

Sayville Public Schools
STUDENT REGISTRATION FORM

1st New Child Enrolling

Last Name _____ First Name _____ MI _____ Sex _____
DOB _____

Primary Language if other than English _____ Ethnicity _____

Date of 1st Polio _____ If High School Student, Date Entered 9th Grade _____

Current Grade _____

Does the above child have any medical conditions? Yes _____ No _____

Please specify condition(s): _____

Has your child participated in any of the following programs:

Program	Yes/No (Circle One)		Date(s)
Remedial Reading	Yes	No	
Remedial Math	Yes	No	
Speech Improvements	Yes	No	
ENL Services	Yes	No	
Special Education Services as per an IEP. If Yes, please specify the services	Yes	No	Date(s)
	Services		

Has your child ever been Retained or Recommended for Retention? Yes ___ No ___ Date _____

Please list previous schools your child has attended:
Schools

_____ Dates: _____
_____ Dates: _____
_____ Dates: _____

Other important information regarding this child that you want the School District to be aware of:

***List names of all siblings below that are ALREADY ATTENDING Sayville Public Schools. Proceed to PAGE 4 upon completion of registration information for each NEW child.**

1. Name _____ School Attending _____
2. Name _____ School Attending _____
3. Name _____ School Attending _____

Office Use Only:

Student ID Number Assigned: _____ Verification: Birth Cert _____ Passport _____
Is student a "sole custody" student? (circle one) Yes No If yes, paperwork provided? Yes No

Registration Date: _____ Enrollment Date: _____ School Att: _____ Grade _____

STUDENT INFORMATION

2nd New Child Enrolling

Last Name _____ First Name _____ MI _____ Sex _____

DOB _____

Primary Language if other than English _____ Ethnicity _____

Date of 1st Polio _____ If High School Student, Date Entered 9th Grade _____

Current Grade _____

Does the above child have any medical conditions? Yes _____ No _____

Please specify condition(s): _____

Has your child participated in any of the following programs:

Program	Yes/No (Circle One)		Date(s)
Remedial Reading	Yes	No	
Remedial Math	Yes	No	
Speech Improvements	Yes	No	
LEP Services	Yes	No	
Special Education Services as per an IEP. If Yes, please specify the services	Yes	No	Date(s)
	Services		

Has your child ever been Retained or Recommended for Retention? Yes ___ No ___ Date _____

Please list previous schools your child has attended:

Schools

_____ Dates: _____
 _____ Dates: _____
 _____ Dates: _____

Other important information regarding this child that you want the School District to be aware of:

Office Use Only:

Student ID Number Assigned: _____ Verification: Birth Cert _____ Passport _____

Is student a "sole custody" student? (circle one) Yes No If yes, paperwork provided? Yes No

Registration Date: _____ Enrollment Date: _____ School Att: _____ Grade _____

Section 2 Non-Household Information (Complete only if applicable):

Name(s) of parent/guardian living outside the home:		
1. Legal Parent Name		
Home Phone: ()	Cell Phone: ()	Work Phone: ()
Legal Parent Address:		
Does this parent have custodial rights? (circle one)	Yes No	Requires Mailings: Yes No
(2) Legal Parent Name	Home Phone:	
Circle One: Living Deceased	Cell Phone: ()	Work Phone: ()
Legal Parent Address:		
Does this parent have custodial rights? (circle one)	Yes No	Requires Mailings: Yes No

Section 3. Emergency Contact Information: In the event of an emergency, a person who does not live in your household must be designated to be called if the school is unable to contact you. Contact information listed below will be used for all the children in your family.

Contact Person for all children in family	Relationship to Student	Phone Number	
1.		()	
2.		()	
3.		()	
Physician's Name:		()	
*List below any child needing separate emergency contact information other than that listed above			
Child's Name	Contact Person(s)	Relationship to Student	Phone Number
			()

Under the penalties of perjury, I declare and affirm that the statements made in the foregoing registration application, including accompanying statements, are true and correct. I understand that any false statements made by me in this application, or otherwise, constitute sufficient cause for rejection of this registration.

