

REGISTRATION INFORMATION
CLARKSTOWN CENTRAL SCHOOL DISTRICT
Phone: 845-639-6310 Website: www.ccsd.edu

Welcome! Year round new students are registered and address changes are made by contacting the district registrar at 845-639-6310 or registrar@ccsd.edu. Please be sure to complete the registration packet and include required documents listed below prior to submitting. You can return the completed packet by: email to registrar@ccsd.edu, mail, or at the drop box located at 62 Old Middletown Road in New City.

Please Note: When a Clarkstown family has a change of address or enrolls a new student or re-enrolls a student, residency MUST be verified again. There are NO exceptions.

REGISTRATION PACKET - One packet must be completed for each child

- Housing Questionnaire
- Residency Affirmation Form
- Student Data Form
- Home Language Questionnaire
- Health Forms to include student physical and immunization records.

Additional Required Documentation – Checklist

 PROOF OF RESIDENCY (A and B)

All students entering the Clarkstown Central School District must provide the proper documentation as outlined below to establish residency. The documents provided must state the family's physical address.

A. PROOF OF RESIDENCY AS HOMEOWNER, RENTAL LEASE HOLDER, OR AFFIDAVIT REGISTRATION WHEN NO LEASE IS AVAILABLE.

All applications must provide proof as follows:

1. HOMEOWNER (ONE of the following documents)

- Mortgage statement,
- Property Tax Bill; or,
- Deed

The name and address on the documents must match the name and address of the parent or legal guardian of the student being registered.

2. RENTERS with Lease

Current and Signed Lease Agreement with the terms listed and landlord's phone number

3. TENANT with NO LEASE (If you reside in a home/apartment but do not have a written lease or other agreement)

- *Affidavit of Parent/Guardian (required for all applicants who register with sworn statements)

AND

(ONE of the affidavits below must be submitted with the Affidavit of the Parent/Guardian)

- *Affidavit signed by owner, landlord or property manager.

- OR -

- *Affidavit signed by tenant/lessee (person in contractual agreement with owner) from whom the parent or person in parental relations shares or subleases property (must supply lease/agreement between tenant and owner).

*** Affidavit forms are included in the registration documents for use if required.**

B. SUPPORTING DOCUMENTATION/BILLS

_____ **All applicants must also provide a minimum of two documents demonstrating current Residency as below.**

Examples of documentation: Utility Bill (gas, electricity), home telephone or cable bill, pay stub, income tax form, driver's license, non-driver identification, or other government issued identification, documents by federal, state, or local agencies such as social services, etc.

Please NOTE: Education Law (Section 3202.1) states that the residency of the parent is the official residency of the student. The Clarkstown Central School District reserves the right to request additional and/or updated proof of residency as well as investigate the residency of applicants.

_____ **BIRTH CERTIFICATE (Proof of Child's Age)**

Copy of original birth certificate (translated into English, if necessary).

A passport or other governmental documentation may be provided if the birth certificate is not available.

_____ **PROOF OF PARENTAL RELATIONSHIP**

The parent/legal guardian must be present at time of registration and must provide a copy of their valid photo ID.

Driver's License or Government Issued I.D.

Custody Paperwork, if necessary:

Foster Parents: DSS-2999 form is required.

Guardianship: Guardianship documents signed by a court officer are required.

Separated or Divorced Parents: Documents signed by a court officer stating parents have physical custody of the child are required.

_____ **HEALTH INFORMATION**

Health Packet

The medical questionnaire must be completed by the parent.

Immunization Records

Must be signed or stamped by a licensed healthcare provider.

Required NYS School Health Examination Form or Doctor's Equivalent Form

_____ **SCHOOL RECORDS**

Current Individualized Education Program (IEP), if applicable

**CLARKSTOWN CENTRAL SCHOOL DISTRICT
HOUSING QUESTIONNAIRE**

Name of LEA: _____ Ms. Erin Ginsberg Supervisor of Pupil Services _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____
Female Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

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

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

Date

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

STUDENT REGISTRATION / DISTRICT RESIDENCY AFFIRMATION

In order to attend the schools of the Clarkstown Central School District, a child must reside within the District. Per New York State Education Law, residency requires the child's physical presence as an inhabitant of the district and the intention to reside within the district. Children who do not live within District boundaries are not eligible to attend District schools. (Note that a child's residence is generally presumed to be that of his/her parents or legal guardian.)

