent Square messaging system to send information.

Parents who pick up their students daily at dismissal time are requested to make arrangements in the case of an emergency closing only.

Please return this form to your child's teacher with **either Section 1 or Section 2** completed.

1. NO SPECIAL ARRANGEMENTS ARE NECESSARY, please send _____
to their home address on bus # _____ (If known)

OR

2. IN THE CASE OF AN EMERGENCY EARLY SCHOOL DISMISSAL _____
Is to be transported to:

Name _____

Address _____

Phone _____

Bus # (if known) _____

Teacher _____

Parent/Guardian Signature _____

Date _____

CUANDO LA ESCUELA CIERRA TEMPRANO DEBIDO A UNA EMERGENCIA

Puede haber épocas debido al tiempo adverso o a otras emergencias, cuando será necesario cerrar la escuela temprano. Si la determinación se hace antes de la abertura de la escuela por la mañana, la estación de radio local WHAM (1180) llevará la notificación. Los canales de televisión 8, 10 y 13 también se notifican si las condiciones de emergencia dictan cerrar temprano.

En caso que la escuela se cierre después de que lleguen los estudiantes, es imprescindible que cada niño, tan bien como personales de la escuela estén conscientes quien cuidara de sus niños en caso de una emergencia. Llene el formulario por favor abajo para cada uno de sus niños. Nuestra meta es tener una forma de emergencia en archivo para cada estudiante en nuestro cuidado. Por lo tanto, por favor llene esta forma similar a la que usted completó el año pasado. Esto es necesario pues ya que la información puede cambiar año tras año. Haga por favor cada tentativa de devolver esta forma llena lo mas pronto posible.

A como usted haga sus arreglos, por favor tenga en cuenta que el cierre de la escuela primaria no afecta siempre a todos los edificios del distrito, a veces la emergencia afecta solamente a un edificio. Por lo tanto, es preciso no contar con los hermanos mayores de los demás edificios ya que el cierre de la escuela puede afectar solo a nuestro edificio.

Favor tenga en consideración que no podemos llamar a cada padre individualmente en caso que tengamos que cerrar la escuela temprano, nosotros usamos un sistema telefónico a través de la computadora que se comunica con todos los padres a la misma vez, esto utilizaremos si es de que no perdemos nuestro sistema de computadora.

Padres que vienen a recoger sus hijos todos los días a la hora de salida necesitan hacer arreglos en caso de que cerremos por una emergencia.

PASE DE AUTOBUS EN CASO DE UNA EMERGENCIA

Favor de regresar esta forma llena en la parte 1 o parte 2 al maestro de su hijo/a.

1. NO necesito arreglos especiales para mi hijo/a en caso que se cierre la escuela temprano, favor de transportar mi hijo/a _____ a nuestra casa.
2. En caso que la escuela primaria cierre temprano, favor de transportar a mi hijo/a _____ a la siguiente dirección:

Nombre _____
Dirección _____
Teléfono _____

Nombre de la maestra/o _____
Firma de los padres/ guardián _____ Fecha _____

Uso administrativo solamente. # de autobús _____ verificado por _____
Fecha _____



Williamson Central Schools

Parent Notification Regarding Special Education

A Parent's Guide to Special Education is a publication available on the New York State Education Department's website: www.nysed.gov.

This publication provides information for parents, guardians and other family members about laws, regulations and policies affecting special education programs and services. It is also available in Spanish. If you are unable to access this document on line, the district will be glad to provide a printed copy for your review.

You will find more information on Special Education on our district's website, www.williamsoncentral.org, by clicking on the Committee on Special Education Link.

You may also feel free to contact:

Kelly Colling
CPSE/CSE Chairperson
315.589.8308
kcolling@williamsoncentral.org

**Williamson CSD
Committee on Special Education
P.O. Box 900
Williamson, NY 14589 ((315) 589-8308)**

Medicaid Consent

Student Name: _____

DOB: _____

Client Identification Number (CIN): _____

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 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.

___ 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	Session Notes	Other Personally Identifiable Information
Written Order/Referral	Medication Administration Report	Any Other Specific Records Pertaining to the Student's Services or Program
Evaluation Reports	Special Transportation Log	

Student's CIN, if known: _____

___ I do not give consent to bill the Medicaid Insurance Program for special education and related services that are on my child's individualized education program (IEP). Regardless of my decision to deny consent, all required services in my child's IEP will be provided at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____