

ALEXANDER HAMILTON JR./SR. HIGH SCHOOL
98 SOUTH GOODWIN AVENUE
ELMSFORD, NY 10523

The Guidance Department will need the following items before a schedule can be made:

- ✓ History of Immunization/Vaccinations
- ✓ Transcript from previous school(s) for high school age students
- ✓ Most current report card for middle school students
- ✓ IEP(Individualized Educational Program) or 504 (accommodations), if applicable

The items listed below should be reviewed, completed and returned to the Guidance Department.

- Request for Student Records from previous school district
- New Entrant Screening Form
- Acceptable Use Policy (Computer Network for Education)
- Health Information Form
- NYS School Health Examination Form (front & back)
- Dental Health Certificate Form
- Authorization for Use or Disclosure of Health Information Form
- Immunization Records

Please make an appoint to review the above documents with the Guidance Office.
Please call 914-592-8532 or stop by room 106.

Thank you!

Alexander Hamilton High School
98 South Goodwin Avenue
Elmsford, NY 10523
Phone No. 914-592-8532
Fax No. 914-592-3343

DATE/FECHA: _____

Last School Attended/Colegio Previo:

Name of Last School Attended /Nombre del colegio PREVIO

Address of Last School Attended/Direccion del colegio PREVIO

I hereby authorize and request the Guidance Department of my child's Jr./Sr. High School to send a copy of his/her. (Autorizo a la oficina de Consejo que solicite una copia del historial académico y de salud de mi hijo) ACADEMIC and MEDICAL records to:

**Guidance Department
Alexander Hamilton High School
98 South Goodwin Avenue
Elmsford, NY 10523**

Attn: _____

Student (s) _____ Date of Birth _____
nombre del estudiante fecha de nacimiento

Student (s) _____ Date of Birth _____
nombre del estudiante fecha de nacimiento

Student (s) _____ Date of Birth _____
nombre del estudiante fecha de nacimiento

Signature of Parent/Guardian/Firma del Padre o tutor _____ *Date* _____

IMPORTANT: Please be sure that the official transcript sent includes the following:

1. Date of birth
2. Date of Withdrawal
3. Grades and credits earned to-date of withdrawal
4. Health Record
5. Regents Competency Test Information
6. Any other pertinent information about the student(s), i.e., Psychological, Special Needs, etc.

Thank you,
Guidance Department
Alexander Hamilton

ELMSFORD UNION FREE SCHOOL DISTRICT
98 SOUTH GOODWIN AVENUE
ELMSFORD, NY 10523
914-592-8532

DATE:

Dear Parent/Guardian,

Part 117, Section 117.1 of the Regulations of the New York State Commissioner of Education establishes standards for the screening of every new entrant to the public school system.

The New York State Department of Education has therefore required that all school districts conduct a district wide screening of all new students entering our district for the purpose of identifying those students who may have possible disabilities or who may be identified as gifted.

In accordance with this regulation, we shall be conducting a screening of which will cover the following areas of development:

Cognitive Development
Articulation Skills
Motor Development
Academic Achievement

You may request information concerning your child's screening by contacting the principal at the Elementary Level, or the Guidance Counselor at the Secondary Level.

Sincerely,

Principal/Guidance Counselor

I have read the above letter regarding the District Screening Plan and understand that my child will be screened in the near future.

Signature of Parent/Guardian

Date

**ALEXANDER HAMILTON JR./SR. HIGH SCHOOL
98 SOUTH GOODWIN AVENUE
ELMSFORD, NY 10523**

HEALTH OFFICE

914-592-6389

Dear Parent/Guardian,

The enclosed health forms must be completed and returned before your child starts school in September. New York State Education Department regulations mandate that all new students receive a physical and dental examination and provide proof of immunizations. This information must be presented to the Health Office in September before your child will receive his/her schedule from the Guidance Office.

Thank you for your cooperation in this matter. It will help make the registration process proceed without interruption.