Signature of Parent/Guardian: _____ Date: _____

**SAYVILLE SCHOOL DISTRICT
STUDENT RACIAL AND ETHNIC IDENTIFICATION**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:

School District Student Identification Number:	Date of Birth (Month/day/Year): / /
---	---

Student Name: Last, First, Middle:	Grade Level:
---	---------------------

DIRECTIONS TO PARENT/GUARDIAN
PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.
[For question (1) Check (√) the box that best describes your child.] Check (√) only ONE box.]:

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Yes, Hispanic

No, not Hispanic

2. Select one or more races from the following five racial groups. [For question (2) Check (√) all groups that apply to your child; check (√) at least ONE box.]:

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other _____
Date

Relationship to Student (please check one box below)

- Mother Father Guardian Other (Specify): _____

See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations

HOUSING QUESTIONNAIRE

Name of LEA: Sayville Public School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
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 permanent housing
- 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): _____

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

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

Date



PARENTAL STATEMENT OF RESIDENCY AND CUSTODY

I, _____, swear
(Print Name)
that _____ is my
(Print Address)
bona fide, actual, and only residence and is the bona fide, actual and only residence of my
child _____.
(Print name of child)

I am the parent and/or legal guardian of the above-named child, and that the care, custody, control and parental responsibility for same has neither been surrendered to nor assumed by any court, agency, governmental body, my spouse, or other person, voluntarily or otherwise.

I hereby agree that I will be liable for and pay all tuition and costs of collection of same, due the school district, as a result of a determination that the student does not enjoy a tuition free status. I further agree to notify the school district immediately should I and/or my child move from the above address, whether or not such move is to a residence within or outside the district.

I understand and agree that execution of a new statement and school registration is required, prior to admission for each child, each time we move to a different address within the district, or resume residence within the district subsequent to moving to another district. It is understood and agreed that the above named child is entitled to tuition free schooling only while residing with me at a bona fide, actual and sole residence in the district and while under my legal guardianship.

Should the custody of the child be altered in any manner, I agree to notify the school district immediately. I understand that such change of custody will then be reviewed by the school district with regard to the child's eligibility to attend tuition free, and/or to continue to attend the school in which previously registered.

I hereby acknowledge my awareness that this statement of residency and custody, on signing, is a public record. I am aware that offering false information for filing, as to my residence and/or that of the child named herein and/or my custodial status with respect to said child, and/or failure to notify the school district of change of my residence and/or the child's shall be deemed fraud punishable under criminal law, and actionable as a civil matter for tuition and collection costs.

I, _____, as the parent and/or guardian of the child above
(Print Name)
affirm that I have supplied the information in this registration statement, that the same is true to my own knowledge, and that I have read and understand the provisions of this statement.

(Date) _____ (Signature) _____



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 _____ <i>specify</i>	<input type="checkbox"/> Father _____ <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 _____ <i>specify</i> <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i> <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i> <input type="checkbox"/> Does not write

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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <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? _____	

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ			
NAME: _____	POSITION: _____		
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:			
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW			
NAME: _____	POSITION: _____		
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes			
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO DAY YR.</small>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">OUTCOME OF INDIVIDUAL INTERVIEW:</td> <td style="border: none;"> <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM </td> </tr> </table>	OUTCOME OF INDIVIDUAL INTERVIEW:	<input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
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>MO DAY YR.</small>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td style="border: none;"> <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING </td> </tr> </table>	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
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: _____ _____			

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

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

STUDENT INFORMATION

Name:	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 µg/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

Assessment/Abnormalities Noted/Recommendations: _____ Diagnoses/Problems (list) _____ ICD-10 Code* _____

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	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"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening		Right <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 Dominic Murray Sudden Cardiac Arrest Prevention Act					
<input checked="" 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, Rifery, 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*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
*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.					



Parent Questionnaire

Carol Mardell, PhD
Dorothea S. Goldenberg, EdD

Child's name _____

Address _____

City _____ State _____ Zip _____

Sex: Male Female

Child's age in years and months (do not round)			
	Year	Month	Day
Date Form Filled Out			
Birth Date			
Age			

This form was filled out by:

Mother Father Other (please specify relationship) _____

Name of person filling out form _____ Home phone # _____

E-mail address of person filling out form _____

To the Parent:

This form has three parts that ask for information about your child.