When you register your child, you are declaring to the District that the child is in fact a District resident, and intends to remain in the District. If you present an in-District address when registering the child, despite the child residing out-of-District, we will take the steps necessary to remove the child from school and the District will seek to recoup imputed tuition and legal penalties.

It is the obligation of the parent or guardian to advise the District immediately if there is any change of address at which the child resides, or if there is a change in the custodial relationship to the child by a parent or guardian.

If you are unsure as to whether your child is a resident of the District, please contact the Registrar's Office at 845.639.6310.

I attest that all the information provided on the following registration form and other associated paperwork submitted concerning the residency of my child, including any asserted-as-binding custodial arrangement, is accurate. I understand that if I deliberately provide false or inaccurate information to the Clarkstown Central School District in order to gain admission to District schools, I may be committing a crime subject to prosecution.¹ I also understand that I will be responsible for the payment of tuition for my child if s/he received educational services from the District to which he/she was not entitled because of non-residency.

Date _____

Student's Name _____ Date of Birth _____

Print Name of Parent/Legal Guardian (Circle One) _____

Residence (Home Address) of Parent/Legal Guardian

Signature of Parent/Legal Guardian _____

¹ Making a false statement to obtain a governmental benefit to which one is not entitled can represent a variety of criminal violations, as per Sections 155.30, 155.35, 155.40, 175.30, 175.35, 210.05, 210.10, and/or 210.45 of the New York Penal Law.

CLARKSTOWN CENTRAL SCHOOL DISTRICT REGISTRATION FORM

Student ID # _____	STUDENT DATA	Effective Date: _____
First Name _____ MI _____ Last Name _____ Gender _____		
Street Address _____ City or Town _____ Zip _____ Household Phone # _____		
Birth Date _____ Birth Place (Town, State, Country) _____		
For student NOT born in USA: Date entered USA School _____ Number of years in U.S. schools prior to CCSD _____		
Home Language _____ Student Dominant Language _____		
Is the student Hispanic, Latino or of Spanish origin: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Racial Group: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander		
Has the student had an educational evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, does the student have a: <input type="checkbox"/> Current IEP <input type="checkbox"/> 504 Accommodation Plan		
Has student registered in Clarkstown previously?		
No <input type="checkbox"/> Yes <input type="checkbox"/> If yes date left: _____		Name and address of last school attended _____
Yes <input type="checkbox"/> Preschool Evaluation		Date Left _____
FOR OFFICE USE ONLY		
Entry School: _____	Grade: _____	Entered 9th Grade _____
		Year of Graduation _____

FAMILY DATA			
PARENT/LEGAL GUARDIAN			
Last Name, First Name _____ Priority 1 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Marital Status _____ Priority 2 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Relationship to Child _____ Priority 3 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	E-Mail Address _____ Priority 3 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
PARENT/LEGAL GUARDIAN			
Last Name, First Name _____ Priority 1 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Marital Status _____ Priority 2 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Relationship to Child _____ Priority 3 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	E-Mail Address _____ Priority 3 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
<u>Siblings Names</u>	<u>Date of Birth</u>	<u>Siblings Names</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACTS WHEN PARENTS CANNOT BE REACHED			
Emergency Contact #1			
Last Name, First Name _____	Relationship to Child _____	Phone # _____	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Emergency Contact #2			
Last Name, First Name _____	Relationship to Child _____	Phone # _____	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
I am a resident of the Clarkstown School District and the parent/legal guardian of the above child.			
Signature _____		Date _____	

Submitting false documentation to obtain a governmental benefit to which one is not entitled, such as false residency information to gain access to public school, is punishable as a crime, including but not limited to Fraud, Perjury and Larceny. Be forewarned that the District will refer such to the proper authorities. A conviction could result in imprisonment.

