CLARKSTOWN CENTRAL SCHOOL DISTRICT

Marc P. Baiocco, Ed.D
Superintendent of Schools

62 Old Middletown Road · New City · NY 10956
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January 2026

Dear Parents and Guardians of Kindergarten 2026-2027 Students,

It is my great pleasure to invite you to register your child for kindergarten for the 2026-2027 school year. Registration is open to all Clarkstown Central School District residents whose children will reach their 5th birthday on or before December 1, 2026.

As a school community, there are fewer things more hopeful than the thought of our youngest learners beginning their educational journey. Kindergarten is an important step in the life of your child, and we are looking forward to making this an enjoyable and meaningful learning experience.

In this important entry year, there are a number of forms that need to be completed for registration. **We kindly ask that you review the information and complete and submit the paperwork to the email address for your school. Early submission of your registration information would be appreciated, but no later than January 31, 2026.** This will assist the district in determining class placement, facility's needs, and the appropriate educational support for your child. The forms and complete instructions are included in this letter.

We are partners with you in the registration process. **Your primary contact throughout the process will be the principal's secretary at your child's school**. A list of the schools, secretaries' names and contact information is provided with this package. If you do not know what school your child should attend, please call central registration at (845) 639-6310 for assistance.

Once your completed registration packet is submitted, your child's school will be contacting you to schedule an appointment. This will provide you with an introduction to the principal and school staff and the time for you to ask any questions.

Thank you for your attention, and on behalf of our elementary school principals and all the faculty and staff, welcome to the Clarkstown Central School District family.

Sincerely,

Marc P. Baiocco, Ed.D.
Superintendent of Schools

Cc: Elementary Principals
Elementary School Secretaries
District Registrar

KINDERGARTEN REGISTRATION CONTACT INFORMATION					
Elementary School	**Registration Contact/School Secretary**	**Phone**	**School Registration Email**	**Mailing Address**	**School Nurse**
Bardonia	Yesenia Goris-Then	845-639-6460 Press 3	rbardoniakdg@ccsd.edu	31 Bardonia Rd Bardonia, NY 10954	Mary Jo Sharples
Lakewood	Kelly Geraghty	845-639-6320 Press 3	rlakewoodkdg@ccsd.edu	77 Lakeland Avenue Congers, NY 10920	Sirena Ribeiro
Laurel Plains	Veronica Glynn	845-639-6350 Press 3	rlaurelplainskdg@ccsd.edu	14 Teakwood Lane New City, NY 10956	Elena Settineri-Powell & Ronna Olang
Link	Marissa Sherman	845-624-3494 Press 3	rlinkkdg@ccsd.edu	51 Red Hill Road New City, NY 10956	Heidi Greiner
Little Tor	Jennifer Rochford	845-624-3471 Press 3	rlittletorkdg@ccsd.edu	56 Gregory Street New City, NY 10956	Christine J. Riordan
New City	Lindsey Stevens	845-624-3467 Press 3	rnewcitykdg@ccsd.edu	60 Crestwood Drive New City, NY 10956	Mary Beth Clinton
Strawtown	MaryAnn Campanella	845-624-3473 Press 3	rstrawtownkdg@ccsd.edu	413 Strawtown Road West Nyack, NY 10994	Traci McDonald
West Nyack	Doreen Maritato	845-624-3474 Press 3	rwestnyackkdg@ccsd.edu	661 West Nyack Road West Nyack, NY 10994	Christine A. Riordan
Woodglen	Michelle Negri	845-624-3417 Press 3	rwoodglenkdg@ccsd.edu	121 Phillips Hill Road New City, NY 10956	Barbara Kunz-Lappetito

Updated 12/11/2025

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

Welcome! Kindergarten registrations are completed at the elementary school associated with the student's home address. Registration packets are available for downloading at www.ccsd.edu/registation under *Applications*. Please return your registration packet and supporting documentation to your child's elementary school as soon as possible, no later than January 31, 2026. The school will review the information prior to your February appointment. A list of school contact information is included in this packet.