Part 1. Self-Help Development asks about everyday skills that children are expected to learn (for example, dressing and feeding themselves).

Part 2. Social-Emotional Development asks about how your child gets along with other children and how he or she feels about himself or herself.

Part 3. Overall Development asks about any concerns or worries you might have about your child.

Please note that some items may ask about skills that your child is just not ready for yet. Please do not be concerned. We use the same form for children ages 2 years 6 months through 5 years 11 months, and we ask about some skills that are difficult even for the oldest children.

Thank you for your help.



Part 1. Self-Help Development

Directions: Place an X in the appropriate box to indicate how often your child does each task. A young child's behavior is not the same from day to day. Think of your child's typical or usual behavior at home, not his or her very best or worst day. For tasks that you do not allow or don't ask your child to do, place an X in the last box. Please provide ONLY one rating for each task.

Task	Most of the time	Sometimes	Rarely or never	Not allowed or not asked
1. Buttons clothing without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Puts toys or books away when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Spills food or drink when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unscrews bottle caps without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Wets or soils pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Washes and dries hands when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Puts clothes or shoes where they belong when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Brushes teeth without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blows and wipes nose without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Puts clothes on <i>backward</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Puts each shoe on correct foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Gets dressed without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Wets bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Picks up after self without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Brushes or combs hair without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Washes self during bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Pours from a small can or carton without spilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Uses a fork, a spoon, or chopsticks correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Pours dry cereal and milk into bowl without spilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Uses the toilet without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Wakes up and needs help going back to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Follows safety rules (stays away from hot oven, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Help Development Raw Score
(max = 44)

Part 2. Social-Emotional Development

Directions: Place an **X** in the appropriate box to indicate how often your child shows each feeling or behavior. Think of your child's usual behavior at home or with friends. If you have not observed your child performing the behavior, place an **X** in the "Rarely or never" box. Please provide **ONLY** one rating for each item.

Feeling or Behavior	Always or almost always	Sometimes	Rarely or never
1. Smiles or laughs when something is funny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Argues when denied own way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Breaks toys or other objects on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plays well with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has tantrums (stamps feet, screams, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Solves problems by talking rather than by hitting, pushing, or biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts without thinking (runs into street without looking both ways, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Admits when he or she makes a mistake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Stays calm when things do not go as planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Blames others when bad things happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Knows when people are happy or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interrupts (talks when others are speaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Goes to bed easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Asks before using other people's things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Shows pride in doing something well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Bangs head on the floor, wall, or bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Clings or hangs on to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Whines or pouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Seems afraid of many things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Shows concern for someone who is crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Hurts others (hits, bites, kicks, punches, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gives up easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Makes transitions easily (moves easily from one activity to the next, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Falls and hurts self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Wanders away from you in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Acts very sad or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social-Emotional Development Raw Score
(max = 56)

Part 3. Overall Development

Directions: Place an **X** in the box that best describes your level of worry about each of the areas below. We understand that you are naturally concerned about all of these areas. We would like to know about any areas that you think may be problem areas for your child. This information will be used to help us understand your child's growth and needs.

Area	I'm not worried	I'm a little worried	I'm worried	I'm very worried
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor skills (walking, throwing, balancing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive skills (learning, thinking, problem solving, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language skills (talking and understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care skills (dressing and feeding self, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social-emotional skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision (seeing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEARSON

PsychCorp is an imprint of Pearson Clinical Assessment.

**Pearson Executive Office 5601 Green Valley Drive Bloomington, MN 55437
800.627.7271 www.PearsonClinical.com**

Copyright © 2011 NCS Pearson, Inc. All rights reserved.

Warning: No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the copyright owner.

Pearson, the PSI logo, PsychCorp and DIAL are trademarks in the U.S. and/or other countries of Pearson Education, Inc., or its affiliate(s).