Home Address before moving to Clarkstown: _____ Own _____ Rent

Telephone number before moving to Clarkstown:



Lisette Colón-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:		

<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
_____		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
_____		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		

<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>
_____	_____	_____

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not speak
		<i>specify</i>	
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read
		<i>specify</i>	
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not write
		<i>specify</i>	

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
<i>District Name (Number) & School</i>	<i>Address</i>
_____	_____

Child's Name: _____ **Date of Birth:** _____

Mother's Name: _____ **Place of Employment:** _____

Cell Phone Number: _____ **Work Phone Number:** _____

Father's Name: _____ **Place of Employment:** _____

Cell Phone Number: _____ **Work Phone Number:** _____

BEST Phone Number For Nurse To Reach Parent/Guardian: _____

If parents are unavailable when child is ill call: _____ **Phone Number:** _____

Relationship: _____ **Alternate Number:** _____

Additional emergency contact: _____ **Phone Number:** _____

BIRTH/DEVELOPMENTAL HISTORY

Pre-natal: Uneventful: _____ **Complications: (describe)** _____

Premature at: _____ months

Complications: (describe) _____

Birth Weight _____

Apgar Score: (if known) 1 minute _____ 5 minutes _____

Developmental:

Sat alone _____ months Stood alone _____ months

Crawled _____ months Walked _____ months

Toilet trained: Average _____ Delayed _____

Comments: _____

Speech: Average _____ Advanced _____ Delayed _____

Comments/Therapy: _____

Motor Skills: Average _____ Advanced _____ Delayed _____

Comments/Therapy: _____

Activity Level: Average _____ High _____

Comments: _____

Social Development:

Tolerates Change in Routine: No Problem _____ Has Difficulty _____

Describe: _____

Interaction with Peers: No Problem _____ Has Difficulty _____

Describe: _____

Excessive Fear or Anxieties: (describe) _____

Special Dietary Concerns: (describe) _____

CLARKSTOWN CENTRAL SCHOOL DISTRICT
CHILD MEDICAL HISTORY INFORMATION
 (To be completed by Parent or Guardian)

Information is confidential and may be shared with teaching staff as needed.

Child's name: (Please Print) _____ Date of Birth: _____ Boy Girl Grade: _____

What does the child prefer to be called? _____

Address: _____ Home Phone Number: _____

Lives at home with:

(Name) _____; Mother (Name) _____; Father _____

Siblings/Other: (Name) _____; Male Female Date of Birth _____; Relationship: _____

(Name) _____; Male Female Date of Birth _____; Relationship: _____

(Name) _____; Male Female Date of Birth _____; Relationship: _____

Child's Caretaker: (Name) _____; Male Female Relationship: _____

Doctor's Name: _____ Phone Number: _____ Date of last physical: _____

Dentist's Name: _____ Phone Number: _____ Date of last visit: _____

Is child under an orthodontist's care? No Yes Doctor's Name: _____

Is child under the care of any specialist? No Yes Doctor's Name: _____ Specialty: _____

Has this child ever had (a):	YES	Date:	YES	Date:
Chicken Pox	<input type="checkbox"/>	_____	Meningitis	<input type="checkbox"/> _____
Encephalitis	<input type="checkbox"/>	_____	Rheumatic fever	<input type="checkbox"/> _____
Lyme disease	<input type="checkbox"/>	_____	Pneumonia	<input type="checkbox"/> _____
Bleeding tendency	<input type="checkbox"/>	_____	Kidney disease	<input type="checkbox"/> _____
High Blood Pressure	<input type="checkbox"/>	_____	Positive TB test	<input type="checkbox"/> _____

If Yes: Was medication ordered? _____

Any complications from above illnesses? (Please explain) _____

Does child have or has child ever had:

■ Allergies? Yes Drug _____ Food _____

Insects _____ Environmental _____

Has the allergy required emergency action in the past? No Yes

What happens to child: _____

■ Asthma? Yes Triggered by: _____ Treatment: _____

Uses: Inhaler Nebulizer Other medication

Taken: at home only may need medication at school

- Diabetes? Yes Takes insulin? No Yes Pump? No Yes
- Seizures? Yes Describe seizure: _____
Date of last seizure: _____ Medication: _____
Is student currently under a doctor's care for seizure? No Yes
- Heart condition, murmur, or irregular heart beat? Yes Describe _____
Describe physical restrictions? _____
Medication? No Yes
- Previous head injury? Yes At age: _____ Concussion? Yes Dates: _____
- Headaches/Migraines? Yes Describe any Aura: _____ Medication? Yes No
Name of medication: _____
- Dizziness, loss of consciousness, fainting or lost memory? Yes Describe: _____
- Bone or joint problems or broken bones? Yes Describe: _____
Any physical restrictions? _____
- Loss of an eye, kidney, testicle or other organ? Yes Describe _____
- Past history of increased lead levels in the blood? Yes When? _____ Was it treated? _____
- Attention Deficit Disorder? Yes Is your child taking medication for this now? No Yes
Name of medication: _____
Taken: at home only may need medication at school

Has this child had any other illness? _____

Does your child take any other daily medication at home? No Yes At school? No Yes
Name of medication: _____ Reason for taking it: _____

ALL MEDICATIONS ADMINISTERED AT SCHOOL REQUIRE A FORM COMPLETED AND SIGNED BY DOCTOR'S OFFICE.

Has this child had any condition which required emergency treatment or hospitalization? No Yes
If yes, for what? At age: How long in hospital? Surgeries (operations)?

Check off the following health categories/concerns that pertain to your child:

- Eyes: wears glasses ; wears contacts ; for reading ; for distance ; all the time ; single vision?
- Ears: Frequent infections ; ear tubes present since _____
Wears hearing aid: right ear left ear hearing difficulty: explain: _____
- Other: nosebleeds requires diapering sleeping difficulties eating too little
 bowel requires catheterization dental concerns phobias
 bladder bed wetting eating too much menstruation

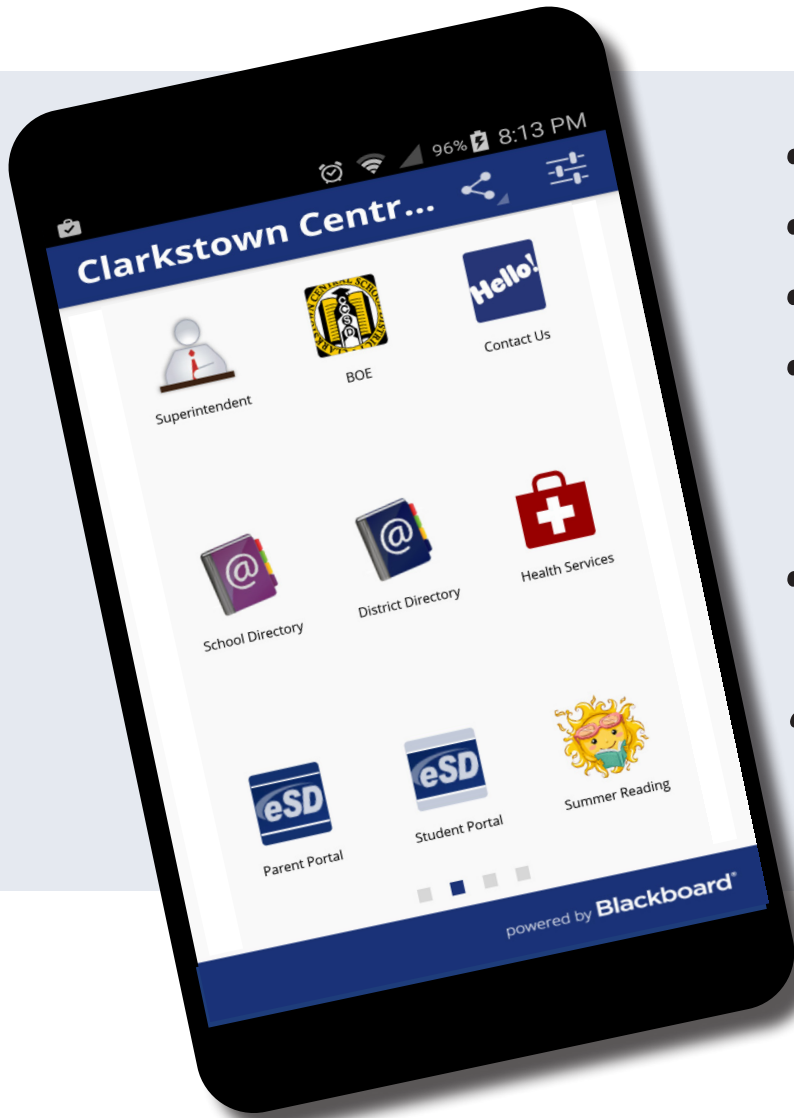
Does this child have any medical, physical, social, or emotional problems that the school should know about? (disabilities; parents recently separated; etc.) _____