Please Note: Children already registered with the district for UPK or pre-school services must still register for Kindergarten and complete all district registration forms.

You can return the packet by any method below:

- **Mail (School Address)**
- **Email (School Dedicated Email Address)**
- **Drop Box located at the Chestnut Grove District Office, 62 Old Middletown Road, New City, NY. Hours 8:00am-3:00pm (Packet will be delivered to the appropriate school.)**

STEP ONE (Complete Registration Packet):

REGISTRATION PACKET - One packet must be completed for each child.

- Student Data form
- Home Language Questionnaire
- Housing Questionnaire
- Residency Affirmation Form
- Pre-Registration Kindergarten Information
- Health Forms/Medical History Information

STEP TWO (Provide Required Documentation):

REQUIRED DOCUMENTATION

1. Proof of Residency
2. Proof of Current Address
3. Birth Certificate (Proof of Child's Age)
4. Parent Photo ID and Custody Documentation (if applicable)
5. School Records
6. Health Records

REQUIRED DOCUMENTATION

1) <u>PROOF OF RESIDENCY</u>

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

I. HOMEOWNER (provide ONE of the following documents)

- Mortgage Statement
- Property Tax Bill
- Deed

II. RENTERS with LEASE

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

III. TENANT with NO LEASE

(If you reside in a home/apartment but do not have a written lease or other agreement)

- Two affidavits are required as follows:

a) Affidavit of Parent/Guardian (required for all applicants registering with affidavits)

- **AND** -

b) Affidavit of Landlord/Property Owner: This Affidavit is signed by the owner, landlord or property manager. This Affidavit is used if you have an informal or verbal agreement with the owner of the property.

- **OR** -

c) Affidavit of Person Subleasing Property: This Affidavit is signed by the tenant/lessee **(person in contractual agreement with the owner)** who you share housing with via an informal or verbal residential agreement. (A signed lease/agreement between tenant and owner must be provided).

2) <u>PROOF OF CURRENT ADDRESS/BILLS</u>

- **A minimum of two bills at the current address are required.**
  Examples: Utility bill (gas, electric), cable or internet bill, pay stub, income tax form, documents mailed to you by federal, state, or local agencies such as social services, etc. PLEASE NOTE: Education Law (Section 3202.1) states that the residency of the parent is the official residency of the student. The Clarkstown Central School District reserves the right to request additional and/or updated proof of residency as well as investigate the residency of applicants.

3) <u>BIRTH CERTIFICATE</u> (Proof of Child's Age)

- Copy of original birth certificate (translated into English, if necessary).
- A passport or other governmental documentation may be provided if birth certificate is not available.

4) PARENT PHOTO ID and PROOF OF PARENTAL RELATIONSHIP

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

- **Driver's License or Government Issued I.D.**
- **Birth Certificate of Student**
- **Custody Paperwork, if necessary:**
  - **Foster Parents:** DSS-2999 form is required.
  - **Guardianship:** Guardianship documents signed by a court officer are required.
  - **Separated or Divorced Parents:** Documents signed by a court officer stating parent has physical custody of the child is required.

5) SCHOOL RECORDS

- **Current Individualized Education Program (IEP), if applicable.**

6) HEALTH RECORDS

- **Health History Forms**

Included in this packet are health history forms to **be completed by the parent/guardian.**

- **Physical Exam**

Must be dated on or after September 1, 2025, and be submitted to the school nurse by October 6, 2026 (must be completed on the **Required NYS School Health Examination Form).**

- **Immunization Records (most recent)**

Proof of immunization, such as a copy of a record from your child's doctor or clinic, must be presented at the time of registration. **A child cannot be admitted into school if evidence of completed immunization requirements is not received.** Immunization record must be signed or stamped by a licensed healthcare provider.

