



Rondout Valley

Central School District

Welcome to the Rondout Valley Central School District! REGISTRATION CHECKLIST'

- ___ **Completed registration packet**
- ___ **Student's proof of age** – Birth Certificate or other admissible documents listed on the next page if needed.

- ___ **Student's immunization record and recent physical** - Please give the enclosed School Health Examination form to your doctor to complete and sign. It should include information from a physical conducted within one year from your student's start date. You might need to provide your doctor's office with written consent to fax the document to RVCSA Central Registration: 845-377-0977. Or, you can bring the original form to your registration appointment. "My Chart" reports are not admissible. For more information regarding physical and immunization requirements for new students, please refer to the Health Office webpage on our website:
https://www.rondout.k12.ny.us/departments/health_office

- ___ **Parent/Guardian's proof of residence within the Rondout Valley Central School District** – one photocopy of 2 proofs of residency.
See list of admissible documents on the next pages. If you cannot provide proof of residency in your name, please call the Central Registration office prior to registering your child (845-687-2400 ext. 4814). An additional form may be required.

- ___ **Parent/Guardian's ID with name and picture** – one photocopy of original ID.
Parent/Guardian identification is required.

- ___ **Student's recent report card (and transcript for high school students)** – one copy.
Academic records are not required for registration, but they quicken the admission process.

- ___ **IEP or 504 Plan** – Only applicable for students receiving special education services. If your child receives special education services by a district other than Rondout Valley, please provide one copy of your child's IEP or 504 Plan. It is not required for registration, but it quickens the admission process.

**When the registration packet is complete with required other documents drop off or Scan to: rvregistration@rondout.k12.ny.us
ANY questions call 845-687-2400 ext. 4814**



Rondout Valley

Central School District

RESIDENCY QUESTIONNAIRE

Name of LEA: RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

Student Name: _____ School Bld (circle): MES, KES, INT, JH, HS

Date of Birth _____ Male Female Non-binary Grade _____

Complete current physical address: _____

Other students or adults in location: _____

The answers 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.

Please answer both questions:

1. Are you living in the Rondout Valley District as a result of being displaced from a natural disaster, civil conflict, or health crisis? Yes No

If yes, which; natural disaster civil conflict health crisis

Please identify the situation (Hurricane, Ukraine war, etc.) _____

2. Where is the student currently living? (please check **one** box below)

P= permanent housing (check here if you own, lease, rent, or share housing)

S = shelter – housing unit provided by an agency

D= doubled up - With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)

H= hotel/motel

U= unsheltered - car, park, bus, or campsite, etc.

T = Transitional Housing

Print Name: _____ **Signature:** _____

Date _____



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Dear Parent/Guardian:

Welcome to the Rondout Valley Central School District! The following documents are required when registering your child in the district.

PROOF OF RESIDENCY

Please submit evidence establishing your residency and your child's residency in the school district.

Evidence may include:

A copy of a residential lease, rental agreement, or proof of ownership of a house or condominium, such as a deed or mortgage statement

If you do not have the documentation listed above, the District will consider other forms of documentation. You must provide at least **two** other documents as verification of residency, which may include, but are not limited to:

- pay stub
- income tax form
- utility or other bills
- membership documents based upon residency (e.g., library cards)
- voter registration document(s)
- official driver's license, learner's permit, or non-driver identification
- state or other government issued identification
- documents issued by federal, state, or local agencies (e.g., local social service agency, Office of Refugee Resettlement, etc.)
- evidence of custody of the child, including but not limited to, judicial custody orders or guardianship papers

If the student is age 17 or under and not living with a parent OR is living with a non-custodial parent, the District requires the parent/guardian(s) and person(s) in parental relation to the child to provide a **notarized** affidavit indicating that they are:

- 1) the person(s) in parental relation to the child, *over whom they have total and permanent custody and control*, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise; OR
- 2) the parent(s) with whom the child lawfully resides.

Legal documentation from the court that granted the guardianship to be submitted with the affidavits.

Affidavits are provided on the Central Registration page of the District's website, <https://www.rondout.k12.ny.us/home>. Click on "Guardianship Documentation".

The District will 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 (i.e., foster care).

PROOF OF AGE

Please provide documentation establishing your child's age.

Evidence may include:

- 1) a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. *Information about replacing a birth certificate is available through the Village and Town Clerks where the birth occurred:* <https://ulstercountyny.gov/countyclerk/courtrecords.html>
- 2) Where such documentation is not available, a passport (including a foreign passport) may be used.