Does any relative or anyone in the home have tuberculosis, diabetes, or other illness? _____
Describe: _____

(Signature of legal parent/guardian)

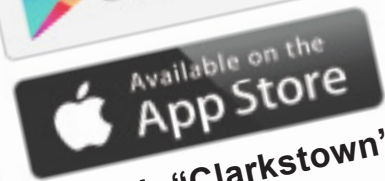
(Date)

GET THE CCSD APP



- Receive Alerts
- Review Past Alerts
- View News Stories
- View Calendar Events
 - one click adds events to your device's calendar
- CCSD Staff Directory
 - one click to send an email
- **** Coming Soon ****
 - login option for a more personalized experience

What are you waiting for?



Search "Clarkstown"

8635-E PARENTS' BILL OF RIGHTS FOR STUDENT DATA PRIVACY AND SECURITY

The Clarkstown Central School District, in recognition of the risk of identity theft and unwarranted invasion of privacy, affirms its commitment to safeguarding student personally identifiable information (PII) in educational records from unauthorized access or disclosure in accordance with State and Federal law. The Clarkstown Central School District establishes the following parental bill of rights:

- Student PII will be collected and disclosed only as necessary to achieve educational purposes in accordance with State and Federal Law.
- A student's personally identifiable information cannot be sold or released for any marketing or commercial purposes by the district or any third party contractor. The district will not sell student personally identifiable information and will not release it for marketing or commercial purposes, other than directory information released by the district in accordance with district policy;
- Parents have the right to inspect and review the complete contents of their child's education record (for more information about how to exercise this right, see [5500-R](#));
- State and federal laws, such as [NYS Education Law §2-d](#) and the Family Educational Rights and Privacy Act, protect the confidentiality of students' personally identifiable information. Safeguards associated with industry standards and best practices, including but not limited to, encryption, firewalls, and password protection, must be in place when data is stored or transferred;
- A complete list of all student data elements collected by the State Education Department is available for public review at <http://nysed.gov.data-privacy-security> or by writing to: Chief Privacy Officer, New York State Education Department, 89 Washington Avenue, Albany, NY 12234
- Parents have the right to have complaints about possible breaches and unauthorized disclosures of student data addressed. Complaints should be directed to John LaNave, Assistant Superintendent for Business, by telephone or email at (845) 639-6472, jlanave@ccsd.edu, or by mail to 62 Old Middletown Road, New City, NY 10956. Complaints can also be directed to the New York State Education Department online at <http://nysed.gov.data-privacy-security>, by mail to the Chief Privacy Officer, New York State Education Department, 89 Washington Avenue, Albany, NY 12234 or by email to privacy@mail.nysed.gov or by telephone at 518-474-0937.
- Parents have the right to be notified in accordance to applicable laws and regulations if a breach or unauthorized release of their student's PII occurs.
- Parents can expect that educational agency workers who handle PII will receive annual training on applicable federal and state laws, regulations, educational agency's policies and safeguards which will be in alignment with industry standards and best practices to protect PII
- In the event that the District engages a third party provider to deliver student educational services, the contractor or subcontractors will be obligated to adhere to State and Federal Laws to safeguard student PII. Parents can request information about third party contractors by contacting John LaNave, Assistant Superintendent for Business, by telephone at (845) 639-6472, by email at jlanave@ccsd.edu, by mail to 62 Old Middletown Road, New City, NY 10956, or can access information on the district's website www.ccsd.edu

Adoption Date: May 6, 2021

Revised: December 8, 2021.