Printed in the United States of America.



REGISTRATION REQUIREMENTS

I. DOCUMENTATION OF DISTRICT RESIDENCY

IF YOU OWN YOUR HOME

Mortgage, or closing statement or deed or tax bill **AND** any **TWO** of the following:

IF YOU RENT YOUR HOME

A notarized residency affidavit or a signed lease agreement **AND** any **TWO** of the following:

1. *Income tax form*
2. *Utility or other bills*
3. *Membership documents*
4. *Official driver's license, learner's permit or non-driver identification*
5. *Bank statement*
6. *Hospital or health records*
7. *Voter registration documents*
8. *DSS Declaration*
9. *Documents issued by federal, state or local agencies (e.g. local social service agency, federal Office of Refugee Resettlement)*
10. *State or other government issued identification*

II. CHILD'S DOCUMENTATION OF AGE

- Certified Birth certificate

If these documents are not available:

- Passport (including a foreign passport)

III. IMMUNIZATION REQUIREMENTS

**2026-2027 School Year
Immunization Requirements for Students in Kindergarten and Grade 1**

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) to enter kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Kindergarten & Grade 1

Immunization	Number of Doses
Polio	4 doses or 3 if the 3rd dose at 4 years of age or older
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	5 doses or 4 if the 4th dose given at 4 years of age or older or 3 doses if series started at age 7 or older
Measles/Mumps/Rubella	2
Varicella (Chickenpox)	2

Please bring proof of immunization upon your registration appointment. Proof must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider.
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department.
- A blood test (titer) lab report that proves your child is immune to the diseases
 - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

**Sayville Public Schools
Computer Systems and Internet Safety Use
Agreement**

Student Name: _____ DOB _____

School Name: _____ Grade Level: _____

Parent/Guardian Phone: _____ Cell: _____ Email: _____

Parent/Guardian's Signature Required in Both Places

**TO BE READ BY STUDENT AND PARENT/GUARDIAN
TO BE SIGNED BY PARENT/GUARDIAN**

I understand that use of computers and the Internet is for educational purposes only and, as such, I will abide by the attached Sayville Public Schools computer Systems and Internet Safety Use Procedures and Agreement. I also understand that failure to comply with the District's policy and regulations for use of computers, the network, and/or the Internet may result in suspension and/or revocation of my computer access privileges, as well as other appropriate forms of disciplinary action. I understand that the transmission or retrieval of material, information or software in violation of any District policy or regulation, local, state or federal law is prohibited.

There are occasions when under close supervision of my teacher, filtering of the system may be relaxed to allow for "bona fide" research for education purposes. I agree to abide by the supervision and guidelines placed on this research by authorized staff members.

I agree to adhere to the Board policy concerning Computer Systems, student Code of conduct, and Internet Safety outlined here in Sayville Public Schools Computer Systems and Internet Safety Use Procedures and Agreement and to any changes or additions later adopted by the District.

Student's Name (please print) _____

Student's Signature _____

Parent/Guardian Signature _____ Date _____

(I have read the Sayville Public Schools Computer Systems and Internet Safety Use Procedures and Agreement. I have discussed the procedures with my child and give my child permission to use this educational resource.)

TO BE READ AND SIGNED BY PARENT/GUARDIAN

As parent/guardian of the above student, I have read the Sayville Public Schools Computer Systems and Internet Safety Use Procedures and Agreement. I understand that the access is designed for educational purposes only. The Sayville Public Schools has taken precautions to eliminate controversial material. I recognize that while it is impossible for the Sayville Public Schools to restrict access to all controversial materials, even through the use of filtering, they have taken multiple precautions to eliminate student access to such material. I will not hold the District responsible for materials my child may acquire on the network and which is in violation of this agreement. I hereby give permission to the Sayville Public Schools to provide computer network and internet access for my child and certify that the information contained on this form is correct.