If the birth certificate or passport is not available, the District may consider certain other evidence, which has been in existence two years or more. An affidavit of age cannot be accepted as verification. Other evidence may include, but will not be limited to the following:

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

EVIDENCE OF IMMUNIZATIONS & PHYSICAL

In accordance with New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance (NYS Public Health Law), the District must receive evidence that your child has been immunized. These records are necessary to ensure your child's continued attendance. *Ulster County Department of Public Health Immunization Clinic provides immunizations for children ages 18 years and younger. Information:* <https://ulstercountyny.gov/health/health-department-clinics>

Additionally, please provide record of the most recent physical examination your student has received. New York State mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

NOTICE OF RIGHTS REGARDING REFERRAL FOR EVALUATION FOR SPECIAL EDUCATION

If you suspect that your child is in need of special education services or programs, you may refer your child to the District's Committee on Special Education for evaluation. The referral should be made to Megan Braren, Director of Pupil Personnel Services, Rondout Valley Central School District, PO Box 9 Accord, New York 12404. The New York State Education Department website has information regarding this process and your rights. A copy of the Parent Guide to Special Education may be obtained from the following websites or upon your written request to the Committee on Special Education Chairperson.

<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

<http://www.p12.nysed.gov/specialed/publications/policy/spanishparentguide.htm>

If you have any questions with respect to the foregoing, please contact the Pupil Personnel Services office at (845) 687-2400 ext. 4863.



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REGISTRATION APPLICATION

STUDENT INFORMATION

SCHOOL YEAR: _____

Student's Name:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Student's Physical Address:		
Mailing Address:		
Birth Date: <i>mm / dd / yyyy</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Entering Grade:
Ethnic Origin: (for statistical purposes only)	2. Please select one or more races from the following: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
1. Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT INFORMATION

Primary Phone:	Primary Email:
Parent/Guardian Name : <i>First</i> _____ <i>Last</i> _____	
Cell:	
Complete Physical Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Home:
Mailing Address:	Work:
Email Address:	Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> relative <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:
Parent/Guardian Employer:	
Active Duty Armed Forces? Branch:	Entry Date:

Parent/Guardian Name : <i>First</i> _____ <i>Last</i> _____	
Cell:	
Complete Physical Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Home:
Mailing Address:	Work:
Email Address:	Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> relative <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:
Parent/Guardian Employer:	
Active Duty Armed Forces? Branch:	Entry Date:

SCHOOL(S) PREVIOUSLY ATTENDED

Name of School	City/Town, State, Country	Grade(s)	Dates Attended

Is this student currently suspended from his/her most recent school?	Yes No
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CUSTODY INFORMATION

Information of Rights of Parent from the Family Education Rights and Privacy Act (FERPA): An education agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes the rights. (Authority: 20U.S.C 1232g)

- Please inform your school of changes in custodial arrangements. -

Two Parents in Home
 Divorced/Separated
 Joint Custody
 Single Parent
 Sole Custody
 Custody Transfer (i.e. Adoption)
 Foster Placement (DDS-2999/3424 must be provided)
 Unaccompanied Youth

Custody paperwork provided during registration? Yes No

Restrictions of contact and/or information: *Paperwork must be provided to Central Registration*

No Restrictions for Parents/Guardians
 Custody Papers Specify Restriction
 Order of Protection
 Other Documentation, specify: _____ Expiration Date: _____
 Person(s) Restricted: _____ Relationship to student: _____

SIBLING INFORMATION

Siblings Residing in the Home:

Last Name	First Name	Gender	DOB	Gr	Rondout Valley School
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X			

STUDENT SUPPORT SERVICES

Does the student have an IEP: Yes No Does the student have a 504 Plan: Yes No

Please check any service the student currently receives:

Remedial Reading Occupational Therapy School Counseling
 Remedial Math Physical Therapy Counseling from an Outside Agency
 ESOL Speech Therapy Name of Agency: _____

STUDENT'S PHYSICIAN INFORMATION

Name:	Phone:
Name of Practice:	
Address:	
<i>Allergies/Health Concerns:</i> _____	
<i>Required Medications:</i> _____	
<i>If physical is not within one year, date of upcoming appointment:</i>	

EMERGENCY CONTACT INFORMATION * Parents/Guardians will be contacted first *

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Print Name: _____ **Signature:** _____

Relationship to Student: _____ **Date:** _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

STUDENT'S NAME: _____
First Middle Last

Name:	Cell:
Address:	Alt. Phone :
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Print Name: _____ **Signature:** _____

Relationship to Student: _____ **Date** _____



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RONDOUT VALLEY CENTRAL SCHOOL DISTRICT TRANSPORTATION FORM

New Student
 Returning Student
 family established in district
 new account
 Transfer Student
 Using school transportation? Yes or No
 If no list other form of transportation? _____

Change of Address? NO Yes proof of residency provided? _____

Student's Name _____ Date of Birth ____/____/____

Entering Gr: _____ School Building _____

Student Lives With:

Parents (Together)
 Parents (Separate)
 Grandparent
 Guardian(s)
 Relative(s)

Parent's Name(s) _____

Guardian/Relative's Name(s) _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different from physical address):

City _____ State _____ Zip Code _____

Primary Parent Parent Guardian/Relative

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Alternate point of contact in case of emergency: Name: _____

Relationship to Student: _____ Phone Number: _____



Rondout Valley Central School District

ANNUAL CHILD CARE TRANSPORTATION APPLICATION FOR STUDENTS IN GRADES K-8

Only complete this form if day care transportation is requested to/from commercial or private day care.

