

WELCOME TO WILLIAMSON CENTRAL SCHOOL



Student Registration Packet

4184 Miller Street

Williamson, New York 14589

Superintendent: E. Bridget Ashton



Williamson Central School
IMPORTANT CONTACT INFORMATION

Transportation Department:

4388 Ridge Road
P.O. Box 900
Williamson, New York 14589
Phone: (315) 589-8319
Fax: (315) 589-8316
Email: transportation@williamsoncentral.org

Key Information:

- Transportation forms must be submitted yearly
- Transportation forms can be obtained from any main office or online
- Transportation forms can be submitted by mail, fax, email or online at:

williamsoncentral.org/departments/transportation

Elementary School:

6036 Highland Avenue
P.O. Box 900
Williamson, New York 14589
Phone: (315) 589-9668
Fax: (315) 589-8315

Nurse: Hayley Musclow

To report absence, early pickup, late arrival, change in pickup, etc. please send emails to:

wesattendance@williamsoncentral.org

CSE Department:

Located in the Elementary School
Phone: (315) 589-8308
Fax: (315) 589-8317

Director: Nancy Miller

Middle School:

4184 Miller Street
P.O. Box 900
Williamson, New York 14589
Phone: (315) 589-9665
Fax: (315) 589-8314

Nurse: Nick Weis

To report absence, early pickup, late arrival, change in pickup, etc. please send emails to:

wmsattendance@williamsoncentral.org

High School:

5891 Route 21
Williamson, New York 14589
Phone: (315) 589-9621
Fax: (315) 589-8310

Nurse: Joy Reynolds

To report absence, early pickup, late arrival, change in pickup, etc. please send emails to:

hsattendance@williamsoncentral.org

School Registrar:

Located in the Elementary School
Phone: (315) 589-8308
Fax: (315) 589-8317
Email: jjuby@williamsoncentral.org

Registrar: Jenn Juby



Williamson Central School: New Student Registration Checklist

Required Documents:

Proof of Age (One of the following): Due at time of Registration

- ❖ Birth Certificate (*preferred proof*)
- ❖ Record of Baptism
- ❖ Passport (including foreign passports)
- ❖ Other Official Documents (hospital records, government-issued ID)

Proof of Residency (One of the following): Due within 3 days of Registration**

Documentation must have parent/guardian's name and address on it

- ❖ Residential deed, lease, or mortgage statement
- ❖ Statement by third-party landlord, owner, or tenant from who the property is shared
- ❖ Utility Bill (gas, electric, water)
- ❖ Pay stub or income tax return
- ❖ Official driver's license, voter registration, or library card
- ❖ Other government-issued identification

Proof of Immunization & Physical Examination (Both required):

Due within 14 days of Registration

- ❖ Up-to-date Vaccination records (as per NYS Department of Health)
- ❖ Physical Exam completed within the last 12 months

Required Forms (included in Registration Packet):

- ❖ Student Registration Form – Due at time of Registration
- ❖ Custody Documentation, if applicable
 - Court Order(s)
 - If no Court Order is in place complete the enclosed Custodial Affidavit
- ❖ Request for Student Records
 - To obtain records from previous school district
- ❖ Home Language Questionnaire
 - To determine if English Language Learner (ELL) services are needed
- ❖ Household Income Form (for additional state and federal program eligibility)
 - Required for eligibility in programs beyond free school meals
- ❖ Transportation Form
 - Information for bus pick-up\drop-off

- ❖ Emergency Closing Information
 - Where students are to go in case of an emergency school closing
- ❖ Military Parent\Guardian Form (if applicable)
 - Allows the district to know who has a parent\guardian active in the military
- ❖ Migrant Education Program Form (if applicable)
 - For families who have moved for agricultural work in the past three years
- ❖ SchoolTool Parent Portal Application
 - To sign up to have access to Parent Portal
- ❖ Digital Citizenship
 - Technology rules and regulations
- ❖ Chromebook Parent Letter Form
 - Rules and Regulations regarding Chromebook use
- ❖ Potassium Iodide (KI) Refusal\Opt Out Form
 - Information and Opt Out regarding Radiation Emergencies
- ❖ Health History Form
 - Information regarding health concerns\conditions
- ❖ Authorization for Use or Disclosure of Protected Health Information
 - Release to obtain Health Information, if needed
- ❖ Dental Health Certificate
 - Information regarding dental treatment
- ❖ Medicaid Consent
 - Used to bill Medicaid for individuals receiving special education services

****Please be advised that if the District does not receive Proof of Residency within 3 days of enrollment, your child may be unenrolled from our District.**

All forms and documentation to be submitted within 7 days of enrollment, unless otherwise noted.