I agree to adhere to the Sayville Public Schools Board of Education's District Computer Systems-Acceptable Use Policy, Code of Conduct and Internet Safety Regulation outlined here in the Sayville Public Schools Computer Systems and Internet Safety Use Procedures and Agreement and to any changes or additions later adopted by the District.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature: _____ Date: _____

SAYVILLE PUBLIC SCHOOLS COMPUTER SYSTEMS AND INTERNET SAFETY USE PROCEDURES AND AGREEMENT

Computer Technology and Internet access is available to the students and staff of the Sayville Public Schools. Both of these provide users with vast, diverse and unique resources that will strengthen communication and research skills as well as significantly broaden their knowledge base. Our goal is to promote educational excellence in our schools by facilitating resource sharing, innovation and communication.

Sayville Public Schools recognize that with this access to computers and people worldwide comes the availability of material that may be considered inappropriate and of little educational value in an academic setting. In accordance with the provisions of the Children's Internet Protection Act, all District computers with Internet access that are used by elementary and secondary students and staff will be equipped with filtering or blocking technology. Once this filtering/blocking technology is in place, newly acquired computers with Internet access used by either elementary or secondary students or staff, will be linked to this technology within 10 days of installation.

The District recognizes no filtering technology can guarantee that students will be prevented from accessing inappropriate locations. Supervision, by either a teacher or other staff member, will be provided to students while accessing the Internet. *Under certain supervised circumstances, authorized personnel may override the filtering/blocking technology for a limited, prescribed period of time to assist students with special projects or research.*

Internet access is coordinated through a complex association of government agencies and regional and state networks. The smooth operation of this network relies on the proper conduct of its users who, in turn, must adhere to strict guidelines. These guidelines are given here so that you are aware of the responsibilities you are about to acquire. In general, this responsibility requires efficient, ethical and legal use of the network's resources. If a Sayville Public Schools user violates any of these provisions, his/her account will be terminated and future access possibly denied. Other consequences may be imposed as per the District's Code of Conduct. The signature(s) at the end of this document is (are) legally binding and indicates that the party (parties) who signed has (have) read the terms and conditions carefully and understands their significance.

Acceptable Use - The purpose of computer technology and the Internet is to support research and education in and among academic institutions in the United States by providing access to unique resources and the opportunity for collaborative work. Your use of both of these must be in support of education and research and consistent with the educational objectives of Sayville Public Schools. Use of another organization's network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes but is not limited to: copyrighted material; plagiarism (the claiming of someone's work as your own); use of profanity, obscenity, or other language which may be offensive to another user; threatening, pornographic, obscene or other material deemed inappropriate for minors; expressions of bigotry, racism or hate; or materials protected by trade secret. Use for commercial activities, product advertisement and/or political lobbying is also prohibited.

Privileges - The use of computers and the Internet is a privilege, not a right. Inappropriate use will result in cancellation of those privileges and may result in other consequences as per the District Code of Conduct. Each student and staff member who is permitted access will be responsible for that usage. Under no circumstances should your access, password and so forth be shared with anyone other than the school district technology coordinator. Also, under no circumstances will there be unauthorized disclosure of personal information such as address, telephone number, age, physical description, etc. Each student will also be required to attend an orientation session with a Sayville Public Schools faculty member pertaining to the proper use of the network. Sayville Public Schools system administrators will deem what is inappropriate use, some of which is defined in the Computer Technology and Internet Safety Policy. Their decision is final. Sayville Public Schools system administrators may deny access at any time as required. The administration, faculty and staff of Sayville Public Schools may request the system administrator to deny, revoke or suspend specific user access

Network Etiquette - You are expected to abide by the generally accepted rules of network etiquette. These include but are not limited to the following:

Be polite; do not get abusive in your messages to others.

Use appropriate language; do not swear, use vulgarities or suggestive language.

Illegal activities are strictly forbidden.

Electronic mail is not guaranteed to be private. Messages relating to or in support of illegal activities will be reported to the authorities.

Use the network in a way that will not disrupt the use of other users.

All communications and information accessible via the network should not be assumed to be private property.

Relaxation of Filtering - There may be special projects/research done on the Internet where, for a limited period of time, filtering needs to be "turned off" or "relaxed" to allow student access to particular web sites under close supervision of a teacher. Either a teacher or other responsible person will verify validity of student request. The capability of setting the time period to be unfiltered, as well as changing the password, will reside with both the faculty member conducting research and the technology coordinator.

