

2024 - 2025

Williamson CS Registration Requirements

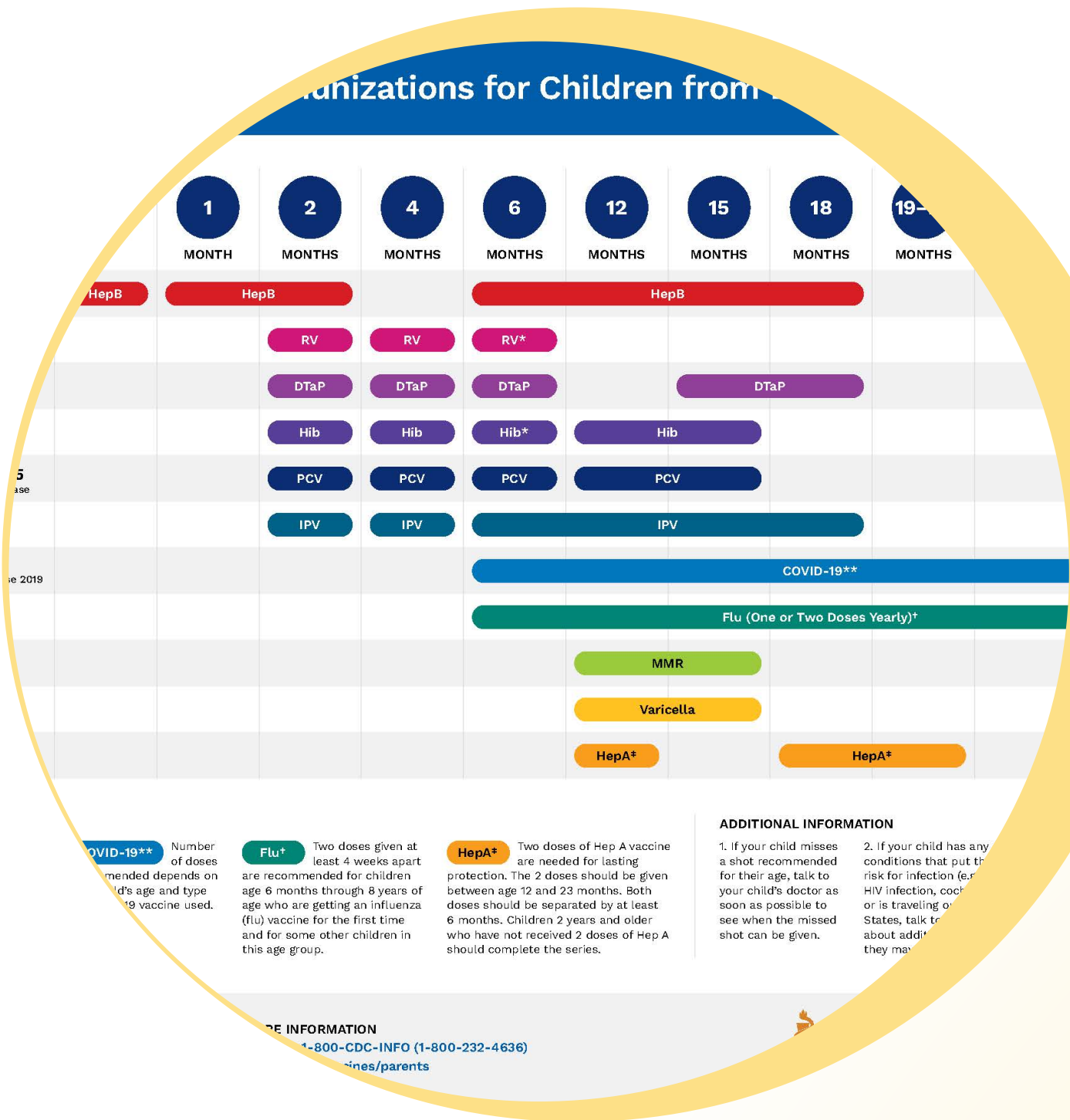


Proof of Residency

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



Williamson Central School District
PO Box 900
Williamson, New York 14589
Student Registration Sheet

Student ID#:

Student Name:		Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>
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First

Middle

Last

Race/Ethnicity (Answer Both) NYSED & the Federal Government Department of education require each school report some enrollment data on basis of national origin or race. The Williamson CSD does not discriminate and is in compliance with the Title IX of the Education Amendments of 1972 and section 504 of the Rehabilitation Act of 1973

1. Are you Hispanic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Race	White <input type="checkbox"/>	Black of African American <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/>
	Asian <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	

Date of Birth		Place of Birth	
Grade Entering		If outside USA – date entered USA	

Home Address			
Mailing Address (if different than home address)			
	Street Address	Town	Zip

Parent/Guardian(s) Living in Home:

Name		Name	
Relationship		Relationship	
Cell Phone		Cell Phone	
Employer		Employer	
Work Phone		Work Phone	
Email		Email	

Parent/Guardian Not living in the home:

Name		Address	
Relationship		Cell Phone	
Is this parent allowed to pick up?		Should this parent receive mailings?	
		Custody Papers	

Student's Doctor:

Doctor's Name		Phone #	
Current Health Problems/Medications and/or Special Ed Services or other Remediation Services (Indicate if child has an IEP or 504 Plan:			



Williamson Central School District
PO Box 900
Williamson, New York 14589

Student ID#: _____

Siblings Residing in Primary Residence:

Last Name	First Name	Gender	Date of Birth

Emergency Contacts: (Child sick/injured and parent/guardian not available)

Last Name	First Name	Relationship to student	Cell #	Allowed to pick up?