Additional Information:

District Website: <https://www.williamsoncentral.org/>

Registration Contact:

Jenn Juby – District Registrar

Located in the Elementary School Building – 6036 Highland Ave, Williamson

(315) 589-9661 ext. 4103

Health Office Contacts:

Elementary School Nurse: Hayley Musclow (315) 589-9668

Middle School Nurse: Nick Weis (315) 589-9665

High School Nurse: Joy Reynolds (315) 589-9621



Williamson Central School New Student Registration

Student Information

Legal Name (First\Middle\Last)		Preferred Name (First\Middle\Last)		Date of Birth	
Nickname (if applicable)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other	Preferred Pronouns	Current Grade		
Race\Ethnicity (used strictly for state & federal required reporting)					
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No 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. ***** Select one or more races from the following racial groups. (Check at least one box) <input type="checkbox"/> White <input type="checkbox"/> Black\African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian\Pacific Islander <input type="checkbox"/> American Indian\Alaskan					
Home Address		City	State	Zip Code	
Mailing Address (if different)		City	State	Zip Code	
Student Lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		Living Arrangement (used to determine eligibility for additional services) <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other _____		Student's Parents are <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deceased <input type="checkbox"/> Other	
IEP	504	Legally Blind	Custodial Restrictions	Order of Protection	Custody Papers
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
If Answered Yes to any of above questions, please provide more information: 					
Student's Doctor: Doctor Name & Phone Number:					



Student ID#: _____

Primary Parent\Guardian Information

Name		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian: _____	
Address	City	State	Zip Code
Email Address	Cell Number		Home Number
Employer	Work Phone	Receive Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	Okay to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent\Guardian Information

Name		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian: _____	
Address	City	State	Zip Code
Email Address	Cell Number		Home Number
Employer	Work Phone	Receive Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	Okay to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No

Siblings Living in Primary Residence

Name (First\Middle\Last)	Gender	Date of Birth (MM\DD\YYYY)



Student ID#: _____

Emergency Contacts

(Student is sick\injured, and the parent\guardian is not available\cannot be reached)

Name		Relationship <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Other _____	
Cell Number	Work Phone	Home Phone	
Okay to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name		Relationship <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Other _____	
Cell Number	Work Phone	Home Phone	
Okay to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name		Relationship <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Other _____	
Cell Number	Work Phone	Home Phone	
Okay to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

The undersigned affirms that the information provided herein is true and accurate as stated

Name: _____ **Signature:** _____ **Date:** _____

Relationship to Student: Parent Guardian Other (Please Specify) _____

**Please only complete if one or both custodial parents
are not residing with the child!**



Williamson Central School

CUSTODIAL AFFIDAVIT

1. I, _____, being duly sworn deposes and says:
2. I live at _____
Phone number (home) _____ (work) _____
3. (Full name of child) _____ is my (child's relationship to custodian)
4. _____ over whom I have total and permanent custody and control.
5. (Child's name) _____ has lawfully resided with me since
(date) _____
6. (Child's name) _____ intends to reside with me for
(length of time) _____ (Current grade in school) _____
7. Explain the duration of the living arrangements (Permanent, indefinite, to be terminated upon specific date, action/event): _____

8. Explain how custodian obtained total and permanent custody and control of the child: _____

9. Additional information describing any other location(s) where the child lives. Indicate the length of time the child is at that address and provide an explanation. If the child does not live at any other address, so indicate: _____

10. Food, clothing and all other necessities for this child provided by: _____

11. I, _____ (custodian) have assumed full responsibility for all matters relating to the child's education and medical care.

I/We certify that all of the information provided above concerning the residency of the individual set forth is true and accurate. I/We also understand that if we provide false information to the Williamson Central School District, I/we may be committing the crime of perjury in the 3rd degree and that we may be prosecuted on criminal charges for such false information.