Warranties - Sayville Public Schools makes no warranties of any kind, whether expressed or implied, for the service that it is providing. The District will not be responsible for any damages including but not limited to loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The Sayville Public Schools specifically does not guarantee the accuracy or quality of information obtained through its services.

Security - Security on any computer system is a high priority. If you feel you can identify a security problem on the Internet or on the school network, you must notify a Sayville Public Schools administrator. Do not demonstrate the problem to other users. Attempts to log on to the network as a system administrator will result in cancellation of user privileges and may result in other consequences as per the District Code of Conduct. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

Vandalism - Vandalism will result in cancellation of privileges and may result in other consequences as per the District Code of Conduct. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to the Internet. This includes, but is not limited to the uploading or creation of computer viruses and hacking.

This document is in accordance with Sayville Public Schools Board of Education's District Computer Systems – Acceptable Use Policy, Code of Conduct and Internet Safety Regulation for both students and staff. This documentation is on file with your local school building administration.

Sayville Public Schools

Parent Portals Access Request Form

I have read the Sayville Public Schools Parent Portals Acceptable Use Policy regarding all parent portals that are made available through the Sayville Public School District for parents and guardians, and agree to abide by and support this policy. This includes both the Infinite Campus Parent Portal and School Messenger. I understand that for security purposes, the District reserves the right to change user passwords or deny parent/guardian access at any time and without prior notice.

I am requesting access to view my child's/children's school information on the Sayville Public Schools Infinite Campus Parent Portal Web site and on School Messenger. I am at least 18 years of age, and able to be legally bound by the following terms of this agreement:

- I agree that I will not share my passwords or allow anyone other than myself to use the accounts, including my own children and spouse.
- I agree to protect or destroy any printed or electronic Personally Identifiable Information (PII) generated from the District's portals.
- I agree to be e-mailed any pertinent information regarding my child/children.
- I understand that three unsuccessful login attempts will disable my accounts. If my accounts become disabled, I will notify the Parent Portal Help Desk at sayvilleportalinfo@sayvilleschools.org , and request that my accounts be unlocked. I will provide the user login name established at the time the accounts were created, and answer questions to verify my identity. The District, in its sole discretion, may require that I bring photo identification or notarized documentation to the school in order to verify parent/guardian identity.
- I have checked that the computer I will be using to access the parent portals meets, or exceeds, the minimum requirements as identified in the Sayville Public Schools Parent Portals Acceptable Use Policy. I understand that the District is not responsible for assisting with technical difficulties with my home computer.

Lastly, by signing this agreement, I as parent/guardian, release the Sayville Public School District from any and all liability for damages arising from unauthorized access to my parent/guardian accounts.

PLEASE LEGIBLY PRINT ALL REQUESTED INFORMATION

The information provided on this form must match the information recorded in the District's records.

Parent/Guardian Family Name: _____ First Name: _____

Residence Address: _____
(House Number and Street)

_____ (Town, State, Zip Code)

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

List the names of all your children, enrolling or enrolled in the Sayville Public Schools

Child's First Name	Child's Last Name	Child's date of birth	Sayville School Attending	Grade

 (Parent/Guardian Signature)

 (Date)

Sayville Public Schools

Parent Portals Acceptable Use Agreement

Policies and Procedures

The Infinite Campus Parent Portal and the School Messenger Parent Portal are special tools that will enable parents to monitor and assist with the progress of their child(ren) educational growth. They will also help to strengthen our home-to-school communication. Parents will be able to view different areas of information concerning their child(ren). Some of those areas include: attendance, class schedule, progress reports, report cards, immunization records, assessment results, demographic information, and a log of calls made home from the District (via School Messenger). Each parent or guardian of a student in our District will be assigned a unique user login to the portals. Parents, by activating their user accounts for either portal, agree to abide by and support the terms of use and user expectations set forth in this document.