Sincerely,

Nancy Venuti-Cordero, RN

LA OFICINA DE SALUD

914-592-6389

Estimados Padres y Tutores,

Tengan presente que antes de comenzar el año escolar las formas de salud adjuntas deben ser devueltas al colegio. Los reglamentos estatales requieren que todos los estudiantes nuevos tengan un examen físico, dental y provean prueba de inmunizaciones. Esta información se debe presentar a la oficina de salud en septiembre antes de recibir su horario de su consejero.

Gracias por su cooperación, será más fácil el proceso de la matriculación en septiembre si tiene todos sus documentos.

Atentamente,

Nancy Venuti-Cordero, RN

ALEXANDER HAMILTON JR/SR HIGH SCHOOL
ELMSFORD, NEW YORK
914 592-6839
HEALTH INFORMATION

Child's name _____ Sex M ____ F ____
Last Name First Name

Date of Birth _____ Place of Birth _____
City, State, Country

Has your child had a routine health exam in the past year? YES _____ NO _____ If yes date _____

Name of Physician or Agency _____

ENCLOSE COPY OF THE EXAM

Has your child had any illness any illness or injury in the past year? YES _____ NO _____
If yes, (a) are there still any undertreatment? YES _____ NO _____
Can the school health services be of assistance? YES _____ NO _____
If yes, please comment _____

Does your child have any disabilities? YES _____ NO _____
If yes, please explain _____

Is there any limitations on the student's activities? YES _____ NO _____
If yes, please explain _____

Does your child have a need for special attention because of current health problems?
YES _____ NO _____
If yes, please explain _____

Does your child wear glasses? YES _____ NO _____

HEALTH HISTORY

Please check any of the following conditions that your child might have or have had and dates if possible:

seizures/epilepsy	_____	diabetes	_____	chicken pox	_____
skin problems	_____	headache	_____	major fracture	_____
heart disease	_____	menstrual problems	_____	frequent sore throats	_____
allergies (food,	_____	tuberculosis	_____	pneumonia	_____
medicine, insects)		fainting	_____	asthma	_____

Explain any problems above _____

Has your child been hospitalized for any condition? YES _____ NO _____
If yes, please explain _____

Does student take medication on the regular basis? YES _____ NO _____
If yes, list medication(s) and reason: _____

Last visit to dentist- Date: _____

Parent's Signature _____ Date _____

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

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

STUDENT INFORMATION

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

HEALTH HISTORY

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

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

BMI _____ kg/m²

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

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

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Laboratory Testing</th> <th style="width:10%;">Positive</th> <th style="width:10%;">Negative</th> <th style="width:10%;">Date</th> </tr> </thead> <tbody> <tr> <td>TB- PRN</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Sickle Cell Screen-PRN</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="3">Lead Level Required Grades Pre- K & K</td> <td>Date</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 µg/dL</td> </tr> </tbody> </table>				Laboratory Testing	Positive	Negative	Date	TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 µg/dL				<p align="center">List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)</p>
Laboratory Testing	Positive	Negative	Date																					
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>																						
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>																						
Lead Level Required Grades Pre- K & K			Date																					
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 µg/dL																								
<input type="checkbox"/> System Review and Abnormal Findings Listed Below																								
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech																				
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional																				
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal																				
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list)	ICD-10 Code*																				
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid																					

Name: _____ DOB: _____

SCREENINGS

Vision (w/correction if prescribed)	Right	Left	Referral	Not Done
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity	20/	20/		<input type="checkbox"/>
Color Perception Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>

Notes

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. Not Done

Pure Tone Screening **Right** Pass Fail **Left** Pass Fail **Referral** Yes No

Notes

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	Negative	Positive	Referral	Not Done
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

- Student may participate in all activities without restrictions.
- Student is restricted from participation in:
 - Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
 - Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
 - Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
 - Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: I II III IV V Age of First Menses (if applicable) : _____

Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

Order Form for Medication(s) Needed at School Attached

IMMUNIZATIONS

Record Attached Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature: _____

Provider Name: *(please print)* _____

Provider Address: _____

Phone: _____ Fax: _____

Please Return This Form To Your Child's School When Completed.