Signature of Custodian

Date



Lisette Colon-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
_____	_____	_____
		<input type="checkbox"/> Male
		<input type="checkbox"/> 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?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	_____
			<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

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

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>	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>	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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

**Community Eligibility Provision (CEP)
Williamson CSD Household Income Eligibility Form**

2025-2026

Williamson Central School District is participating in the Community Eligibility Provision (CEP) in a non-base year. **All children** in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call 315-589-9621 if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE # _____

3. Household Gross Income:

List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address _____
Home Phone _____ Work Phone: _____
Home Address: _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application) Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12		
SNAP/TANF/Foster Income	Total Household Income/How Often:	Household Size:
Free Eligibility	Reduced Eligibility	Denied Eligibility
Signature of Reviewing Official		

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
 - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
-

PRIVACY ACT STATEMENT

The District will comply with the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974. The provisions afford parents and students over 18 years of age certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days of a request for access. This includes all official records, files and data that are incorporated into the student's cumulative record.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading.
3. The right to consent to disclosures of personally identifiable information contained in the student's educational records except to the extent that FERPA allows.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA.



Student ID#: _____

Williamson Central School

Transportation Application

School Year _____

Student Name	Date of Birth	Grade & Building
Primary Parent\Guardian (Home #1)	Phone – Cell	Phone - Work
Address	Town	State & Zip
Parent\Guardian (Home #2)	Phone – Cell	Phone - Work
Address	Town	State & Zip
Day Care Provider	Phone – Cell	Phone - Work
Address	Town	State & Zip

Daily Transportation Schedule

THESE MUST REMAIN CONSISTENT THROUGHOUT THE SCHOOL YEAR!

All Spaces Must Be Filled.

MORNING PICKUP

AFTERNOON PICKUP

	Home #	Day Care	No Bus Needed			Home #	Day Care	No Bus Needed
Monday	1 or 2				Monday	1 or 2		
Tuesday	1 or 2				Tuesday	1 or 2		
Wednesday	1 or 2				Wednesday	1 or 2		
Thursday	1 or 2				Thursday	1 or 2		
Friday	1 or 2				Friday	1 or 2		

If any of the above information changes during the school year, a new form must be completed. Forms can be submitted by email at transportation@williamsoncentral.org or online at williamsoncentral.org/departments/transportation under "Transportation Application Procedure & Forms and select "Fill out the Williamson Transportation Google Form Here". Please allow five (5) days for changes to become effective.

Parents of UPK students – please be advised that upon your student reaching the age of 4 they may be transferred from riding a small bus to riding a regular bus at the discretion of the Transportation Director.

I hereby authorize the Williamson Central School District to transport my child to/from the locations listed above.

Signature of Parent\Guardian
Relationship to Student
Date

FOR TRANSPORTATION DEPARTMENT USE ONLY:

Copied Date: _____ Entered BusRight: _____ Entered SchoolTool: _____



Williamson Central School Emergency Early Closing Information

There may be times due to adverse weather or other emergencies when it will be necessary to close early. If the determination is made before school opens on a certain day, local radio station WHAM (1180) will carry notification. Local TV Channels 8, 10, and 13 will also have this information. A Parent Square Message will also be sent out.

In the event that school closes after the students have arrived, it is imperative that each child (as well as school personnel) is aware of your emergency childcare request. Please complete the form below for each of your Elementary school children. **This information is updated on a yearly basis.**

An emergency closing may not always affect all of the buildings in the District. Therefore, older siblings might not be at home if the dismissal only involves the Elementary School.

PLEASE NOTE THAT WE ARE NOT ABLE TO CONTACT OR CALL PARENTS INDIVIDUALLY WHEN SUCH AN EMERGENCY CLOSING OCCURS. We will use our Parent Square messaging system to send information.

Parents who pick up their students daily at dismissal time are requested to make arrangements in the case of an emergency closing only.

Student Name: _____

Grade: _____

Please complete **either Section 1 or Section 2.**

1. NO SPECIAL ARRANGEMENTS ARE NECESSARY, please send the above student to their home address

OR

2. IN THE CASE OF AN EMERGENCY EARLY SCHOOL DISMISSAL the above student is to be transported to:

Name: _____

Address: _____

Phone: _____

Parent/Guardian Signature _____

Date _____



We appreciate **your** service to our **country**!

A new federal education act entitled ***Every Student Succeeds***, was signed in December of 2015. This act requires schools across the country to inquire as to whether our students have **an active military parent or guardian**. In an effort to stay connected with any military family within our district, we are asking that you complete this form, if it applied to your family and return it with your student contact information sheets.

Student Name: _____

Grade: _____

Military Family Member: _____

Relationship to the student: _____

Siblings: _____



IDENTIFICATION & RECRUITMENT PARENT SURVEY

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

Please take a few minutes to complete this questionnaire.