Section 1: User Expectations

A) Rights and Responsibilities

- Access to the Portals is a free service offered to all parents/guardians of students actively enrolled in the District.
- When a student graduates or withdraws from the District, access to that student's information will no longer be available through the Portals.
- Access to student information via the Portals is a privilege, not a right. Parents/guardians must practice proper and ethical use of these sites.

B) Information Accuracy Responsibilities

- Information accuracy is the joint responsibility of the

District, parents/guardians, and students. The District will make every attempt to ensure that information is accurate and complete. If a parent/guardian discovers any inaccurate information, he/she should immediately notify the Parent Portal Help Desk at sayvilleportalinfo@sayvilleschools.org. The parent/guardian may be required to provide documentation to resolve the inaccuracy.

C) Information Availability

The District reserves the right to discontinue the use of the Parent Portals at any time. The Parent Portals will be piloted initially with limited functionality. The District reserves the right to add, modify or delete functions viewed via the Parent Portals at any time without notice, including, but not limited to, the functions listed below:

- Attendance
- Class Schedule
- Progress Reports
- Report Cards
- Immunization Records
- Demographic Information
- Assessment Results
- Logs of calls made to the parents'/guardians' home

D) Parent Portals Access Eligibility

Each parent/guardian must complete the Parent Portals Access Request Form and agree to be bound by this Parent Portals User Agreement. After so agreeing, the District will verify the information on the Parent Portals Access Request Form during an in-

Sayville Public Schools

Parent Portals Acceptable Use Agreement

Policies and Procedures

person registration appointment. Upon verification, the District will provide the parent/guardian with his/her own unique portal activation key code for creating a user login and password to view information relating to the child(ren) of the parent/guardian identified in the current District records. For the School Messenger Parent Portal, a similar process will take place. Photo identification will be necessary for a parent/guardian to present during their in-person registration in order to verify his/her identity.

E) Use of Parent Portals

Parents/guardians are required to adhere to the following guidelines:

- Parents/guardians agree to act in a responsible, ethical, and legal manner.
- Parents/guardians will not attempt to harm or destroy the district's data, or the school network.
- Parents/guardians will not attempt to access information concerning any students other than that of their own child(ren) or any account assigned to another person.
- Parents/guardians will not use the Parent Portals or the District's network for any illegal activity, including, but not limited to violation of Federal and State Data Privacy laws. Anyone found to be in violation of these laws will be subject to civil and/or criminal prosecution.
- Parents/guardians who identify a security problem within one of the portals must notify their school immediately by sending an e-mail to sayvilleportalinfo@sayvilleschools.org and without demonstrating the problem to anyone else.

- Parents/guardians will not share their passwords or allow anyone other than themselves to use their Parent Portal accounts, including their own child(ren).
- Parents/guardians will not set any computer to automatically log in to the Parent Portals.
- Parents/guardians will log out of their Parent Portal user accounts when they are not at their computer.
- Parents/guardians identified as a security risk will be denied access to the sites.

F) Security Features

- Access is made available through a secure Internet site. Account holders are responsible for not sharing their passwords and to properly protect or destroy any printed or electronic documentation generated from or about the Parent Portal sites.
- Three unsuccessful login attempts will disable the user's account. In order to use the account again the user will need to contact the Parent Portal Help Desk at sayvilleportalinfo@sayvilleschools.org. The user will provide the user login name established at the time the account was created, and answer questions to verify identity. The District, in its sole discretion, may require that the user bring photo identification or notarized documentation to the school in order to verify parent/guardian identity.
- The users will be automatically logged off if they leave their web browser open and inactive for a period of time.
- The parent/guardian account will be permanently deactivated when his/her child(ren) have either

Sayville Public Schools

Parent Portals Acceptable Use Agreement

Policies and Procedures

withdrawn or graduated from Sayville Public School District, or a court action denies the parent/guardian access to his/her child's information.