Dental Health Certificate- Elmsford UFSD

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex: Male Female Will this be your child's first oral health assessment? Yes No
Month Day Year

School: Name Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address
(please print or stamp)

Dentist's/Dental Hygienist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No Caries Experience/Restoration History - Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No Untreated Caries - Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No Dental Sealants Present

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

**ELMSFORD PUBLIC SCHOOLS
HEALTH SERVICES
AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION**

Student name _____ Birthdate _____

Healthcare provider _____ Phone _____

Address _____ Fax _____

Healthcare provider _____ Phone _____

Address _____ Fax _____

Healthcare provider _____ Phone _____

Address _____ Fax _____

<input type="checkbox"/> School Nurse	<input type="checkbox"/> Immunizations/physical exams to comply with NYS regulations
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Social History
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Psychological evaluations/report
<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Medical clearances as needed following an injury or change in condition
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Medical orders required for therapy needs;evaluations
<input type="checkbox"/> Vision Department	<input type="checkbox"/> Authorization for medications during the school day or on school trips
<input type="checkbox"/> Admissions Officer	<input type="checkbox"/> Medical condition/treatment plans that may have an impact in the school environment
<input type="checkbox"/> School Social Worker	<input type="checkbox"/> Physician referral for services (OT,PT)
<input type="checkbox"/>	<input type="checkbox"/> Other

I hereby authorize my child's physician(s) listed above to exchange the following information with

This information will be used to provide a safe and healthful environment and develop appropriate program for this student at school. Enrollment is not contingent up on obtaining this release, however, in order to plan the most appropriate program for this student, the information may be required. Specific immunizations per NYS regulations ARE required for enrollment. This release expires on the last day of enrollment of the above student in school and may be revoked at any time by sending a request to cancel this permission in writing to the address above. Such revocation will not affect made prior to this receipt. Protected health information will not be disclosed without consent per FERPA regulations. A copy of this release has been provided to me and will be sent to the appropriate provider when requests are made.

I wave my right to receive a copy of this notice.

Signature of student over 18 or Parent/Guardian

Date

If a student is under 18 years of age, parent or legal guardian must sign consent form. If other representative is a signing authority to act on student's behalf sign here _____.

This form complies with all HIPPA regulations.

ELMSFORD UNION FREE SCHOOL DISTRICT 09/08/17
ALEXANDER HAMILTON HIGH SCHOOL
TRANSPORTATION ROUTES PICK-UP AND DISCHARGE POINTS

ALTERNATE ROUTE # 1 – Payne Street

7:05 AM Bus # 727 – Driver Luz Velasquez

Payne & N Lawn
Payne & Winthrop
Payne & Sears
Payne & Cabot

ALTERNATE ROUTE #1A

(VAN) 7:05 AM Van # - Driver

Payne Rd. & Oxridge Rd.
6 Club Lane

ROUTE # 2 7:00 AM – White Plains Ave.

Bus # 726 – Driver Felicia Inoa

White Plains Ave. & N. Lawn
White Plains Ave. & N. Evarts
White Plains Ave. & Winthrop
White Plains & Sears
White Plains & Cabot
Nepperhan & Havens
Nepperhan & Paulding

ROUTE # 3 7:00 AM – Tarrytown Road & Woodfield Terrace

Bus # 729 – Driver Rosa Velez

Watch Hill & Brentwood & Mailboxes – AM ONLY
629 White Plains Rd. – AM ONLY
Benedict Ave & Woodfield Terrace – AM ONLY
Town Green Dr. @ Bldg. 21
Town Green Dr. N. Village @ Recycling Center
Nob Hill Dr. & Ridgeview Terrace
Nob Hill Dr. & Woodland Ave.
Woodland & Valley Ave.
8 West Main Street