Previous School Information

Name of previous school			
Address		City, State	
Phone #		Fax #	

I give my permission for my child to receive emergency treatment in school if necessary and/or to receive medication as prescribed by his/her physician and brought to school by the parent.

Parent/Guardian Signature		Date	
---------------------------	--	------	--

Office use only for new Entrants:

Evidence of Proof of age ☐ Evidence of Proof of Residency ☐ Previous Academic Records ☐ Date Entered: _____

Immunization Records Received: ☐ Digital Citizenship Form Received: ☐ Yes ☐ No KI Pill Opt-Out: ☐ Yes ☐ No

Release of Directory Information ☐ Yes ☐ No Media Release Opt-Out ☐ Yes ☐ No



Williamson Central School District
PO Box 900
Williamson, New York 14589

Request for Student Records

Student Name: _____ Date of Birth: _____

I, _____ give permission to the Williamson Central School District to obtain my child's school records from:

Previous School Name: _____ Grade _____

Previous School Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

The following information is requested:

- Academic Records
 - ___ Report cards for each year ___ Exiting grades
 - ___ Transcript ___ Regents Appeal paperwork (if applicable)
 - ___ Schedule ___ Science Labs/minutes
 - ___ Discipline records
- Health Records including immunization dates and medical data
- Achievement, aptitude, intelligence and similar test scores and psychological evaluations
- Special Services plans and evaluations such as IEP, 504, BIP

I authorize the release of my child's records to the Williamson Central School District:

Signature of Parent/Legal Guardian (or student over 18)

Date

*This request is authorized by and consistent with the Family Education and Privacy Act (Buckley Amendment). Under this act teachers and school officials who work with the students and schools to which students apply for entrance may also have **access to education records without parent consent**. Please forward requested records to the indicated school by fax or email:*

School	Phone	Fax	EMail
Williamson Elementary	(315)589-9668	(315)589-8315	kvandewalle@williamsoncentral.org
Williamson Middle School	(315)589-9665, x3512	(315)589-8314	Dhill2@williamsoncentral.org
Williamson High School	(315)589-9621, x5510	(315)589-8310	Aprater@williamsoncentral.org
Williamson District Office	(315)589-9661 x4103	(315)589-7611	Deverhart@williamsoncentral.org
Williamson CSE Office	(315)589-8308	(315)589-8317	Awhitmore@williamsoncentral.org

Williamson Central School District Student Residency Questionnaire

Name of School _____

Name of Student: _____ Sex: ☐ Male
Last First Middle ☐ Female

Birth Date ____/____/____ Age: ____ ID #: _____
Month / Day / Year (student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
____ Yes ____ No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

Please forward completed form to Karen Hoody, McKinney-Vento Liaison.

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date McKinney-Vento Liaison Signature

Williamson Central School District

Cuestionario de Residencia para Estudiantes

Nombre de la Escuela _____

Nombre del Estudiante _____ Sexo: ☐ Masculino
Apellido Nombre Segundo Nombre ☐ Femenino

Fecha de Nacimiento ____/____/____ Edad: ____ ID #: ____
Mes Día Año (número de indentificación escolar)

El propósito de este cuestionario es presentar los objetivos del Acta McKinney-Vento (42 U.S.C.11435). Las respuestas a estas preguntas ayudarán determinar los servicios que el estudiante debe recibir.

1. ¿Es su domicilio actual un arreglo de vivienda temporal (de poca duración)? ____ Si ____ No
2. ¿Es este arreglo de vivienda temporal debido a la pérdida de su casa, vivienda o habitación, o debido a algún problema económico (ejemplo: desempleo)? ____ Si ____ No

Si usted contestó SI a estas preguntas, por favor complete el resto de este formulario. Si usted contestó NO a estas preguntas, no siga.

¿Dónde se encuentra viviendo el estudiante actualmente? (Marque una opción.)

- ☐ En un motel
- ☐ En un albergue o lugar de refugio
- ☐ Con más de una familia en una casa o apartamento
- ☐ Moviéndose de lugar en lugar

En un lugar generalmente no designado para dormir (ejemplo: carro, parque, o campamento) Nombre del

Padre/Madre/Guardián _____

Dirección _____ Zona Postal _____ Teléfono _____

Presentar información falsa o la falsificación de documentos para uso escolar son ofensas bajo la Sección 37.10 del Código Penal, y la inscripción del estudiante usando documentos falsos traerá como consecuencia que los responsables estarán sujetos a pagar los gastos de instrucción u otros cargos. TEC Sec. 25.002(3)(d).

Firma del Padre/Madre/Guardián _____ Fecha _____

Por favor envíe una copia de este documento a Karen Hoody, McKinney-Vento Liaison.

Yo certifico que el estudiante nombrado en este formulario califica para los programas de nutrición escolares bajo las provisiones del Acta McKinney-Vento.