New York State Public Health Law Section 2164 requires the following immunizations for entrance into kindergarten:

Students must be screened by their health care provider to determine whether there is a need for a Mantoux (tuberculin test) before entrance to school. Students entering from another country MUST show documentation of a Tuberculin Skin Test or results of a **Quantiferon Blood Test.**

Diphtheria Toxoid Containing Vaccine (Dtap)	**4 -5 doses (1 dose after 4th birthday)**
Polio (IPV)	**3-5 doses (1 dose after 4th birthday)**
Measles, Mumps and Rubella (MMR)	**2 doses**
Hepatitis B	**3 doses**
Varivax (Chickenpox)	**2 doses**

CLARKSTOWN CENTRAL SCHOOL DISTRICT REGISTRATION FORM

Student ID # | **STUDENT DATA** | **Effective Date:**

First Name _____ **MI** _____ **Last Name** _____ **Gender** _____

Street Address _____ **City or Town** _____ **Zip** _____ **Household Phone #** _____

Birth Date _____ **Birth Place (Town, State, Country)** _____

For student NOT born in USA: **Date entered USA School** _____ **Number of years in U.S. schools prior to CCSD** _____

Home Language _____ **Student Dominant Language** _____

Is the student Hispanic, Latino or of Spanish origin: ☐ **Yes** ☐ **No**

Racial Group: ☐ **White** ☐ **Black** ☐ **Asian** ☐ **American Indian/Alaskan Native** ☐ **Pacific Islander**

Has the student had an educational evaluation: ☐ **Yes** ☐ **No**

If yes, does the student have a: ☐ **Current IEP** ☐ **504 Accommodation Plan**

Has student registered in Clarkstown previously?

No ☐ **Yes** ☐ **If yes date left:** _____

Yes ☐ **Preschool Evaluation**

Name and address of last school attended _____

Date Left _____

FOR OFFICE USE ONLY

Entry School: **Grade:** **Entered 9th Grade** **Year of Graduation**

FAMILY DATA

PARENT/ LEGAL GUARDIAN _____ _____ _____ _____

Last Name, First Name | Marital Status | Relationship to Child | E-Mail Address

Priority 1 Phone # _____ ☐ Cell ☐ Work ☐ Home

Priority 2 Phone # _____ ☐ Cell ☐ Work ☐ Home

Priority 3 Phone # _____ ☐ Cell ☐ Work ☐ Home

PARENT/ LEGAL GUARDIAN _____ _____ _____ _____

Last Name, First Name | Marital Status | Relationship to Child | E-Mail Address

Priority 1 Phone # _____ ☐ Cell ☐ Work ☐ Home

Priority 2 Phone # _____ ☐ Cell ☐ Work ☐ Home

Priority 3 Phone # _____ ☐ Cell ☐ Work ☐ Home

Siblings Names	**Date of Birth**	**Siblings Names**	**Date of Birth**

EMERGENCY CONTACTS WHEN PARENTS CANNOT BE REACHED

Emergency Contact #1 _____ _____ _____

Last Name, First Name | Relationship to Child | Phone # ☐ Cell ☐ Work ☐ Home

Emergency Contact #2 _____ _____ _____

Last Name, First Name | Relationship to Child | Phone # ☐ Cell ☐ Work ☐ Home

I am a resident of the Clarkstown School District and the parent/legal guardian of the above child.

Signature _____ **Date** _____

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

A conviction could result in imprisonment.

Home Address before moving to Clarkstown: ☐ **Own** ☐ **Rent**

_____

_____

_____

Telephone number before moving to Clarkstown:

_____

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

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:

Month *Day* *Year*

GENDER:

❑ Male
❑ Female

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?	☐ English	☐ Other _____ *specify*	
2. What was the first language your child learned?	☐ English	☐ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	☐ Mother _____ *specify*	☐ Father _____ *specify*	☐ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	☐ English	☐ Other _____ *specify*	
5. What language(s) does your child speak?	☐ English	☐ Other _____ *specify*	☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other _____ *specify*	☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other _____ *specify*	☐ Does not write

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

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School *Address*

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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*** ☐ ***If yes,** please explain:_____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ☐ **No** ☐ **Yes*** **Please complete 10b below*

10b. *If referred for an evaluation,* has your child ever *received* any special education services in the past?