ROUTE 3A PM 2:30 PM – Watch Hill/Old WP Rd./Benedict

Bus # 503

Watch Hill & Brentwood @ Mailboxes
629 Old White Plains Rd.
Benedict Ave & Woodfield Terrace

ROUTE # 4 6:55 AM - Worthington Suburban Manor

Bus # 730 – Driver Cuthbert Jones

Whitehouse & Worthington
Worthington & Balmoral Crescent
Worthington & Finmor
Worthington & Country Club
Windom & Worthington
Windom & Wren Ct.
Sherman & Windom

ROUTE # 4 - Continued

Worthington & Suburban Manor

5 Woodlands Ave. N
Park Avenue W & Rosa Dr.
70 Parkview Road
Parkview Road & Rumbrook
Parkview Road & Valleyview
107 Parkview
Overhill Road & Rumbrook

ALTERNATE ROUTE # 5 – Payne Street B

6:55 AM Bus #732 – Driver Michael Campbell

172 Saw Mill River Rd
Payne & N Evarts
Payne & Winthrop
Payne & Sears
Payne & Cabot
Hartsdale Rd. & Kathwood Rd.
Durham Rd. & Edgewold Rd.
Durham Rd & Worthington Terrace
Canterbury Rd. & Durham
Canterbury Rd. & Wayne Way
Canterbury Rd. & Greenwood Lane
54 Greenwood Lane

ROUTE # 6 7:00 AM– Orchard Hill/Winthrop/Barney

Bus # 728 – Driver Anyelina Galvez

Winthrop & Crest
Winthrop & Old Knollwood
Barney & N. French
Barney & N. Perkins
Barney & N. Evarts
1 No. Goodwin
129 N. Central Ave
No. End Babbitt Court & Saw Mill River Road
So. End Babbitt Court & Saw Mill River Road
8 Sprain Brook Pkwy Dr.

ROUTE # 7 6:55 AM N. Goodwin/Barney

Bus # 731 – Driver Telius Thelusma

36 N. Goodwin Avenue
Paulding & N. Hillside
Barney & N. Mortimer
Barney & N. Lawn
Barney & N. Stone
N. Stone & Paulding

NOTE: Students should be at stop approximately 5 minutes prior to pickup. During Hazardous weather conditions the buses that go to Payne St., Nob Hill, Watch Hill and Town Green will not go up the respective hills.

ACCEPTABLE USE POLICY

Elmsford Union Free School District Computer Network and Technology Acceptable Use Policy for Staff

The Elmsford Union Free School District (the "District") provides technical equipment, software, and systems to support the administrative functions and the educational mission of its schools. This Acceptable Use Policy ("AUP") provides mandatory guidelines for appropriate, responsible, ethical, and legal use of technology devices and systems.

No set of guidelines or rules can cover every contingency. Therefore, in addition to complying with the guidelines and requirements set forth in the AUP, every user of the District's Technology is expected to exercise good judgment. Proper use of the District's Technology helps protect its staff, its students, and the District from legal liability and helps to prevent disruption of and/or damage to the Technology. It is imperative that each staff member review and comply with this AUP.

In the event that this document is translated into any other language, the District will default to using the English version of this document. Any and all judgment will be done using the English version of this document.

Ownership and Purpose

All hardware, software, operating systems, storage media and devices, network accounts, Internet access devices, wireless communication devices and other technology at the District's school and/or facilities or provided by the District or its consultants (collectively "Technology") are the property of the District and not that of anyone to whom Technology is provided or assigned. This technology includes but is not limited to computers, laptops, cell phones, personal digital assistants (ex: Palm or Blackberry devices), computer networks, data and storage devices, Internet access, mechanisms, software, firmware, hardware, cameras, scanners, telephones, interactive "whiteboards," and printers. Technology is to be used solely in furtherance of the District's administrative functions and educational mission. Use of the District's Technology is a privilege, not a right. Violation of the guidelines and requirements in this AUP or other inappropriate use may result in the suspension or revocation of the privilege to use the District's Technology and/or other disciplinary action.