Fecha _____

Firma del oficial autorizado _____



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

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:

Month Day Year

GENDER:

☐ Male

☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name

First Name

Relation to
Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

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

☐ English

☐ Other

specify

2. What was the first language your child learned?

☐ English

☐ Other

specify

3. What is the Home Language of each parent/guardian?

☐ Mother

☐ Father

specify

specify

☐ Guardian(s)

specify

4. What language(s) does your child understand?

☐ English

☐ Other

specify

5. What language(s) does your child speak?

☐ English

☐ Other

☐ Does not speak

specify

6. What language(s) does your child read?

☐ English

☐ Other

☐ Does not read

specify

7. What language(s) does your child write?

☐ English

☐ Other

☐ Does not write

specify

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: ☐ 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: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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

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 #		Parent/Guardian Cell Phone			Parent/Guardian Cell Phone				
	(including area code)		(including area code)			(including area code)				
	Parent/Guardian Work Phone			Parent/Guardian Work Phone						
	(including area code)			(including area code)						
	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!

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.



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

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



Potassium Iodide (KI)

Questions & Answers for Parents

1) What is potassium iodide (KI)

Potassium iodide is a U.S. Food and Drug Administration (FDA) approved over-the-counter drug that can be used to protect the thyroid gland from immediate and future radiation injury caused by radioactive iodine released during a nuclear accident.

2) How does KI work?

KI saturates the thyroid gland with stable (non-radioactive) iodine, thus preventing or reducing the amount of radioactive iodine that will be taken up by the thyroid. Radiological emergencies may release radioactive iodine in the environment. Since iodine concentrates in the thyroid gland, inhalation of air or ingestion of food contaminated with radioactive iodine can lead to injury to the thyroid - including an increased risk of thyroid cancer.

3) Does KI protect individuals from all types of radiation?

No. KI is only effective against exposure to radioactive iodine. KI does not protect against other types of radiation.

4) Does KI protect organs other than the thyroid?

No. KI does not protect body organs or tissues other than the thyroid.

5) Is a prescription necessary?

No. KI is a FDA approved over-the counter drug.

6) Should some people avoid KI?

Yes. According to the FDA, people with known iodine sensitivity, thyroid diseases, clusters of itchy skin blisters (dermatitis herpetiformis), and/or an inflammation in blood vessels involving the skin or multiple organs of the body (hypocomplementemic vasculitis) should avoid the use KI. A physician should be consulted before an event occurs with individual concerns on whether to take KI in an emergency.

7) What are the possible side effects to KI?

According to the FDA, the benefits of taking KI far exceed the risks. The possible side effects may include stomach upset and minor rash.

8) When is KI most effective?

To be most effective, KI should be taken shortly before or shortly after exposure to radioactive iodine. Even if taken three to four hours after exposure, it would still reduce radioactive iodine from being absorbed by the thyroid and still have a substantial effect.

9) How long is KI effective in the body?

The protective effects of KI last approximately 24 hours.

10) Is KI an alternative to evacuation?

No. Evacuation remains the primary protective action in a radiological emergency.

<p style="text-align: center;">Potassium Iodide (KI) Questions & Answers for Parents</p>
--

11) What happens if the ten-mile EPZ cuts through the school district?

Only school buildings located within the ten-mile EPZ will receive KI from the New York State Emergency Management Office (SEMO).

12) Who may administer the KI to children?

Designated individuals in the school may administer the KI to children once recommended by the New York State and/or County Department of Health in an emergency situation.

13) Is a physician's order necessary for KI administration in a radiological emergency?

No. KI administration in a school is part of an emergency protocol to deal with a radioactive iodine release into the environment.

14) What if a child can't swallow pills?

The pill may be safely crushed and given with juice, applesauce, etc. in the event that an individual cannot swallow it. It may also be easily dissolved in water.

15) How will schools be notified that events warrant the administration of the KI to children?

The State Department of Health and/or County Department of Health are charged with issuing the recommendation to administer KI in the event radioactive iodine is released into the environment.

16) Will the adults in the school building also be provided with KI?

Yes. KI will be provided to all adults in school buildings located within the 10-mile EPZ. However, according to the FDA, it is not necessary for persons over 40 years of age to take KI in a radiological emergency.

Potassium Iodide (KI)

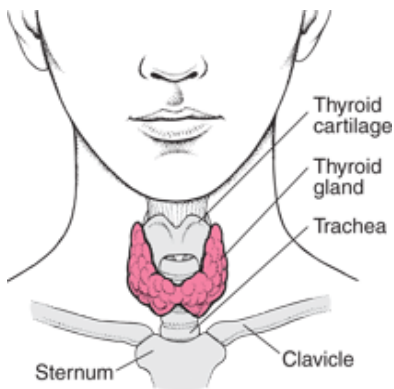
Questions & Answers for Students

1) What is potassium iodide (KI)?

It is a medicine that protects the thyroid gland from injury caused by radioactive iodine that is released during a nuclear power plant accident.

2) What is the thyroid gland?

The thyroid gland is the largest gland in the neck. It is located in front of the neck below the skin and muscle layers. The thyroid gland is shaped like a butterfly with two wings. The thyroid regulates the body's metabolism.



3) How does KI work?

KI saturates the thyroid gland with stable non-radioactive iodine. This protects the thyroid from radioactive iodine that is released during a nuclear accident.

4) Does KI protect other parts of the body?

No, KI only protects the thyroid.