☐ **No** ☐ **Yes – Type of services received:**

Age at which services received *(Please check all that apply):*

❑ **Birth to 3 years (Early Intervention)** ❑ **3 to 5 years (Special Education)** ❑ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ☐ **No** ☐ **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: ❑ **NO** ❑ **YES**

****DATE OF INDIVIDUAL INTERVIEW:** _____ MO DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW:
- ❑ ADMINISTER NYSITELL
- ❑ ENGLISH PROFICIENT
- ❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ **POSITION:** _____

DATE OF NYSITELL ADMINISTRATION: _____ MO. DAY YR.

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

CLARKSTOWN CENTRAL SCHOOL DISTRICT
HOUSING QUESTIONNAIRE

Name of LEA: Mr. David Carlson Asst. Supt. For Special Education and of Pupil Personnel Services

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

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

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

_____
Date

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

STUDENT REGISTRATION / DISTRICT RESIDENCY AFFIRMATION

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

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

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

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

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

Date _____

Student's Name _____ Date of Birth _____

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

Residence (Home Address) of Parent/Legal Guardian

_____

Signature of Parent/Legal Guardian _____

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

CLARKSTOWN CENTRAL SCHOOL DISTRICT
Pre-Registration Kindergarten Information

Name of Child	School	Date of Birth

Dear Parent/Guardian:

To assist us in planning for your child's first few weeks in kindergarten, we would like to have some additional information on your child's preschool activities. Please answer the following questions as accurately as possible, and feel free to add comments. In this way we are able to fit your child's needs in a planned kindergarten program. This information will also help in making your child's first few weeks a happy time for him/her as well.

HEALTH:

Information that you think would be helpful for us to know concerning diet, speech, physical activity, general health.

Restrictions:

Therapy:

General Health:

INTERESTS:

Does your child have any special interests and/or hobbies?

Has your child taken any recent trips? If so, please list.

What activities does your child enjoy most?

EMOTIONAL BEHAVIOR:

Has your child had any unusual experiences in his/her life which you feel may have affected him/her and/or enriched him/her?

Does your child have any special needs of which we should be aware?

How does your child feel about coming to kindergarten?

Describe your child as you see him/her (personality, sensitivity, general outlook).

Did you your child attend a preschool? Yes ☐ No ☐
How was their preschol experience (ex. excited to attend, engaged, nervous, growth experience etc.)?

Name of Preschool/Nursery School attended: How long?

Has the student ever been evaluated for special education services: ☐ Yes ☐ No

If yes, does the student currently have a: ☐ IEP ☐ 504/Accommodation Plan

Signature of Parent/Guardian **Date**

[REVISED 10/23]

CLARKSTOWN CENTRAL SCHOOL DISTRICT /Health Forms/Medical History

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

Mother's Name:_____ **Place of Employment:**_____
Cell Phone Number:_____ **Work Phone Number:**_____
Father's Name:_____ **Place of Employment:**_____
Cell Phone Number:_____ **Work Phone Number:**_____
BEST Phone Number For Nurse To Reach Parent/Guardian: _____

If parents are unavailable when child is ill call:_____ **Phone Number:**_____
Relationship:_____ **Alternate Number:**_____
Additional emergency contact:_____ **Phone Number:**_____

BIRTH/DEVELOPMENTAL HISTORY

Pre-natal: Uneventful:_____ Complications: (describe)_____
_____
Premature at: _____months
Complications: (describe)_____
_____
Birth Weight_____