Per NYS ED Law §3635: Child care transportation will end when your student completes eighth grade. Students will attend the building assigned to their home address.

School: _____ Grade: _____ Start Date: _____

Student's Name: _____

Date of Birth: _____

Parent/Guardian Name:

Name

Street Address

City State Zip code

 Primary Contact Phone # _____
 Email address _____

Child Care Provider:

Name

Street Address

City State Zip code

 Site Phone # _____

Place a check (✓) in the appropriate boxes. You must make a selection for each day of the week for both pick up & drop off. THIS SCHEDULE WILL PERTAIN TO THE INSTRUCTIONAL SCHOOL DAY ONLY

BEFORE SCHOOL PICK UP

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

AFTER SCHOOL DROP OFF

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the location(s) listed above.

Date

Signature of Parent/Guardian

- The transportation requested must be on a “regular basis” meaning that the student’s weekly schedule is the same for the entire school year.
- The student must board and disembark the bus from established stops.
- In accordance to NYS ED Law §3635, it is district policy to enroll students in the building assigned to their home address. Transportation to and from childcare will end when your student completes 8th grade.



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AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Full Name

Date of Birth

Grade

Name of Previous School

Telephone Number

Previous School's Address

Fax Number

Permission is hereby given to the Rondout Valley Central School District to receive information from you and/or release information to you regarding the above-named student.

Reason for request: _____

Please forward the following information as soon as possible (check all that apply):

- Official Administrative Records: Name, Address, Birth Date, Grade Level
- Birth Certificate/Other Evidence of Age
- Grade K-6 – Current Report Card
- Grade 7-12 – Cumulative Academic Record
- Grade 9-12 – Unofficial Transcript
- All Special Education Reports & Assessments
- Attendance Records & Disciplinary Reports
- Immunizations and Most Recent Physical
- NYS Assessments and/or Standardized Test Scores
- Current IEP or 504 Plan
- ENL Reports and NYSESLAT Scores

Signature of Parent/Guardian

Date

Signature of Rondout Valley Central School District Registrar (required)

Date

Please send records to:

- Rondout Valley High School Counseling Office
122 Kyserike Road, PO Box 9
Accord, NY 12404
Telephone: (845) 687-2400 ext. 4214
Fax: (845) 687-7413
Email: rvhscounseling@rondout.k12.ny.us
- Rondout Valley Junior High/Intermediate School Counseling Office
122 Kyserike Road, PO Box 9
Accord, NY 12404
Telephone: (845) 687-2400 ext. 4706
Fax: (845) 377-2371
Email: rvjhs counseling@rondout.k12.ny.us
- Rondout Valley CSD - Registration Office
122 Kyserike Road, PO Box 9
Accord, NY 12404
Telephone: (845) 687-2400 ext. 4814
Fax: (845) 687-7168
Email: rvregistration@rondout.k12.ny.us
- Kerhonkson Elementary School Main Office
30 Academy Street, Kerhonkson, NY 12446
PO Box 9, Accord, NY 12404
Telephone: (845) 626-2451
Fax: (845) 377-6441
Email: kesoffice@rondout.k12.ny.us
- Marbletown Elementary School Main Office
12 Pine Bush Road, Stone Ridge, NY 12484
PO Box 9, Accord, NY 12404
Telephone: (845) 687-0284
Fax: (845) 377-6458
Email: mesoffice@rondout.k12.ny.us
- Rondout Valley CSD - Student Support Services
122 Kyserike Road, PO Box 9
Accord, NY 12404
Telephone: (845) 687-2400 ext. 4863
Fax: (845) 687-0945
Email: rvppsoffice@rondout.k12.ny.us



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MEDICAL INFORMATION

Name of School _____ Grade _____ ID# _____

Name of Student _____ Date of Birth _____ Gender _____
mm / dd / yyyy

Name of Parent/Guardian Completing Form _____

Parent/Guardian Name _____ / _____
(Home address) (Primary phone) (Secondary Phone)

Parent/Guardian Name _____ / _____
(Home address if different than above) (Primary phone) (Secondary Phone)