5) Should some people not take Potassium Iodide?

Yes, People who are sensitive to iodine, have thyroid disease, clusters of itchy skin blisters, and/or inflammation of blood vessels involving the skin or multiple organs should avoid KI.

6) What are the possible side effects of KI?

Most people do not have a reaction to KI. The few that do may have an upset stomach or minor rash.

7) When is KI most effective?

KI should be taken shortly before or shortly after exposure to radioactive iodine. It should be taken 3-4 hours after exposure.

8) How long is KI effective?

KI lasts in the body 24 hours. It may be necessary to repeat dose of KI every 24 hours. This is recommended for extended exposure to radioactive iodine. Public health and emergency management services will advise if needed.

9) How is KI supplied?

KI is now supplied in a liquid dropper form with a black cherry flavoring. Children and adults can use this one form. If there are any food dye allergies to red dye, please consult with physician if benefits outweigh risks of medicine.

10) Will adults be provided with KI?

Yes, KI will be provided to all within the 10 mile EPZ of facility.

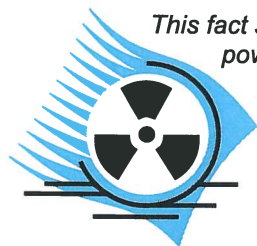
11) Any additional questions?

Please check the CDC's website at:
<http://www.bt.cdc.gov/radiation/ki.asp>



Department of Health

Potassium Iodide (KI) and Radiation Emergencies Fact Sheet



This fact sheet is about the NYS policy for people, especially those who live within ten miles of a nuclear power plant, who may be exposed to radiation from a nuclear plant emergency. In December 2001, the federal Food and Drug Administration (FDA) said if there was a radiation emergency, people should take a drug that would help protect them from thyroid cancer. This drug is called potassium iodide (KI). The New York State Health Department agrees. The questions and answers below will give you more information.

1. What is potassium iodide (KI) and what is it used for?

If there is a radiation emergency at a nuclear plant, large amounts of something called radioiodine could be put into the air. This could hurt your thyroid gland, or even cause thyroid cancer later on. You could breathe in the radioiodine or eat food that has some radioiodine in it. When you take the KI pill, it protects your thyroid gland from being harmed.

2. How does KI work?

When you take the KI pill, it fills your thyroid with a kind of iodine that prevents your thyroid gland from taking in any of the radioactive kind of iodine.

3. What age group has the highest risk from exposure to radioiodine?

Young children have the highest risk. We have learned this from looking at children in Russia and other areas who were exposed to the radioiodine from the Chernobyl nuclear power plant accident.

4. When should KI be taken?

You need to take KI before or just after you are exposed to radioiodine. You can also take it 3 or 4 hours later, but it will not be as helpful.

5. How will I know if I should take KI?

If there is an emergency, you will hear an announcement from your local or state health officials. Your local health department will tell you when you should start taking KI and they will also tell you when you can stop taking it.

6. Does KI work in all radiation emergencies?

KI will only protect you from radioactive iodine. It does not protect you from other kinds of radioactive material. KI works very well to protect your thyroid gland. However, it protects only your thyroid, not other parts of your body.

7. What will happen in an emergency?

You will be told what, if any, actions you should take to protect yourself. This might include leaving the area, staying inside with your windows closed and/or taking KI.

8. Can people have reactions to KI?

In general, most people who have taken KI have not had any reactions (side effects). If people did have a reaction, it did not last very long. In a few cases, babies had a reaction in their thyroids. Adults who had reactions had stomach problems or a rash. The federal government thinks the benefits of taking KI are much greater than the risks.

9. Are there some people who should not take KI?

Most people can take KI, but you should talk to your doctor before taking it. Talk to your doctor before an emergency occurs. It is not a good idea to take KI if you have certain medical conditions or problems. Babies need to be watched carefully if they take KI.

10. How much KI do I take?

The table on the next page shows the smallest KI dose that different age groups can take which will protect the thyroid. KI comes in liquid, 65-mg tablets and 130-mg tablets. Since it is hard to cut many pills, the State Health Commissioner says that, in an emergency, it is safe for children at school or day care centers to take the whole pill. It's better for children under 12 years old to take the 65-mg pill, but it is safe to take the 130-mg pill if that is the only one you have. For children or babies who cannot take pills, parents and caregivers can cut or crush the pill to make lower doses, or give the liquid form of KI.

11. How often should KI be taken?

KI is helpful for about 24 hours. You should keep taking it once a day until the health department says to stop, or you are out of the emergency area.

Recommended Doses of KI for Different Age Groups

Age Group	KI Dosage	Number of ml liquid (65 mg/ml)	Number of 65-mg tablets	Number of 130-mg tablets
Adults over 18 years	130 mg	2	2	1
Over 12 -18 years and over 150 pounds	130 mg	2	2	1
Over 12 -18 years and less than 150 pounds	65 mg	1	1	1/2
Over 3 -12 years	65 mg	1	1	1/2
Over 1 month to 3 years	32 mg	0.5	1/2	1/4
Birth -1 month	16 mg	0.25	1/4	1/8

12. Does KI come in liquid or pill form?

KI can come as a pill or a liquid. Pills are available in 65-mg or 130-mg doses. KI is also available as a liquid.