Apgar Score: (if known) 1 minute_____ 5 minutes_____

Developmental:
Sat alone _____months Stood alone _____months
Crawled _____months Walked _____months
Toilet trained: Average _____ Delayed _____
Comments:_____
Speech: Average_____ Advanced_____ Delayed_____
Comments/Therapy:_____
Motor Skills: Average_____ Advanced_____ Delayed_____
Comments/Therapy:_____
Activity Level: Average_____ High_____
Comments:_____

Social Development:
Tolerates Change in Routine: No Problem_____ Has Difficulty_____
Describe:_____
Interaction with Peers: No Problem_____ Has Difficulty_____
Describe:_____
_____
_____
Excessive Fear or Anxieties: (describe)_____
_____
_____
Special Dietary Concerns: (describe)_____
_____
_____

CLARKSTOWN CENTRAL SCHOOL DISTRICT

CHILD MEDICAL HISTORY INFORMATION

(To be completed by Parent or Guardian)

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

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

What does the child prefer to be called?_____

Address:_____ Home Phone Number:_____

Lives at home with:
(Name)_____; Mother (Name) _____; Father

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

(Name)_____; Male ☐ Female ☐ Date of Birth_____; Relationship:_____

(Name)_____; Male ☐ Female ☐ Date of Birth_____; Relationship:_____

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

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

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

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

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

Has this child ever had (a):	YES	Date:		YES	Date:
Chicken Pox	☐	_____	Meningitis	☐	_____
Encephalitis	☐	_____	Rheumatic fever	☐	_____
Lyme disease	☐	_____	Pneumonia	☐	_____
Bleeding tendency	☐	_____	Kidney disease	☐	_____
High Blood Pressure	☐	_____	Positive TB test	☐	_____

If Yes: Was medication ordered? _____

Any complications from above illnesses? (Please explain)_____
_____
_____

Does child have or has child ever had:

■ Allergies? Yes ☐ Drug_____ Food_____

Insects_____ Environmental_____

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

_____
_____

What happens to child:_____
_____
_____

■ Asthma? Yes ☐ Triggered by:_____ Treatment:_____

Uses: Inhaler ☐ Nebulizer ☐ Other medication ☐

Taken: at home only ☐ may need medication at school ☐

■ Diabetes? Yes ☐ Takes insulin? No □ Yes □ Pump? No □ Yes □

■ Seizures? Yes ☐ Describe seizure:_____
Date of last seizure:_____ Medication:_____
Is student currently under a doctor's care for seizure? No □ Yes □

■ Heart condition, murmur, or irregular heart beat? Yes ☐ Describe _____
Describe physical restrictions?_____
Medication? No ☐ Yes ☐

■ Previous head injury? Yes ☐ At age:_____ Concussion? Yes □ Dates:_____

■ Headaches/Migraines? Yes ☐ Describe any Aura:_____ Medication? Yes ☐ No ☐
Name of medication:_____

■ Dizziness, loss of consciousness, fainting or lost memory? Yes □ Describe:_____

■ Bone or joint problems or broken bones? Yes □ Describe:_____
Any physical restrictions? _____

■ Loss of an eye, kidney, testicle or other organ? Yes □ Describe _____

■ Past history of increased lead levels in the blood? Yes □ When? _____ Was it treated?_____

■ Attention Deficit Disorder? Yes ☐ Is your child taking medication for this now? No ☐ Yes ☐
Name of medication:_____
Taken: at home only ☐ may need medication at school ☐

Has this child had any other illness?_____
_____

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

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

Has this child had any condition which required emergency treatment or hospitalization? No □ Yes □

If yes, for what?	At age:	How long in hospital?	Surgeries (operations)?
_____	_____	_____	_____
_____	_____	_____	_____

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

■ Eyes: wears glasses □; wears contacts □; for reading □; for distance □; all the time □; single vision? □

■ Ears: Frequent infections □; ear tubes present □, since_____
Wears hearing aid: right ear □ left ear □ hearing difficulty: explain:_____

■ Other:

□ nosebleeds	□ requires diapering	□ sleeping difficulties	□ eating too little
□ bowel	□ requires catherization	□ dental concerns	□ phobias
□ bladder	□ bed wetting	□ eating too much	□ menstruation

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

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

_____ _____
(Signature of legal parent/guardian) (Date)

TO BE COMPLETED BY PARENT/GUARDIAN WHEN LEASE IS NOT POSSIBLE

PLEASE RETURN AFFIDAVIT SIGNED AND NOTARIZED With 2 Current Bills or Mailed Items

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

Please fill in each of the blanks below. If the question does not apply to your situation fill in n/a.