Physician's Name _____ Physician's Phone _____

Dentist's Name _____ Dentist's Phone _____

1. Any known allergies to foods, bee/insect stings, latex, medicines, environmental, etc.? <input type="checkbox"/> Describe reaction: (local swelling, hives, face swelling) _____ <input type="checkbox"/> Are emergency medications required? Yes No	Yes	No
2. Sustained any injury or illness which required medical attention and/or hospitalization or surgery? If yes, your child may need to be cleared with a medical doctor's note to participate in sports/gym.	Yes	No
3. Is your child under a physician's care now for any existing problem? If yes, please explain below.	Yes	No
4. Absence or loss of function for eye, kidney, testicle, or other organ?	Yes	No
5. Requires any ongoing medication at home or school? Please list below.	Yes	No
6. Has asthma? If yes, are emergency meds required? Yes No	Yes	No
7. Had seizures, concussion, loss of consciousness, or has a neurological condition?	Yes	No
8. Has diabetes?	Yes	No
9. Has recurrent headaches? Explain below (frequency, intensity, any medication).	Yes	No
10. Complained of chest pain or fainting during physical exertion?	Yes	No
11. Has heart disease, murmur, or irregular heart beat?	Yes	No
12. Wears orthodontic braces? <input type="checkbox"/> Is a specialized mouthpiece from an orthodontist required for sports/PE? Yes No	Yes	No
13. Had any teeth capped or replaced artificially?	Yes	No
14. Wears glasses? <input type="checkbox"/> For sports? Yes No <input type="checkbox"/> If yes, are glasses impact resistant? Yes No <input type="checkbox"/> Contact lenses? Yes No If yes, how long?	Yes	No
15. Wears hearing aid devices? If yes, type?	Yes	No
16. Is there any medical condition or restriction which may be made worse by playing sports/PE?	Yes	No
17. Required by medical doctor to wear brace/support device to play sports/PE?	Yes	No
IF ANSWER IS YES TO ANY OF THE QUESTIONS ABOVE, EXPLAIN BY NUMBER AND GIVE DATE OF OCCURRENCE: _____ _____		

I certify that the above information is true and accurate and understand that it will be relied upon by the Rondout Valley Central School District. If medication is prescribed (only valid for current school year) on the health appraisal form completed by the health care provider, I authorize the school nurse to administer the prescribed medication as directed by the health care provider. I authorize the school nurse to contact the health care provider regarding information on this form and the health appraisal form for one calendar year from the date I signed below.

Parent/Legal Guardian Signature _____ Date _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director.



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Your healthcare provider will require this release of information form to share protected medical information with the school district. Please sign below to assist your school nurse in obtaining the information required by New York state for your child to attend school. If your child requires medication in school, please also sign the permission below.

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____ authorize my child's healthcare provider(s) listed below to release the medical records of my child, _____, to the district's medical officer and school nurse:

Name _____ Phone _____ FAX _____

Name _____ Phone _____ FAX _____

Name _____ Phone _____ FAX _____

The healthcare provider may disclose the following protected health information in order for my child to be in compliance with New York state mandated requirements for school attendance and medication administration in school:

- Immunizations
- Health Appraisals
- Medication Orders
- Other: _____

This authorization is valid for my child's entire enrollment in the Rondout Valley Central School District.

This authorization is valid until this date: _____.

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's Central Registration office.

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.

Date	Signature of Parent or Guardian	Relationship
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For medication and therapy administration in school:

I give permission for my child to receive medication or therapy as prescribed by my healthcare provider.

Date	Signature of Parent or Guardian	Relationship
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YOU MAY REFUSE TO SIGN THIS AUTHORIZATION
This authorization will be placed in student's health record and a copy is available upon request.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<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
<input type="checkbox"/> Seizures	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	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: Yes Not Done **Hypertension:** Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB-PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g}/\text{dL}$
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

<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/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<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:		Affirmed Name (if applicable):			DOB:	
SCREENINGS						
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11						
Vision Screening	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done	
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Near Vision Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>	
Notes						
Hearing Screening: 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 <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>	
Notes						
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK						
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act						
<input type="checkbox"/> Student may participate in all activities without restrictions.						
If Restrictions Apply – Complete the information below						
<input type="checkbox"/> Student is restricted from participation in:						
<input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.						
<input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.						
<input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.						
<input type="checkbox"/> Other Restrictions:						
Developmental Stage for Athletic Placement Process <u>ONLY</u> 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: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V						
<input type="checkbox"/> Other Accommodations*: Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):						
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.						
MEDICATIONS						
<input type="checkbox"/> Order Form for medication(s) needed at school attached						
COMMUNICABLE DISEASE				IMMUNIZATIONS		
<input type="checkbox"/> Confirmed free of communicable disease during exam				<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
HEALTHCARE PROVIDER						
Healthcare Provider Signature:						
Provider Name: <i>(please print)</i>						
Provider Address:						
Phone:				Fax:		
Please Return This Form to Your Child's School Health Office When Completed.						