13. If KI has been stored for a while, is it still OK to use?

The manufacturers say KI stays "fresh" for 5-7 years. If you keep it in a dry, dark and cool place, it should last for many years.

14. Do you need a prescription to get KI?

No. You are allowed to get it over-the-counter.

15. Can KI be purchased at local pharmacies?

Yes, though it may not widely available in drugstores near you. Since it is not a prescription drug, you can buy it over the Internet. As with other drugs, make sure the KI you buy has been approved by the FDA. A supply of KI has been made available to people who live within 10 miles of a nuclear power plant in New York State. If you live within 10 miles of a nuclear power plant and did not receive KI, contact your local Office of Emergency Management.



For additional information contact:

New York State Department of Health Infoline at 1-800-458-1158, extension 2-7550
or e-mail BERP@health.ny.gov

Other sources of information:

<https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm080542.pdf>
<https://www.fda.gov/drugs/emergencypreparedness/bioterrorismanddrugpreparedness/ucm072265.htm>
<https://www.fda.gov/drugs/emergencypreparedness/bioterrorismanddrugpreparedness/ucm072261.htm>
<https://emergency.cdc.gov/radiation/ki.asp>
http://www.who.int/ionizing_radiation/pub_meet/tech_briefings/potassium_iodide/en/
http://www.health.ny.gov/environmental/radiological/potassium_iodide/

Rev. 3- April 2017

Potassium Iodide (KI) REFUSAL/OPT OUT Form

If you **DO NOT** want your child given Potassium Iodide (KI) in the event of a radiological emergency, complete this form and return it by October 1st.

I understand that Potassium Iodide (KI) will be given to my child if recommended by the County and/or State Department of Health in a radiological emergency unless I disagree.

I have read and understand the Parent/Guardian letter, Potassium Iodide (KI) Q & A's and Department of Health KI information sheet.

I **DO NOT** want my child given potassium iodide (KI) in the event of a radiological emergency.

Child's Name _____

Grade _____ Teacher/Homeroom Teacher _____

Parent/Guardian Signature _____

Date _____ Telephone Number _____

**IF YOU DO NOT RETURN THIS FORM AND KI USE IS
RECOMMENDED BY HEALTH OFFICIALS, YOUR
CHILD WILL BE ELIGIBLE TO RECEIVE KI.**



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.



Digital Citizenship Agreement 2024-2025

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



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.

UNACCEPTABLE USES

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.

Williamson Central School

1:1 CHROMEBOOK PROGRAM EXPECTATIONS AND PROCEDURES 2024-2025

Dear Parents and Guardians,

Our Chromebook one-to-one initiative continues to transform Williamson's classrooms! Our students are increasingly able to access recent information, create content and work together. The 2022-2023 school year will be the seventh consecutive year of our 1:1 Chromebook rollout which covers students in grades 7-12. These students have individually assigned devices that they have responsibility for. Over the last several years, we have refined and improved our expectations around 1:1 devices. Please read through the following information carefully.

Williamson Central encourages the use of devices and the network, including the Internet, as a tool for research and education and part of helping our students become college and career ready. The Chromebooks issued to students are the property of Williamson Central School District. The distribution of a Chromebook to each student is a privilege for responsible students, and may be revoked at any time for inappropriate conduct. Before a Chromebook is issued for use at home, students and parents or guardians will read the following Expectations and Procedures documentation and sign the Permission Form.

EQUIPMENT

- Student must have a Digital Citizenship Policy and Permission Form signed by a parent/guardian on file with Williamson Central School District in order to use the Chromebook at home.
- The school Chromebook is to be used for educational purposes only and its use must not violate the existing Digital Citizenship Policy.
- Student may not destroy, deface, or alter Chromebook equipment or files not belonging to the student. The device and accessories must be stored carefully when not in use.
- Students may not hide files or activity on the Chromebook.

THE NETWORK

- All use of the Chromebooks should comply with the District Code of Conduct.
- Students may not change, alter, bypass, or attempt to bypass any Chromebook security measures including filtered Internet sites. Usage of school devices and the network are monitored by the Administration and the Director of Technology.

PRIVACY

- It is a violation to share your Chromebook or your password with anyone else except your parents/guardians, or to access any account belonging to other students, faculty, or staff.
- Since the Chromebooks belong to the district, the district will be monitoring all devices. The district reserves the right to search Internet accounts accessed with school equipment without permission. Improper use of district technology devices will result in loss of network/Internet privileges, and other disciplinary consequences.

7/2022

RESPONSIBILITIES

By signing the Digital Citizenship Policy and this User Agreement and Parent/Guardian Permission Form, students and parents or guardians agree to:

- Submit their Chromebook to school authorities upon request. Such a request may be made in order to check browser histories and caches, as well as to ensure Chromebooks do not contain any unapproved software or files.
- Accept monitoring of student usage of the Chromebooks at any time, when requested by school Personnel. Students and parents/guardians need to be aware that files created using the Chromebook or stored on school servers are not private.
- Charge their Chromebook overnight each night to ensure that they are fully charged for classes the next day. Just as students are expected to be prepared for class by having all required materials, students will have a charged Chromebook available to them at the start of each day.
- Protect the Chromebook from damage and theft. Required precautions may include the use of a protective case when transporting the Chromebook to and from classes and to and from school. If the Chromebook is lost, stolen, or damaged when off school grounds, it should be reported to the police immediately. Parents or guardians are financially responsible for any missing Chromebook or accessories that are not recovered in good working order by authorities, for or a device that is found to be damaged intentionally or through negligence.
- Leave their Chromebooks at school prior to graduation for regular maintenance or upon disenrollment from the district. Parents/Guardians are encouraged to obtain their child's username and password in order to monitor the student's computer usage at home. If parents/guardians have any difficulties obtaining this password, they should contact the Technology Department for assistance.