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

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



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

Parent/Guardian Name: _____

Home address: _____

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

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

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



Preparation

1. Fill out the *Application for SchoolTool Parent/Guardian Portal* and submit it to your student’s school or to Jennifer Juby (jjuby@williamsoncentral.org) at the district office.
2. Access your email; you will receive your first email as a ‘user’ from SchoolTool.

Logging In

3. Use your web browser to go to <https://st.edutech.org/williamson>
4. Click on “New User or Forgot Password?” below the login button.
5. Enter your email address and click submit.

LOGIN

USERNAME

PASSWORD

LOGIN

[New User or
Forgot password?](#)



Enter your email below to receive a new password (existing users only).
For new users or non-email usernames, please contact your district for assistance.

Email:

SUBMIT

★ Clicking Submit will cause an email message to be sent to you that will contain your new password.

6. Access your email for the password; look for an email from “SchoolTool”
(Note: the password may include a combination of letters, numbers, and/or symbols)
7. Log in to SchoolTool. Navigate back to the SchoolTool website <http://st.edutech.org/williamson>, type in your email address and the new password.
8. Change the password. Click the **Account** tab, enter the existing password, the new desired password (2x), and click on the Change Password button to finalize.

Students Campus Account Messages

MY HOME

CHANGE PASSWORD

Old Password:

New Password:

Confirm:

Change Password

Subsequent Logins

Simply navigate back to the SchoolTool website

<https://st.edutech.org/williamson> OR open the SchoolTool App on your

smartphone, enter your username (email address) and password, and click **Login**.

You will be presented with a screen containing four tabs:

- **Students:** Students listed under the parent/guardian; clicking on a student will show details.
- **Campus:** A parent/guardian will see general campus information
- **Account:** Ability to change passwords
- **Messages:** See messages



SchoolTool Parent Portal Application

Williamson Central School District

Primary Contact Information

Name: _____

Address: _____

Phone: _____

E-mail: _____

Student Name	Grade

Parent/Guardian Signature: _____

Date: _____



Williamson Central School

Release of Directory Information

The Williamson Central School will release or publish in school newsletters, school or student newspapers, athletic programs, musical or theatrical programs, news releases, district web page some and/or all of the following directory information pertaining to students as may be appropriate under the circumstance; name of students, photographs of students, name of parents, grade, age, height & weight of athletic team members, major fields of study, participation in school activities, extra-curricular activities and sport programs, academic honors, degrees, achievements, awards and scholarships.

Pursuant to the Every Student Succeeds Act, Williamson Central School District must disclose to military recruiters and institution of higher learning upon request the names, addresses and telephone numbers of high school students.

Under Title 34, Part 99, parent or eligible students who **do not** want this information released are able to request that this information is not released. Failure to make such a request shall be deemed consent to release directory information during the present school year.

DIGITAL CITIZENSHIP AGREEMENT

ADMINISTRATIVE REGULATIONS FOR TECHNOLOGY USE WILLIAMSON CENTRAL SCHOOL DISTRICT



OVERVIEW

With advanced technology comes an electronic network which provides vast, diverse, and unique resources. Our goal is to provide teachers, staff, and students with up-to-date technology, including a range of electronic devices and access to the Internet, to promote educational excellence in our schools by facilitating resource sharing, innovation and communication. Use of this technology within the Williamson Central School District is a privilege, however, not a right, and certain requirements must be adhered to. This extends to staff who have independent access to the district technology systems from their home or other remote location.

Note: The procedures are universal in scope for both students and district employees. The word “user” will be employed to refer to anyone that has access to district technology or utilizes district Internet access (wired or wireless) on a district or personal electronic device (cell phone, iPad, laptop, chromebook, Cellular HotSpots, etc.).

Williamson Central School District requires all members of its community to use electronic communications in a responsible manner. The Williamson Central School District may restrict the use of its computers and network systems for electronic communications, in response to complaints presenting evidence of violations of other Williamson Central School District policies, the Code of Conduct, or state or federal laws. Specifically, Williamson Central School District reserves the right to limit access to its networks, and to remove or limit access to materials posted on computers that can be accessed through LAKENet. It further reserves the right to provide or restrict access based on security, instructional impact, cost effectiveness, system performance and the needs of consortia members.

Williamson Central School District seeks to enforce its policies regarding harassment, safety and rights of individuals; to protect students and staff; to protect the district against legal and other consequences; to prevent the posting of proprietary software or the posting of electronic copies of literary works in disregard of copyright restrictions or contractual obligations; to safeguard the integrity of computers, networks, and data either at the district or within the wide area network; and to verify that use of electronic communication complies with the provision of these policies and those of the district for maintaining the educational environment.