Clarkstown Central School District

Exhibit 5500-E.1 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) NOTICE REGARDING ACCESS TO STUDENT RECORDS AND STUDENT INFORMATION

Dear Parent or Eligible Student:

This is to advise you of your rights with respect to student records pursuant to the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law designed to protect the privacy of student records. The law gives parents and students over 18 years of age (referred to in the law as "eligible students") the following rights:

- 1. The right to inspect and review the student's education records within 45 days of the day the district receives a request for access.** Parents or eligible students should submit to the Building Principal a written request that identifies the records they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
- 2. The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate or misleading.** Parents or eligible students may ask the district to amend a record that they believe is inaccurate or misleading by writing the Principal, clearly identifying the part of the record they want changed, and specifying why it is inaccurate or misleading.

If the district decides not to amend the record as requested by the parent or eligible student, the district will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

- 3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.** The exceptions, which permit disclosure without consent, include disclosure to school officials with legitimate educational interests or an authorized representative. A school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the district has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

An authorized representative is any individual or entity designated by a state or local educational authority or a federal agency headed by the Secretary, the Comptroller General or the Attorney General to carry out audits, evaluations, or enforcement or compliance activities relating to educational programs.

Upon request, the district discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

For a complete list of exceptions to FERPA's prior consent requirements see regulation [5500-R](#), Section 5.

- 4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of FERPA.** The Office that administers FERPA is:

Family Policy Compliance Office

U.S. Department of Education

600 Independence Avenue SW

Washington, DC 20202-4605

NOTIFICATION OF DIRECTORY INFORMATION DESIGNATIONS

In addition to the rights outlined above, FERPA also gives the school district the option of designating certain categories of student information as "directory information." Directory information includes student:

- Name
- ID number, user ID, or other unique personal identifier used by a student for purposes of accessing or communicating in electronic systems (only if the id cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the student's identity)
- Weight and height if a member of an athletic team
- Degrees and awards received
- Grade level
- Photograph, video and voice
- E-mail address
- Enrollment status
- Student work

You may object to the release of this "directory information." However, you must do so in writing within 14 business days of receiving this notice. If we do not receive a written objection, we will be authorized to release this information without your consent.

Sincerely,

{ Insert Building Principal's Name Here }

Adoption Date: March 31, 2015

Amended: December 7, 2017

Clarkstown Central School District



CLARKSTOWN CENTRAL SCHOOL DISTRICT

62 Old Middletown Road · New City · NY 10956

Link: <https://www.ccsd.edu/parents>

Parent Portal

The Parent Portal is designed to enhance the communication and involvement in your child's education. The Parent Portal allows parents to view their child's schedule (grades 6 to 12 only), live attendance (Absences and Tardies only) and grade book assignments; as well as view and print report card grades and interim reports

If you already have an account, you can [login here](#).

If you do not have an account, you can [create one here](#).

How to Register

- You will simply need your students' ID numbers, which appear on student report cards, interim reports, and the student's printed schedule.
- You can create a single, household Parent Portal account for all children at one time.
- **The Parent Portal is for parent access only.** Students must NOT input student names or student email addresses. Doing so will disable the system.
- **Parent Portal approval process takes about 24 to 48 hours.** Once the district has approved and activated the account and you have received a confirmation email, parents/guardians can sign in using the Username and Password that was created at the time of registration.

We take the security of our student data very seriously. Each household account will be verified by Clarkstown staff prior to the completion of registration. In the event of inconsistent information, you will be contacted by mail to ensure the confidentiality of our verification request.

Portal de Padres

El Portal de Padres está diseñado para mejorar la comunicación y la participación en la educación de su hijo. El Portal de Padres permite a los padres ver el horario de sus hijos (solo de los grados 6 a 12), la asistencia en vivo (solo Ausencias y Tardanzas) y las tareas del libro de calificaciones; así como ver e imprimir boletas de calificaciones e informes intermedios

¿Ya tienes una cuenta? [Login here](#)

¿Necesita crear una cuenta? [create one here](#).