STUDENT EXPECTATIONS

As a learner I will:

1. Never leave my Chromebook unattended or allow others to use it.
2. Make sure the Chromebook is not subject to careless or intentional damage (e.g., as a result of horseplay).
3. Ensure that, when the Chromebook is being transported, it is as secure as possible.
4. Ensure that my Chromebook is charged and ready for use.
5. Store my Chromebook in a safe place when not in use (e.g., lunch, PE, etc.). The Chromebook should be protected and no items will be stacked on top of it.
6. Use my Chromebooks for the task assigned by my teacher at all times.
8. Not decorate the Chromebook and not allow it to be subject to graffiti/defacing.
9. Not install or download software not approved by administration or teachers.

CONSEQUENCES FOR VIOLATION OF THESE EXPECTATIONS AND PROCEDURES:

By signing the PERMISSION FORM, you commit to the student expectations and understand the consequences for violation. In the event a student breaches any part of the Digital Citizenship POLICY and/or CHROMEBOOK PROCEDURES AND EXPECTATIONS, consequences will be imposed by the school. Each situation will be considered independently and consequences range from a discussion about the rules and expectations regarding Chromebook usage and/or a complete withdrawal of access to all district technology.

CHROMEBOOK REPAIRS:

Chromebooks are durable and will hold up well to daily use wear. We understand that there will be times when a Chromebook has a needed repair. Data review also tells us that multiple repairs are the result of a lack of care. The district will follow this repair plan:

1st Repair - No Charge. Letter home.

2nd Repair - Letter home and 1 week access limited to just school.

3rd Repair - Letter home, meeting with building administrator and 2 week access limited to just school.

4th Repair - Letter home, meeting with building administrator and 2 week access limited to just school.

*** If at any point, the damage is deemed to be purposeful the disciplinary process will be implemented and the student will be assigned appropriate consequences as outlined in our Code of Conduct.**

2024-2025 WILLIAMSON CENTRAL SCHOOL DISTRICT

1:1 CHROMEBOOK PROGRAM PERMISSION FORM

My signature below identifies that I have read and understand the Williamson Central School District Chromebook Procedures Form and discussed this with my child. I understand my initials on the appropriate statement below indicate my child's participation. Chromebooks, like any other school property, must be used for the educational purposes for which they are intended. The distribution of a Chromebook is a privilege, not a right, and may be revoked at any time for inappropriate conduct.

Please initial one of the two:

_____ I **provide permission** for my child to participate in the Williamson Central School District Chromebook program.

We are aware that the provided device is owned by the Williamson Central School District. We are aware that the care and responsibility of the Chromebook as outlined in the WCS Chromebook Digital Citizenship Policy and Procedures document, both in and out of school is my child's.

We understand that in cases of theft, vandalism, fire, and other criminal acts, a police report **MUST** be filed by the child's parent/guardian. A copy of the official report must be provided to the school principal's office.

We understand that school devices and accessories must be returned to the Williamson Central School District when requested or at the end of a student's senior year. Students who withdraw or end their enrollment in the district for any reason must return their Chromebook on the date of their withdrawal.

_____ I **DO NOT provide permission** for my child to participate in the Williamson Central School District Chromebook Program.

We understand that students will need to complete coursework through the use of a personally owned electronic device or through a school computer (as available) during the day. We understand that students are responsible for the completion of all assignments on the same timeframe and in the same manner as the students participating in the Chromebook program.

Student's Name (Please print)

Student Signature

Parent/Guardian Name (Please Print)

Parent/Guardian Signature



SchoolTool Parent/Guardian Portal Guide

Williamson Central School District



Preparation

1. Fill out the *Application for SchoolTool Parent/Guardian Portal* and submit it to your student's school or to Dawn Everhart (deverhart@willamsoncentral.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/willamson>
4. Click on "New User or Forgot Password?" below the login button.
5. Enter your email address and click 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/willamson>, 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.

Subsequent Logins

Simply navigate back to the SchoolTool website

<https://st.edutech.org/willamson> 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: _____

Williamson Central School

williamsoncentral.org
(315) 589-9661

PO Box 900
Williamson, NY
14589

Marygrace Mazzullo
Superintendent of Schools

Autorización para el uso o divulgación de información médica protegida

Para poder compartir información médica protegida con el Distrito escolar, es posible que su proveedor de servicios de salud le pida que complete el siguiente formulario para cumplir con los requisitos de la Ley de Portabilidad y Responsabilidad de Seguros Médicos (HIPAA). Por favor complete, firme y entregue el formulario a su proveedor de servicios de salud y/o a la enfermera de la escuela para evitar demoras en la atención de su hijo/a.