All data, including but not limited to records, files, communications (including e-mail, text messages, instant messages, voicemail messages, and all other messages) generated by or on, stored by or on or transmitted through the District's Technology (collectively "Data") are the property of the District. Employees should not have expectation of privacy in Data even if labeled "private," "confidential" or the equivalent. The District reserves the right to access, view, monitor and disclose Data, at any time for any purpose. Data may include records of access to and content in web-based, password-protected

ACCEPTABLE USE POLICY

accounts accessed via Technology. An employee's use of the District's Technology constitutes his/her consent to this access and disclosure.

The "deletion" of Data may not eliminate it from the District's Technology devices or systems and the District reserves the right to access, retrieve, view, monitor and disclose any "deleted" data.

The District also reserves the right to remove, delete, modify, or otherwise disable access to any materials that infringe copyright or are otherwise illegal, violate this AUP or are determined to be inappropriate under the guidelines and purposes set forth in this AUP.

Further, the District reserves the right to log/record Internet and e-mail use and to monitor file server and other Technology utilization by users or the District Technology and to remove user accounts/access to prevent unauthorized activity or activity that violates this AUP.

Users are responsible for exercising good judgment regarding the reasonableness of personal use. Users shall keep passwords secure and will not share accounts. Users are responsible for the security of their passwords and accounts. Users are responsible for what is done using their account and password.

Because information contained on portable devices is especially vulnerable, special care should be exercised. Portable devices should never be left unattended, and should not be taken off the property unless permission has been granted. Upon returning to the District with the portable device, DO NOT plug the device back into the network without first speaking with someone in the IT department.

Computers, which include laptops & workstations, cannot be connected to any off-campus network (hard-wired or wireless) without permission from the administration and use of VPN software which is provided by the District.

The District is not responsible for storing personal files of Users. Files on individual machines should be backed-up on a regular basis to your network folder.

It is understood that system administrators, and other IT staff, although expected to adhere to this policy, are not subject to the areas that would make it impossible to do their job(s) effectively and efficiently. In many cases they will be exempt from various provisions within the normal course of duties.

Scope

This AUP applies to officials, employees, contractors, consultants, temporary employees, members of the Board of Education, and all other individuals that utilize or access the District's Technology at the District offices, facilities and/or schools or at any other location including but not limited to via remote access on behalf of the District. This

ACCEPTABLE USE POLICY

AUP applies to all Technology owned, leased or licensed by the District or otherwise provided for use by the District.

Proper Use and Affirmation Obligations of Users

1. Users are responsible for exercising good judgment concerning the use of technology.
2. If a password(s) is assigned by the District or created by the user to utilize any Technology device, service or system, the user shall not reveal his/her password to anyone.
3. Each individual in whose name an access account is issued is responsible at all times for its proper use and all usage associated with such account.
4. Users must comply with all laws governing Technology including but not limited to intellectual property rights, such as copyright.
5. Users are expected to abide by generally accepted rules of etiquette. This includes being polite and using only appropriate language. Abusive language, vulgarities and swear words are all inappropriate and prohibited.
6. Only District Technology may be connected to the District network or other Technology. If a consultant, vendor, or visitor needs to connect to the District's Technology, he or she must have prior approval from the Head of the Technology Department and will be required to sign a document stating their business.
7. Each User must log off from any account when he/she completes his/her work or leaves his/her workstation or device, even if he/she remains in the same room or physical location as the workstation or device.
8. If a user believes District Technology has been infected, is non-responsive or is experiencing other performance impairments, he/she must notify their Building Help Folder immediately.

Priority for computer use will always be given to those engaged in classroom or curriculum-related activities.