1. I reside at

_____

2. My landlord is_____. His/her phone number is_____.

3. I spend(s) _____days a week at the above address.

4. My child/children spend(s) _____days a week at the above address.

5. The above residence is/isn't (circle one) my only address.
   I also reside at _____

Questions 6 – 8: When parents/guardians are not in the same household

6. I have sole/joint (circle one) custody of my child.

7. The child's other parent lives at _____.

8. The child spends _____days a week with his other parent.
   Please specify which days the child spends with other parent:
   (circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I, _____(parent name), am a resident of the Clarkstown Central School District.

I have resided at said address since _____(date).

I am the parent of _____(name of student) who permanently resides with me and I have full care, custody and control of said child. I make this affidavit in support of my claim of entitlement to a free public education for my child as a resident of the Clarkstown Central School District. I have provided this information to the Clarkstown Central School District with the understanding that if I have misrepresented any of the facts contained in this affirmation that such misrepresentation constitutes the filing of a false report with a governmental agency in violation of the provision of Section 210.40 and 210.45 of the New York State Penal Law and that I may be held civilly and criminally liable for such misrepresentation. I further understand that in addition to penalties outlined above, if I have misrepresented my residency, the Clarkstown Central School District will institute a legal action against me to recover tuition for my child's education.

I make this sworn statement with the intent that the District rely upon same in providing a free education to my child or children. I understand that knowingly making a false statement herein may be punishable as a crime under Sections 210.35 and 210.45 of the Penal Law of the State of New York and will be referred to the proper authority for prosecution to the fullest extent of the law.

Sworn to before me this

_____day of_____, 20___

_____
Notary Signature

_____
Parent Signature

_____
Date

Rev 02.24.23

TO BE COMPLETED BY OWNER OR CORPORATE OFFICER

Please attach current utility bill

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

AFFIDAVIT OF LANDLORD/OWNER OF PROPERTY WHEN LEASE IS NOT POSSIBLE

CLARKSTOWN CENTRAL SCHOOL DISTRICT
In the matter of the Investigation of the Residency Status of
(NAME (S) OF LESSEE/RENTEE
Pursuant to Section 3202 of the Education Law
STATE OF NEW YORK)
ss.:
COUNTY OF ROCKLAND)

_____ _____ _____
(Name of Landlord/Owner) (Owner's address) (Owner's phone number)

being duly sworn, deposes and says:

I am the owner or corporate officer of property within the Clarkstown Central School District located at

Address: _____

I have rented or leased occupancy of the premises described above to:

Name of lessee/rentee: _____

All persons who reside at the premises are as follows (attach list, if necessary):

1. _____ 2. _____

3._____ 4._____

5._____ 6._____

To the best of my knowledge and information, the persons named above are residents of the described premises and have no other residence.

The foregoing statements are made by me under the penalties for perjury and on the knowledge that the information I have given will be used by the Clarkstown Central School District in making determinations based upon the accuracy of my statement. **I make this sworn statement with the intent that the District rely upon same in providing a free education to my lessees/rentees' child or children. I understand that knowingly making a false statement herein may be punishable as a crime under Section 210.35, 210.40 and 210.45 of the Penal Law of the State of New York and will be referred to the proper authorities for prosecution to the fullest extent of the law.**