Yo, _____ autorizo al(los) profesional(es) de salud de mi hijo/a que se indican a continuación:

Nombre _____ Tel. _____ FAX _____

Nombre _____ Tel. _____ FAX _____

a que divulguen los expedientes médicos de mi hijo/a, _____, fecha de nacimiento _____ dirigidos al siguiente personal del Distrito: ☐ Director Médico ☐ Enfermera Escolar

☐ Entrenador Atlético (AT) ☐ Consejero/a ☐ Terapeuta Ocupacional (OT) ☐ Terapeuta Físico (PT) ☐ Psicólogo

☐ Trabajador Social ☐ Terapeuta del Habla (ST) ☐ Otro _____

El proveedor de salud puede revelar la siguiente información: (Madre/Padre/Tutor/Escuela: marque todo lo que corresponda)

☐ Vacunas ☐ Evaluaciones de salud ☐ Condiciones médicas pasadas/actuales y su impacto en la asistencia, el atletismo o la programación o terapia escolar

☐ Otro _____

La Información de Salud Protegida puede ser usada, divulgada o recibida para el/los siguiente(s) propósito(s): (Madre/Padre/Tutor/Escuela: marque todo lo que corresponda)

☐ Para desarrollar planes de cuidado o terapia para el manejo rutinario y emergente en la escuela

☐ Para diseñar programas educativos, escolares o deportivos adecuados

☐ Para evaluar el impacto de la(s) condición(es) médica(s) en la programación escolar y/o asistencia

☐ Para compartir observaciones/preocupaciones escolares en torno al comportamiento

☐ Para evaluar una razón médica para la modificación de transporte y/o tutoría a domicilio

☐ Entrega de medicamentos o prescripciones terapéuticas

☐ A petición del paciente sin propósito específico

☐ Otro _____

Reconozco que tengo derecho a revocar esta autorización en cualquier momento enviando una notificación por escrito al Oficial de Privacidad del consultorio de mi Proveedor de Salud y al Edificio de Administración del Distrito. Entiendo que la revocación de esta autorización no es efectiva si el Proveedor de Salud o el Distrito han utilizado la autorización para la divulgación de la Información Médica Protegida antes de recibir mi notificación de revocación por escrito. Entiendo que cualquier Información de Salud Protegida divulgada como resultado de esta Autorización a cualquier persona no cubierta por las leyes y regulaciones de privacidad estatales y federales puede estar sujeta a una nueva divulgación y puede ya no estar protegida por la ley federal o estatal. Entiendo que el tratamiento de mi hijo/a no depende de mi acuerdo de divulgar o retener información. Reconozco que el Distrito compartirá la información escolar pertinente con mis proveedores de salud y, cuando corresponda, con los organismos gubernamentales que sean necesarios para los reembolsos. Doy permiso para que los representantes de la escuela arriba mencionados compartan y divulguen información como se indica arriba con el Proveedor de Salud indicado.

MADRE/PADRE/TUTOR: Esta autorización es válida por el tiempo que su hijo/a asista al Distrito de Williamson. USTED PUEDE NEGARSE A FIRMAR ESTA AUTORIZACIÓN. Una copia firmada de esta autorización debe ser entregada a los padres del menor o usted puede optar por renunciar a ese derecho.

☐ Renuncio a mi derecho a recibir una copia de esta notificación.



Firma de la madre/padre/tutor o del estudiante, si es mayor de 18 años

Relación

Fecha

Williamson Central School

williamsoncentral.org
(315) 589-9661

PO Box 900
Williamson, NY
14589

Marygrace Mazzullo
Superintendent of Schools

Authorization for Use or Disclosure of Protected Health Information

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

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

Name _____ Phone _____ FAX _____

Name _____ Phone _____ FAX _____

to release the medical records of my child, _____, DOB _____

to the district's: ☐ Medical Director ☐ School Nurse ☐ Athletic Trainer (AT) ☐ Counselor ☐ Occupational Therapist (OT) ☐ Physical Therapist (PT) ☐ Psychologist ☐ Social Worker ☐ Speech Therapist (ST)

☐ Other _____

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

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

The Protected Health Information may be used, disclosed or received for the following purpose(s):

(Parent/School: check all that apply)

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

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

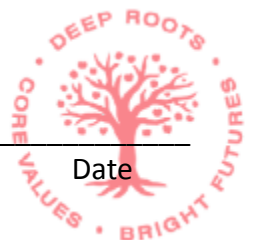
PARENT/GUARDIAN: This authorization is valid for the duration of attendance within the Williamson CSD. YOU MAY REFUSE TO SIGN THIS AUTHORIZATION. A signed copy of this authorization must be given to the parent of the minor child or you can choose to waive that right.

☐ I waive my rights to receive a copy of this notice.