Prohibited Uses

1. Users shall not use Technology to bully others, to harass others, to infiltrate systems or networks and/or to damage software, components of devices, systems, services or networks (by virus or otherwise), whether that of the District or of a third-party.
2. Users shall not use Technology to access, download, transmit or process material that is pornographic, obscene, offensive, sexually explicit or dangerous to the integrity of the District's Technology or devices, systems, services, software, firmware or networks of any other person or entity.
3. Users shall not reveal their password(s) to others or allow use of their account by others. This includes students and family and other household members when work is being done at home.
4. Users shall not send anonymous messages or files.

ACCEPTABLE USE POLICY

5. Use of the Technology in a manner that misrepresents the user or impersonates others is prohibited.
6. Users shall not reveal through Technology the home addresses, phone numbers, social security numbers, photographs or any other personal information about a student unless specifically asked to do so by the administration.
7. Users are prohibited from using Technology for political lobbying, commercial activity (including advertising) or conducting private business.
8. Users shall not install software/applications on District Technology, including software/applications that can be downloaded or uploaded from the Internet for free or upon payment of requisite fees. If a user requires software necessary for the performance of his/her District functions, he/she must contact their Building Help Folder, and the request will be reviewed.
9. Users shall not modify software settings or programs unless specifically told to do so by a District level system administrator.
10. Users shall not make unauthorized copies of District software/data.
11. Users shall not download or install files that are protected by copyright, including but not limited to movies, music, and games.
12. Users shall not disable antivirus software or otherwise prevent regular updates to software.
13. Users shall not circumvent or attempt to bypass the security, filter, screening or blocking software of any Technology.
14. Users shall not install or connect personal hardware or firmware devices to District Technology or otherwise use personal hardware or firmware devices in conjunction with District Technology. Only hardware owned by the District may be installed, connected to or otherwise used in conjunction with District Technology.
15. Users shall not access social networking sites or chat rooms through District Technology unless specifically given permission by the Administration.
16. Users shall not use Technology to receive, transmit or make available to others messages that are racist, sexist, abusive or harassing to others.
17. Port scanning or security scanning is expressly prohibited.
18. Using the network for financial or commercial gain is expressly prohibited.
19. Engaging in the tracking, buying, selling, or trading of stocks, options or other commodities for personal use is expressly prohibited.
20. Users shall not plug any device into any network-jack or phone-jack without previous permission from a District level system administrator.

E-Mail

There should be no expectation of privacy in email messages nor files or data created by, stored on or transmitted through the District's Technology. Messages and files are subject to access and review by District administrators, legal officials, or law enforcement personnel. All users should be aware that email messages may be archived and that old messages may be accessed. In addition to the foregoing policies, the following apply to email:

ACCEPTABLE USE POLICY

1. Users are discouraged from using District email for personal communication and are asked to use their best judgment when doing so.
2. Users shall treat email messages as written communication.
3. Users shall not open email attachments unless the email is from a "trusted" source.
4. Users shall not send email containing attachments that are not related to District business.
5. Users shall not use email to:
 - a. Send threatening, harassing, discriminatory, racist, sexist or defamatory messages;
 - b. Infiltrate computer systems and/or damage software components of a computer or computer system (by virus or otherwise);
 - c. Download or transmit obscene, discriminatory or other inappropriate material;
 - d. Access material that is dangerous to the integrity of the District network or Technology;
 - e. Reveal information about others, including but not limited to students;
 - f. Send anonymous messages or files.
6. Users shall not read, delete, copy, or modify, without permission, email messages of others and shall not interfere with the ability of other users to send or receive email messages.
7. Users shall not send email with personal solicitations or information related to items for sale (ex: tickets).

District Responsibilities

The District endeavors to provide technology which it believes is useful and appropriate for District business and the education of its students. The District can not and does not make any warranty of any kind, expressed or implied, with regard to Technology provided to its staff and assumes no responsibility for the quality, availability, accuracy or viability of such Technology. The District will not be responsible for any damages suffered by any user, including, but not limited to, loss of data or service interruptions caused by errors, omissions or negligence of any District user, nor for any reason resulting from the use of District Technology in contravention of the rules set forth in this Policy.