Rondout Valley Central School District

DENTAL HEALTH CERTIFICATE

New York State Education Law Article 19 § 903 states a Dental Health Certificate is requested to be furnished by the student at the same time that a Health Appraisal is required and must:

- be signed by a licensed dentist
- be no older than the 12 months prior to the beginning of the current school year; therefore, the certificate must be dated after September 1st of the previous school year
- describe the dental health condition at the time of the exam
- state that student is in fit condition of dental health to permit school attendance

SCHOOL _____

GRADE _____

TO BE COMPLETED BY PARENT/GUARDIAN

Student Name _____ Birthdate _____

Parent/Guardian _____ Phone _____

Dentist's Name _____ Dentist's Phone _____

Physician's Name _____ Physician's Phone _____

I authorize my child's dental care provider(s) to release the dental information requested on this form per New York State Education Law Article 19 § 903 to the school nurse and district medical officer and authorize the school nurse/district medical officer to contact the dental provider regarding information on this form for one calendar year from the date I signed.

Parent Signature: _____ Date: _____

DENTAL HEALTH INFORMATION (TO BE COMPLETED BY DENTIST)

Assessment Date: _____

- Visible fillings and/or restoration(s) present: ___ Yes ___ No
- Untreated caries present: ___ Yes ___ No
- Treatment Urgency: ___ No obvious problem found
 ___ Dental care recommended
 ___ Urgent care needed

Student is in fit condition of dental health to attend school: ___ Yes ___ No *If No, Plan of Action:* _____

Dental Professional Signature

Date

Print Name

OR

Office Stamp



Lissette 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:		

First	Middle	Last
_____	_____	_____
DATE OF BIRTH:		GENDER:
Month	Day	Year
_____	_____	_____
PARENT/PERSON IN PARENTAL RELATION INFO:		

_____	_____	_____
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

_____ <i>Signature of Parent or of Person in Parental Relation</i>	Month: _____	Day: _____	Year: _____
_____ <i>Date</i>			
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small style="display: block; text-align: center;">MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small style="display: block; text-align: center;">MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____) - _____ - _____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.



Welcome, New Family!

We are the Rondout Valley Education Foundation and we wanted to introduce ourselves and welcome you to Rondout Valley. We would love for you to join us in our mission to enhance the education of students in our district.

What do we do?

We support the best possible learning and enrichment opportunities for all of the children in the Rondout Valley Central School District community. We fund activities that fall outside the constraints of the district and encompass next century learning, critical thinking, communication, collaboration, and creativity. We raise, manage, and are trusted with the disbursement of foundation and designated funds that support the mission of the organization.

How can you get involved?

First, go to our website: <https://www.rvefoundation.org/>

Take a 'gander' at what we do!

Fill out our form to join our email list: <https://www.rvefoundation.org/contact/>

We will keep you posted about all our upcoming events and news.

Donate here: <https://www.rvefoundation.org/donate/>

We invite you to attend RVEF meetings which are open to the public. Our meetings are usually scheduled for the third Thursday of each month from 6:00 – 7:00 via Zoom. Please email info@rvefoundation.org for more information or to volunteer or get involved.

Don't forget to follow us on social media and invite your friends to do the same!

We hope to hear from you. Welcome to Rondout Valley!

Warmly,

The Rondout Valley Education Foundation

'Funding Educational Opportunities – Giving Wings to Dreams'

Rondout Valley Central School District

4526 COMPUTER USE IN INSTRUCTION (or ACCEPTABLE USE POLICY)

The Board of Education is committed to optimizing student learning and teaching. The Board considers student access to a computer network, including the Internet, to be a powerful and valuable educational and research tool, and encourages the use of computers and computer-related technology in district classrooms for the purpose of advancing and promoting learning and teaching.

The computer network can provide a forum for learning various software applications and through online databases, bulletin boards and electronic mail, can significantly enhance educational experiences and provide statewide, national, and global communication opportunities for staff and students.

All users of the district's computer network and the Internet must understand that use is a privilege, not a right, and that use entails responsibility. The district reserves the right to control access to the Internet for all users of its computers and network. The district may either allow or prohibit certain kinds of online activity, or access to specific websites.

Regulations and handbooks, to be developed by the Superintendent, in consultation with the Director of Technology and building principals, will provide specific guidance on this, as well as rules governing the use and security of the district's computer network. All users of the district's computer network and equipment shall comply with this policy and regulation. Failure to comply may result in disciplinary action as well as suspension and/or revocation of computer access privileges.

The Superintendent shall be responsible for designating a Director of Technology to oversee the use of district computer resources. The Director of Technology will prepare in-service programs for the training and development of district staff in computer skills, and for the incorporation of computer use in appropriate subject areas.

With increased concern about identity theft, unwarranted invasion of privacy and the need to protect personally identifiable information, prior to students being directed by staff to use any cloud-based educational software/application, staff must get approval from the Director of Technology and the Data Privacy Officer. The Data Privacy Officer will determine if a formal contract is required or if the terms of service are sufficient to address privacy and security requirements, and if parental permission is needed.

The Superintendent, working in conjunction with the designated purchasing agent for the district, the Director of Technology and the instructional materials planning committee, will be responsible for the purchase and distribution of computer software and hardware throughout district schools.