Signature of Parent/Guardian or Student if over 18

Relationship

Date



Williamson Central School

williamsoncentral.org
(315) 589-9661

PO Box 900
Williamson, NY
14589

Marygrace Mazzullo
Superintendent of Schools

Health History

Students Name: _____ DOB: _____

Has Student Ever:

****If you answer YES to any of the following questions please provide an explanation!**

- | | | |
|---|----|-----|
| -Had any serious injuries, illness or operation? | No | Yes |
| -Had any dizziness, fainting, or chest pain while exercising? | No | Yes |
| -Had any asthma or other breathing problems? | No | Yes |
| -Had any heart problems or high blood pressure? | No | Yes |
| -Had a bleeding disorder? | No | Yes |
| -Had a liver or spleen problem? | No | Yes |
| -Had a hernia, undescended testicle or absence of one testicle? | No | Yes |
| -Had kidney disease or absence of one kidney? | No | Yes |
| -Had any muscle, joint, or bone problems, including fractures? | No | Yes |
| -Been knocked unconscious, or had a concussion? | No | Yes |
| -Had seizures? | No | Yes |
| -If yes, are they well controlled? | No | Yes |
| -Does your child have any current skin problems, sores, or rashes? | No | Yes |
| -Are there any life threatening allergies? | No | Yes |
| -Does your child have any other life threatening conditions? | No | Yes |
| -Is the student currently taking any medication? | No | Yes |
| -Are medications needed for the sport? | No | Yes |
| -Does the child have MD permission to self carry the medication? | No | Yes |
| -Does your child have Diabetes? | No | Yes |
| -Does your child have absence of vision in one eye or loss of an eye? | No | Yes |
| Does your child wear glasses or contact lenses? | No | Yes |
| -Does your child have hearing impairment in one,, both ears? | No | Yes |
| -Does your child wear orthodontic equipment (braces, retainer, etc.)? | No | Yes |
| -For Girls: Are there any problems regarding menstruation? | No | Yes |
| FAMILY HEART HEALTH HISTORY (Dominic Murray Sudden Cardiac Prevention Act): | | |
| -Enlarged heart/Hypertrophy/Dilated Cardiomyopathy? | No | Yes |
| -Arrhythmogenic Right Ventricular Cardiomyopathy? | No | Yes |
| -Heath rhythm problems, long or short QT interval, Brugada Syndrome, Catecholaminergic Ventricular Tachycardia? | No | Yes |
| -Marfan Syndrome (aortic rupture)? | No | Yes |
| -Heart attack: structural or other known heart abnormalities, repair or not. | | |
| Unexplained fainting, seizures, drowning, or car accident: | | |
| or sudden death before age 50? | No | Yes |
| -Pacemaker or implanted cardiac defibrillator (ICD)? | No | Yes |
| -Has there been a recent COVID infection? | No | Yes |
| -Were the symptoms mild? | No | Yes |
| -Did it require hospitalization? | No | Yes |

Parent/Guardian Signature: _____ Date: _____

Reviewed by Signature: _____ Date: _____



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Salud Historia

Nombre del estudiante: _____ Fecha de nacimiento: _____

¿Alguna vez el estudiante:

****Si responde SÍ a cualquiera de las siguientes preguntas, ¡proporcione una explicación!**

-¿Tuvo alguna lesión, enfermedad u operación grave?	No	Sí
-¿Tuvo mareos, desmayos o dolor en el pecho mientras hacía ejercicio?	No	Sí
-¿Tuvo asma u otros problemas respiratorios?	No	Sí
-¿Tuvo algún problema cardíaco o presión arterial alta?	No	Sí
-¿Tuvo un trastorno hemorrágico?	No	Sí
-¿Tuvo algún problema de hígado o bazo?	No	Sí
-¿Tuvo una hernia, testículo no descendido o ausencia de un testículo?	No	Sí
-¿Tenía enfermedad renal o ausencia de un riñón?	No	Sí
-¿Tuvo algún problema muscular, articular u óseo, incluidas fracturas?	No	Sí
-¿Ha quedado inconsciente o ha sufrido una conmoción cerebral?	No	Sí
-¿Tuvo convulsiones?	No	Sí
-En caso afirmativo, ¿están bien controladas?	No	Sí
-¿Su hijo tiene actualmente algún problema, llaga o sarpullido en la piel?	No	Sí
-¿Existe alguna alergia que ponga en peligro su vida?	No	Sí
-¿Tiene su hijo alguna otra afección que ponga en peligro su vida?	No	Sí
-¿Está el estudiante tomando actualmente algún medicamento?	No	Sí
-¿Necesita medicamentos para el deporte?	No	Sí
-¿Tiene el estudiante permiso del médico para llevar él mismo el medicamento?	No	Sí
-¿Su hijo tiene Diabetes?	No	Sí
-¿Su hijo tiene ausencia de visión en un ojo o pérdida de un ojo?	No	Sí
-¿Su hijo usa anteojos o lentes de contacto?	No	Sí
-¿Su hijo tiene discapacidad auditiva en uno o ambos oídos?	No	Sí
-¿Su hijo usa equipo de ortodoncia (frenillos, retenedor, etc.)?	No	Sí
-Para Niñas: ¿Hay algún problema con respecto a la menstruación?	No	Sí

ANTECEDENTES DE SALUD CARDÍACA FAMILIAR (Ley de Prevención Cardíaca Súbita de Dominic Murray):

No Sí

-¿Corazón agrandado/hipertrofia/miocardiopatía dilatada?	No	Sí
-¿Miocardiopatía arritmogénica del ventrículo derecho?	No	Sí
-Problemas de ritmo de salud, intervalo QT largo o corto, Síndrome de Brugada,	No	Sí
¿Taquicardia ventricular catecolaminérgica?	No	Sí
-¿Síndrome de Marfan (rotura aórtica)?	No	Sí

Padre/guardián Firma: _____ Fecha: _____

Revisado por Firma: _____ 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: _____