Although filtering software is utilized, the District cannot guarantee that using District Technology will not result in access of information which may be upsetting or offensive.

ACCEPTABLE USE POLICY

Sanctions

Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment, losing computer access on a temporary or permanent basis, suffering financial penalties, and facing possible prosecution for violation of local, state, and federal laws.

Acknowledgement of Receipt of Acceptable Use Policy

The undersigned acknowledges that he/she has reviewed this Elmsford Union Free School District Computer Network and Technology Acceptable Use Policy and agrees to utilize Technology (as defined herein) in compliance with this policy.

Signature

Date

Print Name

ELMSFORD UNION FREE SCHOOL DISTRICT
PARENT/GUARDIAN CONSENT & ACKNOWLEDGEMENT FORM
FOR STUDENT USE OF THE DISTRICT'S
COMPUTER NETWORK AND TECHNOLOGY:

Student Name: _____ Grade: _____

I have read and agree to assist my child in understanding and abiding by the District's Acceptable Use Policy for Students' Use of the District's Computer Network and Technology. I understand that access to the District's Computer Network and Technology, which includes but is not limited to the District's hardware, software, computers, networks and systems, is designed solely for educational purposes. I understand the use of the District's Computer Network and Technology is a privilege and not a right. I recognize responsibility for appropriate conduct when using the District's Computer Network and Technology rests with the individual student. I understand my child will be asked to sign an agreement to abide by the rules and guidelines in the District's Acceptable Use Policy for Students' Use of the District's Computer Network and Technology. By signing this Consent & Acknowledgement Form, I give permission for my child to be afforded access to the District's Computer Network and Technology.

I recognize that some materials accessed through the District's Computer Network and Technology may be controversial and objectionable and that, while filtering software is utilized, the District cannot guarantee that using District Technology will not result in access to information which may be upsetting, objectionable or controversial. I will not hold the District responsible for the accuracy or quality of any materials acquired or viewed by my child on or through the District's Computer Network and/or Technology.

I understand that the District may access my child's data, files and material generated on, stored on or transmitted through the District's Computer Network and/or Technology and may monitor my child's use of the District's Computer Network and/or Technology, including but not limited to his/her use of the Internet and his/her electronic communications. I also understand it is impossible for the District to monitor all usage. I have determined the benefits of my child having access to the District's Computer Network and/or Technology outweigh the potential risks and I will not hold the District responsible for materials acquired or contacts made through the District's Computer Network and/or Technology.

I understand that improper or inappropriate use of the District's Computer Network and/or Technology by my child may result in revocation of his/her privileges to access and/or use the District's Computer Network and/or Technology and the imposition of school discipline, criminal penalties, or civil penalties. I accept all financial and legal liabilities that may result from my child's misuse of the District's Computer Network and/or Technology.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

ELMSFORD UNION FREE SCHOOL DISTRICT
STUDENT AGREEMENT FOR USE THE
DISTRICT'S COMPUTER NETWORK AND TECHNOLOGY:

Student's Name: _____

Student's Grade: _____

I have read and understand the District's Acceptable Use Policy for Students' Use of the District's Computer Network and Technology and I agree to abide by its rules and guidelines

I understand that I have no right to privacy when I use the District's Computer Network and Technology. I understand the District's staff may monitor all use I make of the District's Computer Network and Technology, including but not limited to all network and Internet communications and activities. I consent to the District's staff monitoring my use of the District's Computer Network and Technology.

I further understand that my violation of the rules and guidelines in District's Acceptable Use Policy for Students' Use of the District's Computer Network and Technology may result in suspension or revocation of my access to the District's Computer Network and Technology, other school disciplinary actions, and possible legal action.

Student Signature: _____

Date: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____