Cross-ref:

5300, Code of Conduct

Adoption date: 6/2/2022

Rondout Valley Central School District

4526-R COMPUTER USE IN INSTRUCTION REGULATION

The following rules and regulations govern the use of the district's computer network system and access to the Internet.

I. Administration

- The Superintendent of Schools shall designate a Director of Technology to oversee the district's computer network.
- The Director of Technology shall monitor and examine all network activities, as appropriate, to ensure proper use of the system.
- The Director of Technology shall be responsible for disseminating and interpreting district policy and regulations governing use of the district's network at the building level with all network users.
- The Director of Technology shall provide employee training for proper use of the network and will ensure that staff supervising students using the district's network provide similar training to their students, including providing copies of district policy and regulations governing use of the district's network.
- The Director of Technology shall ensure that all disks and software loaded onto the computer network have been scanned for computer viruses.
- The Data Privacy Officer will review staff requests to use 'cloud-based' educational software/applications to ensure that personally identifiable information (PII) is protected in accordance with district standards prior to student use.
- All student agreements to abide by district policy and regulations and parental consent forms shall be kept on file.

All staff will complete the required annual Information Privacy and Security Awareness training.

II. Internet Access

- Students will be provided Internet access for district-owned devices while on the district network. Students will be provided with individual access accounts. Students may have Internet access: for educational purposes only. Student Internet access may be restricted depending on the grade level.
- Students will be prohibited from: accessing social networking sites, purchasing or selling anything online, and accessing personal email services; Students are not to participate in chat rooms.
- Students in grades 5-12 will have an individual email address.

III. Acceptable Use and Conduct

- Access to the district's computer network is provided for educational purposes and research consistent with the district's mission and goals and fulfilling job responsibilities.
- Use of the district's computer network is a privilege, not a right. Inappropriate use may result in the suspension or revocation of that privilege.
- Each individual in whose name an access account is issued is responsible at all times

for its proper use.

- All network users will be issued a login name and password. Passwords must be changed periodically. All network users are expected to abide by the generally accepted rules of network etiquette. This includes being polite and using only appropriate language. Abusive or sexual language or images, vulgarities and swear words are all inappropriate.
- Network users identifying a security problem on the district's network must notify the appropriate teacher, administrator or Director of Technology. Under no circumstance should the user demonstrate the problem to anyone other than to the district official or employee being notified.
- Any network user identified as a security risk or having a history of violations of district computer use guidelines may be denied access to the district's network.

IV. Prohibited Activity and Uses

The following is a list of prohibited activity concerning use of the district's computer network. Violation of any of these prohibitions may result in discipline or other appropriate penalty, including suspension or revocation of a user's access to the network.

- Using the network for commercial activity, including advertising.
- Infringing on any copyrights or other intellectual property rights, including copying, installing, receiving, transmitting, or making available any copyrighted software on the district computer network.
- Using the network to receive, transmit or make available to others obscene, offensive, or sexually explicit material.
- Using the network to receive, transmit or make available to others' messages that are racist, sexist, abusive or harassing to others.
- Using another user's account or password.
- Attempting to read, delete, copy or modify the electronic mail (e-mail) of other system users and deliberately interfering with the ability of other system users to send and/or receive email.
- Forging or attempting to forge e-mail messages.
- Engaging in vandalism. Vandalism is defined as any malicious attempt to harm or destroy district equipment or materials, data of another user of the district's network or of any of the entities or other networks that are connected to the Internet. This includes, but is not limited to, creating and/or placing a computer virus on the network. • Using the network to send anonymous messages or files.
- Using the network to receive, transmit or make available to others a message that is inconsistent with the district's Code of Conduct.
- Revealing the personal address, telephone number or other personal information of oneself or another person.
- Taking pictures, recording audio or videos without the permission of all parties.
- Using the network for sending and/or receiving personal messages.
- Intentionally disrupting network traffic or crashing the network and connected systems.
- Installing personal software, hardware or using removable media devices on the district's computers and/or network. Using district computing resources for commercial or financial gain or fraud.
- Stealing data, equipment, or intellectual property.
- Gaining or seeking to gain unauthorized access to any files, resources, or computer or

- phone systems, or vandalize the data of another user.
- Wastefully using finite district resources.
- Changing or exceeding resource quotas as set by the district without the permission of the appropriate district official or employee.
- Using the network while access privileges are suspended or revoked.
- Using the network in a fashion inconsistent with directions from teachers and other staff and generally accepted network etiquette.

V. No Privacy Guarantee

All users using the district's computer network should not expect, nor does the district guarantee privacy for electronic mail (e-mail) or any use of the district's computer network. The district reserves the right to access and view any material stored on district equipment, district-owned cloud services or any material used in conjunction with the district's computer network.

VI. Sanctions

All users of the district's computer network and equipment are required to comply with the district's policy and regulations governing the district's computer network. Failure to comply with the policy or regulation may result in disciplinary action as well as suspension and/or revocation of computer access privileges.