Cómo registrarse

- Simplemente necesitará los números de identificación de sus estudiantes, que aparecen en las boletas de calificaciones de los estudiantes, los informes provisionales y el horario impreso del estudiante.
- Puede crear una sola cuenta del Portal de Padres del hogar para todos los niños a la vez.
- **El Portal de Padres es solo para acceso de padres.** Los estudiantes NO deben ingresar los nombres de los estudiantes o las direcciones de correo electrónico de los estudiantes. Si lo hace, desactivará el sistema.
- **El proceso de aprobación del Portal de Padres toma alrededor de 24 a 48 horas.** Una vez que el distrito haya aprobado y activado la cuenta y haya recibido un correo electrónico de confirmación, los padres/tutores pueden iniciar sesión con el nombre de usuario y la contraseña que se crearon en el momento de la inscripción.

Nos tomamos muy en serio la seguridad de los datos de nuestros estudiantes. Cada cuenta familiar será verificada por el personal de Clarkstown antes de completar el registro. En caso de información inconsistente, se le contactará por correo para garantizar la confidencialidad de nuestra solicitud de verificación.

Creating your eSchoolData Parent Portal Account

Go to www.ccsd.edu and find the “Parents” tab at the top of the screen.

After arriving at the **Parent Portal Page**, click on “create one here” and complete the three step account creation process.

School District: choose ‘Clarkstown’

Step 1: Account Information

- **Username:** Create a username of your own choice. WRITE THIS DOWN as you will need this to login to the portal at a later date.
- **Email Address:** Fill-in your email address. Notifications will be sent to this address, including anytime you request your password to be reset.
- **Confirm Email Address:** Please retype your email address to ensure accuracy.
- **Password:** Choose your own password. This password MUST be at least 6 characters with at least 1 number.
- **Confirm Password:** Please retype your password to ensure accuracy.
- **Authentication Question:** Select a pre-made question to aid in your password reset
- **Authentication Answer:** Type in the answer to the question you selected above.

Step 2: Personal Information - *make sure you provide the SAME information that the district has on file.*

- First Name
- Last Name
- Street Address
- Apartment # (If it applies)
- City
- State
- Zip Code
- Phone Number

Step 3: Student Information

- Add your student(s) o ID Number: This number can be found on your students schedule AND/OR report card
- First Name: (enter first name)
- Last Name: (enter last name)
- School: Please select the building that your student attends
- Grade: Please select the grade that your student is in
- When you complete the information, click “Add student to the above list”
- Confirm that your student information is correct in the “My Student(s)” area at the top of the page
- Click “**Finish Registration**”

Please allow up to 1-2 business days for your user information to be verified, and for your account to be activated. You will receive a final email to confirm that your account has been approved (or denied)

If you need assistance, please contact us using the [helpdesk form](#) from the parent portal page.



Clarkstown Central School District

TECH LOANER PROGRAM

Tech Loaner 1:1 Program - A District Owned Device In Every Student's Hands!

We know how important access to technology is for today's learners. The Tech Loaner Program provides a District leased device (Chromebooks for grades K-8, Laptops for grades 9-12) to be loaned and assigned to each and every CCSD student to use for their school work while at school for all grades and also to be brought home to complete school assignments for grades 2-12. As of the 2025 - 26 school year every device in this program will be on a 3 or 4 year lease, no device will be older than 4 years.

Device Assignment / Collection Schedule

To keep our inventory of loaned devices current, the following schedule has been created for distributing and collecting devices:

K & Grade 1 Students

Devices are assigned and returned at the end of Kindergarten and Grade 1.

It is recommended that K and Gr. 1 students not take their assigned device home each day, but instead leave it in their classroom.

Grade 2 Students

Devices are assigned and returned at the end of Grade 5.

Grade 6 Students

Devices are assigned and returned at the end of Grade 8.

Grade 9-12 Students

Devices are assigned and returned at end of lease or just before graduation.

- **Missing or stolen loaner devices will require a police report.**
- **All devices must be returned with their power supply.**
- **Students transferring outside of the Clarkstown Central School District must return their assigned device to the main office of their school by the end of their last school day in the District.**

Sign Me Up! Loaner Device Agreement and Registration

Visit www.ccsd.edu/techloaner to complete our online registration form.