Sworn to before me this

_____day of_____, 20__

_____
Notary Signature

_____
Landlord/Owner Printed Name

_____
Landlord/Owner Signature **Date**

TO BE COMPLETED BY SUBLESSOR

(Please attach copy of your lease or current bills at the property)

AFFIDAVIT OF PERSON SUBLEASING PROPERTY
TO PARENT/GUARDIAN (SUBLESSEE/RENTEE)

CLARKSTOWN CENTRAL SCHOOL DISTRICT
In the matter of the Investigation of the Residency Status of
NAME (S) OF SUBLESSEE/RENTEE
Pursuant to Section 3202 of the Education Law
STATE OF NEW YORK

ss.:

COUNTY OF **ROCKLAND**

_____ _____ _____
(Name of Sublessor) (Sublessor's address) (Sublessor's phone number)

being duly sworn, deposes and says:

I am the Sublessor of property within the Clarkstown Central School District located at Address:

_____

I have agreed to share space, rent or lease occupancy of the premises described above to:
(Name of sublessee/rentee)_____ :

All persons who reside at the premises are as follows (attach list, if necessary):

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

To the best of my knowledge and information, the persons named above are residents of the described premises and have no other residence.

The foregoing statements are made by me under the penalties for perjury and on the knowledge that the information I have given will be used by the Clarkstown Central School District in making determinations based upon the accuracy of my statement. I make this sworn statement with the intent that the District rely upon same in providing a free education to my sublessees/rentees' child or children. I understand that knowingly making a false statement herein may be punishable as a crime under Section 210.35, 210.40 and 210.45 of the Penal Law of the State of New York and will be referred to the proper authorities for prosecution to the fullest extent of the law.