In addition, illegal activities are strictly prohibited. Any information pertaining to or implicating illegal activity will be reported to the proper authorities. Transmission of any material in violation of any federal, state and/or local law or regulation is prohibited. This includes, but is not limited to materials protected by copyright, threatening or obscene material or material protected by trade secrets. Users must respect all intellectual and property rights and laws.

VII. District Responsibilities

The district makes no warranties of any kind, either expressed or implied, for the access being provided. Further, the district assumes no responsibility for the quality, availability, accuracy, nature, or reliability of the service and/or information provided. Users of the district's computer network and the Internet use information at their own risk. Each user is responsible for verifying the integrity and authenticity of the information that is used and provided.

The district will not be responsible for any damages suffered by any user, including, but not limited to, loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or the errors or omissions of any user. The district also will not be responsible for unauthorized financial obligations resulting from the use of or access to the district's computer network or the Internet.

Further, even though the district may use technical or manual means to regulate access and information, these methods do not provide a foolproof means of enforcing the provisions of the district policy and regulation.

Adoption date: 6/2/2022

(PLEASE PRINT)

Student Last Name

Student First Name

Student Grade Level _____

Building (select or circle one)

- High School
- Intermediate school
- Junior High School
- Kerhonkson Elementary
- Marbletown Elementary

**RONDOUT VALLEY CENTRAL SCHOOL DISTRICT
PARENT/ GUARDIAN AGREEMENT FORM**

I have read and understand the Rondout Valley Central School District Acceptable Use Policy regarding use of the District's computer system. By signing this User Agreement form, I give approval for my child to be permitted access to the Rondout Valley Central School District's computer systems.

I understand that my child's access to the network is designed solely for educational purposes and research consistent with the district's mission and goals.

I authorize the Rondout Valley School District's staff to monitor any communications to or from my child on the District's network and Internet.

I further understand that any violation of the provisions in the Acceptable Use Policy, including but not limited to, copyright violation, online bullying, inappropriate use of any technological device, inappropriate email and/or use of the Internet, etc., by my child will result in counseling, disciplinary action, and/or possible legal action.

Parent /Guardian Signature: _____ **Date:** _____

School Year : 2024 - 2025

Grade: _____

Last Name: _____

First Name: _____

iPad or Chromebook Model:

Serial #:

Asset Tag #:

Rondout iPad and Chromebook Procedures

- The Rondout iPad or Chromebook you have been given is yours to use as long as you are a student in the Rondout Valley Central School District subject to your compliance with all rules established by the District regarding such use.
- Your use and possession of the iPad or Chromebook is a privilege that is subject to revocation if deemed by the District.
- Routine care (keeping it safe and clean) of the iPad or Chromebook is the responsibility of the student. Never use chemicals on the screen.
- Only district owned and approved apps are to be installed on the iPad or Chromebook.
- If repairs are necessary, the iPad or Chromebook must be repaired through the Rondout Technology Department so as not to void our warranty.
- The student will not permit any other person to possess or use the iPad or Chromebook.
- No stickers, writing or other paraphernalia may be placed/attached on the iPad, Chromebook or iPad case.
- The Rondout Valley asset tag is to remain on the iPad or Chromebook at all times.
- Personal business such as music, games, or personal email is not allowed.
- When classes are in session you must bring your iPad or Chromebook to school every day and it should be fully charged.
- The iPad or Chromebook, including its contents, may be subjected to inspection at any time by the District.
- If your iPad or Chromebook is lost, stolen, or broken, you will report it immediately to a school building administrator.
- At the end of the school year, the iPad or Chromebook, all chargers, charging cables, and case must be returned in good working condition.
- You will be financially responsible for items that are not returned or which are damaged as a result of neglect or abuse.
- Jail breaking or modifying the iPad or Chromebook security is not allowed. Students will be subjected to disciplinary action and will be responsible for any damages that might occur.
- The iPad case and cover provided by RVCSD must remain on the iPad at all times.
- If I leave the District, I will return the iPad to the Technology Department.

Should there be any questions regarding this form please contact 845-687-2400, ext. 4842.

I agree to comply with all of the above terms and conditions of iPad use.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Print Parent/Guardian's Name _____



PO BOX 9
ACCORD, NY 12404
(845) 687-2400

Paul Spadaro, Ph.D.
Superintendent
Ext. 4803

Lisa I. Pacht
Assistant Superintendent
Ext. 4805

Meg Braren
Assistant Superintendent
Ext. 4863

Tabatha Biggane
Assistant Superintendent
for Business Services
Ext. 4812

OPTIONAL

No action is necessary if you grant permission for your child's name/photograph to be used as described below.

Dear Parent/Guardian,

Our district likes to celebrate student's achievements, activities, and opportunities by sharing them with our community. We do this in many ways, such as (but not limited to) school and/or district newsletters, the district's website, and the district's official social media sites.