G) Limitation of School District Liability

The District will use reasonable measures to protect student information from unauthorized viewing. THE DISTRICT WILL NOT BE LIABLE FOR UNAUTHORIZED USE OF THE DISTRICT'S SYSTEM OR INTERNET. The District does not promise any particular level or method of access to the Parent Portals for viewing student information. The District will not be responsible for actions taken by parents/guardians or students that compromise their student information. The District reserves the right to limit or terminate the Parent Portals for viewing student information without notice. All parents/guardians who use the parent portals to access their child(ren)'s information consent to electronic monitoring and understand that they are granted access to a private network used as an educational tool by the Sayville Public School District employees and students. Account activity is electronically recorded.

Section II: Parent Portal Access

A) Initial Account Request and Setup

For parents/guardians who do not currently have Parent Portal accounts but have a child already enrolled:

- Each Parent Portal user must agree to the terms of this Agreement and the Parent Portals Access Request Form.

- Parents/guardians need to complete and accept only one form for all children in their household.
- The District requests that the parent/guardian bring photo identification to the school in order to verify his/her identity.
- The parent/guardian requesting the account will be given an activation key code.
- The District will maintain on file a record of acceptance of the Parent Portals Access Request Form, as per each parent's/guardian's signature.

B) System Requirements

- The Portals may be accessed from any computer with Internet connectivity, and an up-to-date Web browser.
- To access the Infinite Campus Parent Portal site once an account has been established, click on the "Parent Portals" link, which is located under "Quick Links" on the District's homepage at www.sayvilleschools.org.
- Infinite Campus suggests that the Portals are best viewed from a PC running Window XP or newer with Internet Explorer 6.0 or higher, or Mozilla Firefox 2.0 or higher.
- For Macintosh computers it is suggested that the Portals are best viewed using Mozilla Firefox 2.0 or higher.
- Adobe Acrobat 7.0 or higher is needed in order to view reports generated by the Infinite Campus Parent Portal.

C) Support

- Parents/guardians should refer to the support documents which can be accessed by clicking on the "Parent Portals" which is located under "Quick Links" on the District's

Sayville Public Schools

Parent Portals Acceptable Use Agreement

Policies and Procedures

homepage at www.sayvilleschools.org Login instructions and pertinent documents are provided.

- For assistance with the Portals, users can contact the Parent Portal Help Desk at sayvilleportalinfo@sayvilleschools.org.
- Support service may be offered as an accommodation only and the District does not guarantee or warranty the adequacy or accuracy of such support service
- The District cannot troubleshoot home computer issues.

Section III: Acceptable Use

Parents/guardians agree to abide by the following guidelines when accessing the District's site:

- Users shall not seek to learn or change or share other users' passwords, modify other users' files or data, or misrepresent other users on the network.
- Users shall not intentionally disrupt the use of the network or devices attached to the network.
- Users agree that hardware or software shall not be destroyed, modified, damaged or abused in any way.
- Malicious use of the system to develop programs or computer viruses that harass other users, infiltrate a computer or computer system, damage the software components of a computer or computing system are prohibited.
- Loading, transmitting, or intentionally receiving hate mail, harassing content and other antisocial content is prohibited on the system.
- Use of the system to process or upload pornographic material, inappropriate text files, illegal software, or files

dangerous to the integrity of the local area network or any attached devices is prohibited.

- Software and some content are protected by copyright laws. Therefore, users will not make unauthorized copies of software or media or other copyrighted content found on the District system.

Sayville Public Schools



Stacie Gigante, Director of Special Education
Sabine Loriston, Coordinator of Special Education

Dr. Marc Ferris
Superintendent of Schools

Dear Parent/Guardian:

The District provides special education services and programs to students with disabilities pursuant to applicable federal and state laws. Any parent or person in parental relation who suspects that his/her child has a disability may refer the child for an evaluation by the District's Committee on Special Education (CSE) for eligibility determination for special education services and programs. More detailed information on this process is available in *A Parent's Guide to Special Education*, which is published on the New York State Education Department's website in English and Spanish:

- [Http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm](http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm)

Parents or persons in parental relation should contact the District's Director of Special Education, Stacie Gigante or Sabine Loriston, Coordinator of Special Education at 631-244-6545.

Stacie Gigante
Director of Special Education

Sabine Loriston
Coordinator of Special Education

V /suspected disability letter