

2025-2026 SPECIAL PERMISSION NOTICE

****KCSD IS NOT CONSIDERING REQUESTS FOR SPECIAL PERMISSION TO ANY GRADE AT CHAMBERS & EDSON ELEMENTARY SCHOOLS. J. WATSON BAILEY MIDDLE SCHOOL AND MILLER WILL BE CLOSELY MONITORED DUE TO ENROLLMENT PROJECTIONS****

The Kingston City School District (KCSD) is proud to partner with our parents in accommodating school special permission requests when possible. We understand that some families may need access to before and after school care to support their child's education.

Special permission requests for first-time or new school, incoming kindergarten students, and grade 5 students in 2025-26 are due on or before June 1, 2025, for the 2025-26 school year. All other current school special permission approvals are no longer required to apply or renew a request every year.

The KCSD will proceed with planning and continuing all current 2024-25 special permission requests for the 2025-26 school year unless the parent/guardian notifies the KCSD in writing of their desire to return the student to their home school. If the KCSD is unable to continue to grant an approval for a continued special permission request, the KCSD will notify the parent/guardian in writing no later than July 15, 2025.

***ALL incoming Kindergarten students and ALL grade 5 students in 2025-26** seeking special permission must submit a *2025-26 Special Permission Request Form* no later than June 1, 2025. The special permission request form is available in all district school's main office.

General Special Permission Information and Procedures:

- Special permission is defined as permission for a student to attend a school in the Kingston City School District in an attendance zone outside of the student's residence.
- The approval or denial of all first-time (new) requests will be communicated in writing no later than August 1 by the office of Teaching & Learning.
- **Special Permission approvals are not provided transportation by KCSD.** Special Permission students who are attending a childcare provider located in the school's boundary to/from the school may request to ride the bus route to and from the existing bus stops, based on seat availability. A *Special Permission Alternative Bus Stop Request* form is required to be completed and submitted for approval.
- **If a student on special permission shows a pattern of frequent absences, tardiness or inappropriate behavior, the principal of the school the child is attending may revoke the student's privilege to attend the school.** A decision by the principal will be made on a quarterly basis and the student will return to the school in the attendance area in which the student resides. The principal will communicate and inform the student and parent.
- If a student moves out of a school's attendance area but continues to reside in the district's boundaries during the school year, special permission may be requested to remain in the attending school by completing a *Request for Special Permission* form, subject to the approval of the principal. The school district will not provide transportation. Please contact your child's school principal with any questions.



We Inspire. We Educate. We Graduate.
All Students, All of the Time

Dr. Paul J. Padalino, Superintendent

21 Wynkoop Place ♦ Kingston, NY 12401 ♦ 845.943.3000

**KINGSTON CITY SCHOOL DISTRICT
REQUEST FOR SPECIAL PERMISSION – 2025-2026 SCHOOL YEAR**

**To: Special Permission
Kingston City School District
21 Wynkoop Place
Kingston, New York 12401**

- Please **PRINT** all information
- Please **INITIAL** and **SIGN**

Phone: 845-943-3000, ext. 3086

School Requested: _____

School where I reside: _____

Residence address: _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

I understand: If this request is approved, it can also be revoked by the principal for reasons stated in the Special Permission Notice.

Please initial here _____

Permission for the transfer will only be honored if the requested school grade class size permits.

Please initial here _____

Transportation is the responsibility of the parents.

Please initial here _____

Reason for request of special permission to attend a school outside your attendance zone:

___ *Daycare – forms enclosed must be completed**

___ *Moved to another attendance zone in the district – **proof of residency must be attached.***

___ *Other: Please be specific* _____

Signature of Persons in Parental Relation **Print Name:** _____

Daytime Phone _____ **Date:** _____

Email _____

ACTION OF THE SUPERINTENDENT (for office use)

___ **APPROVED**

___ **DENIED**

Superintendent's Signature: _____

Date: _____

01/2025



DAY CARE INFORMATION

(Return with *Request for Special Permission Form*)

Parent/Guardian Name: _____

Date: _____

School: _____

To Whom It May Concern:

This is to certify that I _____
(print name) reside at

_____ and provide childcare in my home for the
(street address of your residence)

following student(s): (please indicate name and grade of each student):

Signed: _____
Signature of childcare provider

Any person who knowingly and with intent to defraud the Kingston School District or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Please complete this form and return it at your earliest convenience to:

Kingston city School District
Attn: Special Permissions
21 Wynkoop Place
Kingston, NY 12401

**KINGSTON SCHOOL DISTRICT
ALTERNATIVE BUS STOP REQUEST
2024-2025 SCHOOL YEAR**

If you are requesting transportation to and/or from an alternative bus stop, **please complete and return this form to the school that your child attends. A separate form must be completed for EACH child. A new form must be completed each school year (even if your childcare arrangements have not changed).** Allow up to 5 business days to process. Requests received **after August 15** may take up to **10 business days** to process.

School: _____ Date: _____

Child's Name: _____ Grade: _____

Home Address: _____

Home# (____) _____ Work# (____) _____ Cell# (____) _____

Email _____

Emergency Contact 1 _____ **Relationship** _____

#(____) _____ Alt# (____) _____

Emergency Contact 2 _____ **Relationship** _____

(____) _____ Alt# (____) _____

Requested Start Date: _____

Name of Day Care Center, Childcare Provider or Housing Site

Address of Day Care Center, Childcare Provider or Housing Location

(____) _____
Phone Number

Pick Up Location In A.M.

- ☐ Day Care/Child Care Provider/Housing Site
☐ Home

Circle Days: M T W TH F; All

Drop Off Location In P .M.

- ☐ Day Care/Child Care Provider/Housing Site
☐ Home

Circle Days: M T W TH F; All

Parent/Guardian Signature

Please Print Name

Circle Days: M T W TH F; All

For Office Use Only: _____

School Approval

Revised 8/1/23

01/2025

Date Processed

STUDENT ID

(For office use only)