A parent or guardian for each student receiving a new loaner device is required to complete our online **Technology Loaner Program Agreement Form** at www.ccsd.edu/techloaner before their student can be assigned a device and granted access to the CCSD online resources and services.

Access to the Clarkstown Central School District computer network is a privilege and not a right. Please visit www.ccsd.edu/techloaner to review the following policies with your student(s).

- Student Code Of Conduct - District Policy #5300
- Computer Use - District Policy #4526
- Internet Safety - District Policy #4526.1

For More Information Visit - www.ccsd.edu/techloaner



Loaner Device Care

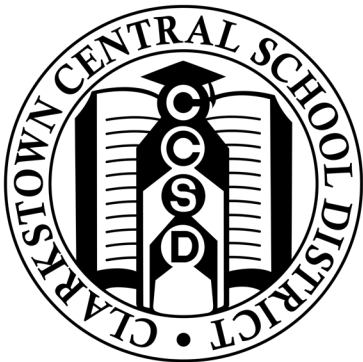
Just as with any other school resource loaned to a student, **students and their guardians are responsible for the general care of the loaner tech device assigned to them** and are subject to the terms and conditions stated in the Tech Loaner Program Loaner Agreement. (Visit our website at www.ccsd.edu/techloaner for details)

Each device will come with Accident Protection Coverage that includes **limited coverage** for accidental physical damage to a loaner device. **The replacement of lost or stolen devices and chargers are the responsibility of the student's parent or guardian.**

Student Help - Tech Support

Even with the best of care, your student's loaner device may require some tech support. Your child's School Library Media Specialist is their go-to person! If necessary, a temporary device will be provided until the student's assigned device has been repaired. This temporary device will maintain the same terms and conditions of the original loaner agreement and if the replacement device is lost, stolen or damaged the family will be responsible for its repair or replacement value.

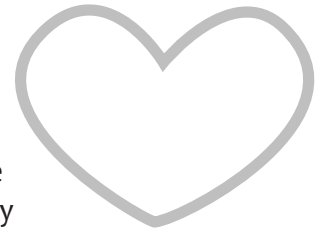
Damage, loss or theft of a device must be reported to the school's Library Media Specialist on the next school day, following the occurrence.



Show Your Loaner Device A Little Love

Chromebook Cases

Tech devices face some pretty big challenges, holding up to everyday usage inside and outside of the classroom. Please consider increasing the durability of your child's device by purchasing a protective case for it.

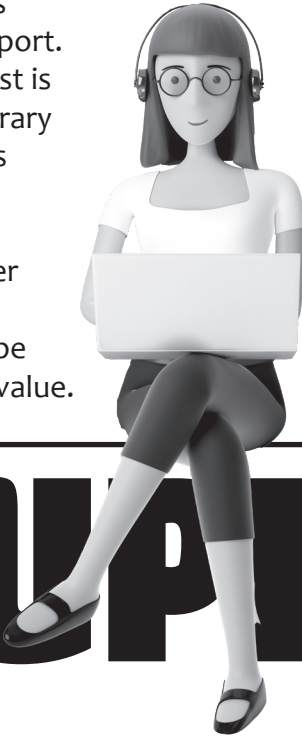


Two vendors we recommend are NutKase Education and Gumdrop; however, you may purchase a protective case from any vendor you choose. See www.ccsd.edu/techloaner for more info.



Student Files

Students are encouraged to not save files directly onto their loaner device but instead to save all of their work to their CCSD Provided Google cloud account. Graduating students and students transferring out of our District, are recommended to transfer all of their work to a personal Google account. **Note that all CCSD provided student Google cloud accounts, including student email accounts, are deactivated as of July 15 each year.**



SUPPORT

Can Students Use Their Own Device In School?

We strongly encourage students / guardians to take advantage of this Tech Loaner Program. Student owned devices are not recommended as they may not have access to all of the required learning resources and can not be serviced by our IT professionals. Each loaner device is to be used solely by the student it has been assigned to and brought to school every day that school is in session.

The Clarkstown Central School District **NYSED Technology Plan 2022-2025** has been approved by the New York State Department of Education and can be reviewed on our website at www.ccsd.edu/techloaner

For More Information Visit - www.ccsd.edu/techloaner