Sworn to before me this

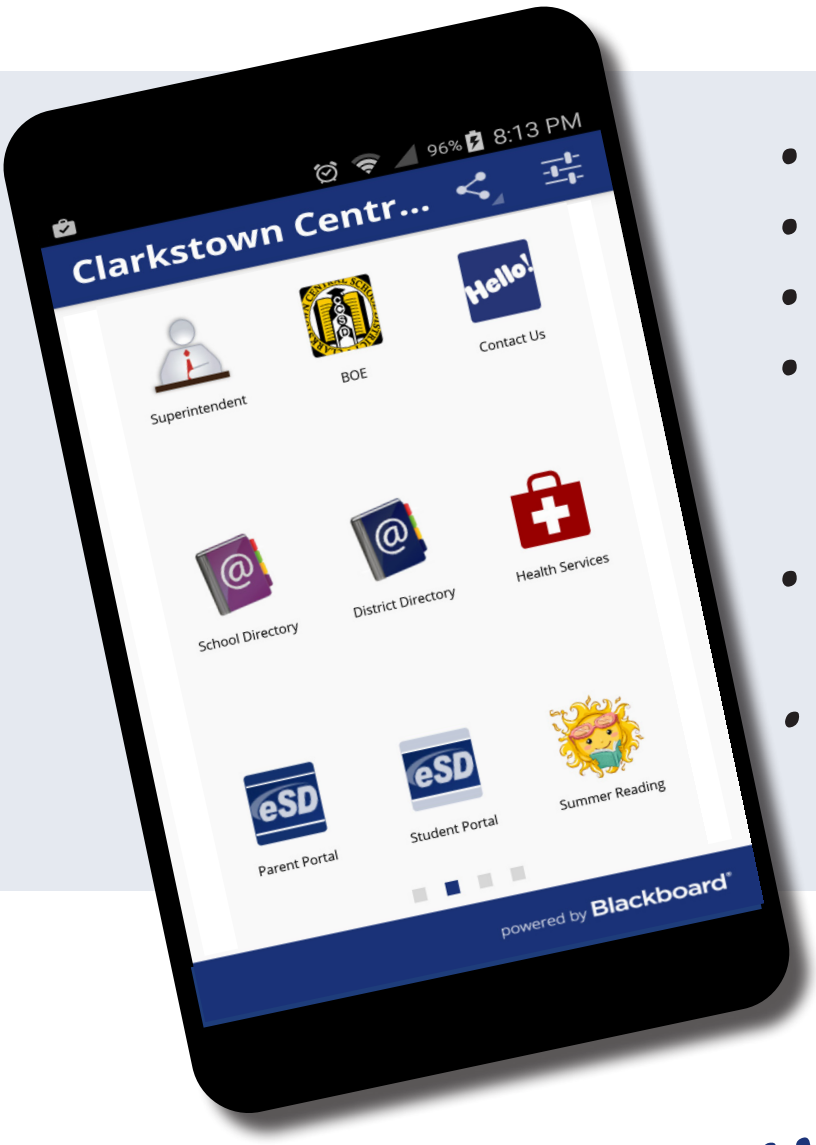
_____
Sublessor Signature

___ day of _____ ,20

_____
Date

_____
Notary Signature

GET THE CCSD APP



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

What are you waiting for?

CCSD

Google play

Available on the App Store

Search "Clarkstown"

CLARKSTOWN CENTRAL SCHOOL DISTRICT

62 Old Middletown Road · New City · NY 10956

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

Parent Portal

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

If you already have an account, you can login here.

If you do not have an account, you can create one here.

How to Register

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

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

Portal de Padres

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

¿Ya tienes una cuenta? Login here

¿Necesita crear una cuenta? create one here.

Cómo registrarse

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

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

Creating your eSchoolData Parent Portal Account

Go to www.ccsd.edu and find the "**Parents**" tab at the top of the screen.
After arriving at the **Parent Portal Page**, click on "**create one here**" and complete the three step account creation process.
School District: choose 'Clarkstown'

Step 1: Account Information

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

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

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

Step 3: Student Information

- Add your student(s) o ID Number: This number can be found on your students schedule AND/OR report card

o First Name: (enter first name)
o Last Name: (enter last name)
o School: Please select the building that your student attends
o Grade: Please select the grade that your student is in

- When you complete the information, click "Add student to the above list"
- Confirm that your student information is correct in the "My Student(s)" area at the top of the page
- Click **"Finish Registration"**

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

If you need assistance, please contact us using the helpdesk form from the parent portal page.

Clarkstown Central School District

TECH LOANER PROGRAM

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

We know how important access to technology is for today's learners. The Tech Loaner Program provides a District leased device (Chromebooks for grades K-8, Laptops for grades 9-12) to be loaned and assigned to each and every CCSD student to use for their school work while at school for all grades and also to be brought home to complete school assignments for grades 2-12. As of the 2026 - 27 school year every device in this program will be on a 3 or 4 year lease, no device will be older than 4 years.

Device Assignment / Collection Schedule

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

K & Grade 1 Students

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

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

Grade 2 Students

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

Grade 6 Students

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

Grade 9-12 Students

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

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

Sign Me Up! Loaner Device Agreement and Registration

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

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

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

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

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

Loaner Device Care

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

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

Show Your Loaner Device A Little Love

Chromebook Cases

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

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

Student Help - Tech Support

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



Student Files

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

SUPPORT

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

Can Students Use Their Own Device In School?

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

The Clarkstown Central School District ***NYSED Technology Plan 2026-2029*** *has been approved by the New York State Department of Education and can be reviewed on our website at www.ccsd.edu/techloaner*

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

VER_2024_0717

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

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

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

Adoption Date: May 6, 2021

Revised: December 8, 2021.

Clarkstown Central School District

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

Dear Parent or Eligible Student:

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

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

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

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

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

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

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

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

   Family Policy Compliance Office

   U.S. Department of Education

   600 Independence Avenue SW

   Washington, DC 20202-4605

NOTIFICATION OF DIRECTORY INFORMATION DESIGNATIONS

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

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

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

Sincerely,

{ Insert Building Principal's Name Here }

Adoption Date: March 31, 2015

Amended: December 7, 2017

Clarkstown Central School District