Parents who **OBJECT** to the use of their child's name and/or photograph being used must send written notification to their child's building principal. Notification should be received by October 1 and must be updated yearly. Unless otherwise directed, prior year's permission will be in effect until this date. Returning this form to your child's building principal will serve as written notification that you **OBJECT** to the use of your child's name and/or photograph being used.

Please complete the following ONLY if you DENY permission for your child to be included. No action is necessary if you grant permission for your child's name/photograph to be used as described below.

- I OBJECT** to the use of my child's name only, but a photograph/video alone is fine.
- I OBJECT** to both my child's photograph/video and their name being used for any of the above uses.

If you return this form with neither of the above boxes checked, it will be understood that permission has been granted.

Child's Name: _____

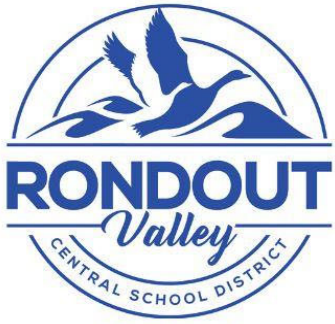
Child's School: _____

Grade: _____

Parent Name (Print): _____

Parent Signature: _____

Date: _____



**PO BOX 9
ACCORD, NY 12404
(845) 687-2400**

Paul Spadaro, Ph.D.
Superintendent
Ext. 4803

Lisa I. Pacht
Assistant Superintendent
Ext. 4805

Meg Braren
Assistant Superintendent
Ext. 4863

Tabatha Biggane
Assistant Superintendent
for Business Services
Ext. 4812

ANNUAL FERPA NOTICE

INFORMATION SHARING FALLS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA).

FERPA provides parents and students over 18 years of age certain rights with respect to the student's education records, mainly the right to consent to the disclosure of information. Generally, schools must have written permission from the parent or eligible student before releasing any information from the student's record. This law applies to any school that receives funding under an applicable US Department of Education program. However, it does provide some exceptions that allow schools to disclose student records without consent.

Exceptions to FERPA:

FERPA allows disclosure without the consent of parents (or students 18 and over) to the following parties:

- school officials who have a legitimate educational interest;
- other schools to which a student is transferring;
- certain government officials in order to carry out lawful functions;
- appropriate parties in connection with financial aid to a student;
- organizations conducting certain studies for the school;
- accrediting organizations;
- individuals who have obtained court orders or subpoenas;
- persons who need to know in cases of health and safety emergencies;
- state and local authorities within a juvenile justice system, pursuant to specific law; and
- military recruiters for recruiting purposes (unless a parent makes a written request to the District to the contrary).

According to FERPA, a school can disclose information without consent to school officials with legitimate educational interests. FERPA defines a "school official" as:

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 member of the Board of Education; 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 performing his or her tasks.

According to FERPA, a school official has a "legitimate educational interest" if the official needs to review an educational record to fulfill his or her professional responsibility.

Family Educational Rights and Privacy Act (FERPA) Notice for Directory Information

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Rondout Valley Central School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records.

However, your child's school may disclose appropriately designated "directory information" without written consent, unless you have advised your child's school to the contrary in accordance with your child's school procedures. The primary purpose of directory information is to allow your child's school to include this type of information from your child's education records in certain school publications. Examples include:

- a playbill, showing your student's role in a drama production;
- the annual yearbook;
- honor roll or other recognition lists;
- graduation programs; and
- sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two Federal laws* require Local Educational Agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses, and telephone listings—unless parents have advised the school that they do not want their student's information disclosed without their prior written consent.

If you do not want your child's school to disclose directory information from your child's education records without your prior written consent, you must notify your child's school in writing within 14 days of this notification. The Rondout Valley Central School District has designated the following information as directory information:

- Student's Name
- Address
- Telephone number
- Date of birth
- Place of birth
- Major course of study
- Participation in school activities or sports
- Height and weight, if a member of an athletic team
- Dates of attendance
- Degrees and awards received
- Most recent school attended
- Grade Level
- Photograph
- E-mail address
- Enrollment status

**These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.*



Rondout Valley

Central School District

ATHLETIC FORM

Students in grades 7-12

DATE: _____

CURRENT INFORMATION

Name of Student: _____

Age: _____

Home Address: _____

Date of Birth: _____

Grade: _____

Parent/Guardian: _____

Year entered 9th Grade: _____

Phone: (H) _____ (W) _____ (C) _____

Date of Move: _____ Date of Transfer to Rondout Valley HS: _____

Reason for Transfer: _____

PREVIOUS INFORMATION

Home Address: _____

Parent/Guardian: _____

School: _____

School Address: _____

Years Attended: _____

ATHLETIC PARTICIPATION RECORD

Grade	Sport(s) and Level(s)	School
_____	_____	_____
7 th .	_____	_____
8 th .	_____	_____
9 th .	_____	_____
10 th .	_____	_____
11 th .	_____	_____
12 th .	_____	_____

Expected Date of Graduation: _____