REQUIREMENTS

EDUCATIONAL PURPOSE

1. Computer Technology in the Williamson Central School District and Internet access have been established for educational purposes, which include classroom activities, career development, and educational research projects consistent with Williamson Central School District policy.
2. Users are required to follow the rules set forth in the Williamson Central School District Student Handbook (and any other document or policy regarding student behavior) that may apply to the use of computer technology. Minimal personal use is acceptable when used appropriately and in compliance with policies, the Code of Conduct, laws and regulations..

Updated 8/7/2025

3. Users may not use the Internet for political lobbying, but you may use the system to communicate with elected representatives and to express your opinion on political issues. When using the Internet for this purpose, users may not claim to represent the official position of the Williamson Central School District without authority to do so.

STUDENT ACCESS

1. All students and staff will have access to the Internet World Wide Web information resources wherever available. Students in grades K-12 using the Internet at school will be subject to reasonable adult supervision. Parents/guardians must exercise appropriate supervision at home and outside of school.
2. All students & staff will have access to computer technology.
3. Access to the Internet and to district computer technology is not a right but a privilege and unacceptable usage will result in consequences which may also include revocation of this privilege.
4. Students will sign a digital citizenship agreement form annually.

This agreement must be reviewed on an annual basis.

UNACCEPTABLE USES

1. **Email and the Internet**

- a. Users are advised against posting contact information about themselves or other people. Personal contact information includes information regarding home addresses, telephone numbers, school addresses, work addresses, etc. If you are requesting materials for a school-related activity, your school address may be used.
- b. Users must immediately notify the District Coordinator of Network and Technology Services, teacher, or administrator if any message they receive is inappropriate or makes them feel uncomfortable.
- c. Users are required to refrain from engaging in social networking or communications except when such communication is in furtherance of a proper school or educational purpose.
- d. Mass email to an entire building that is not specific to school business must be approved by the building principal. If the mass email is to be sent to the entire district, it must be approved in advance by the District Coordinator of Network and Technology Services, Superintendent or Assistant Superintendent.

2. **Software**

- a. Users must not download software from the Internet without knowledge and consent of the Coordinator of Network and Technology Services. Downloading software could have an impact on the local network and/or the WAN.
- b. Users must not make illegal copies of district owned software. When software is purchased it is licensed for a particular computer or group of computers. To use software in a manner that is not in compliance with the software license is an infringement of copyright laws.

3. **Illegal Activities**

- a. Users must not attempt to gain access to any other computer system through the Internet access, or go beyond their authorized access. This includes attempting to log in through another person's account or access another person's files. These actions are illegal, even if only for the purpose of "browsing".

Updated 8/7/2025

- b. Users must not make attempts to disrupt the computer system or destroy data by spreading computer viruses or by any other means. These actions are illegal.
- c. Users must not use the Internet to engage in any other illegal act, such as arranging for the sale or purchase of illegal drugs or prohibited items, which includes alcohol and cigarettes, engaging in criminal gang activity, or threatening the safety of a person.
- d. Users must not willfully, maliciously or unlawfully damage or destroy property of the district, including 1:1 electronic devices provided by the district.

4. Inappropriate Language and Uses

- a. Users must not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language.
- b. Users must not post information that could cause damage or a danger of disruption to the computer network.
- c. Users must not engage in personal attacks, including those that are prejudicial or discriminatory.
- d. Users must not harass another person. Harassment is persistently acting in a manner that distresses or annoys another person or is otherwise “harassment” under district policy. If a user is told by a person to stop sending them messages, then the user must do so.
- e. Users must not knowingly or recklessly post false or defamatory information about a person or an organization.

5. Privacy of Students and Others

- a. Users must not share a message that was sent privately without permission of the person who sent the message.
- b. Users must not post private information, including photos, of or about another person.

6. Respecting Resource Limits

- a. Users must use the system only for appropriate activities, defined as those not restricted by this agreement.
- b. Users must not download files to a computer unless approved by a supervising adult.

7. Plagiarism and Copyright Infringement

- a. Users must not plagiarize works that they find on the Internet. Plagiarism is taking the ideas of writings of others and presenting them as if they were yours. This includes the use of artificial intelligence technology when submitting work as your own. Users must not participate in any activity that promotes academic dishonesty, such as sharing your work with others to pass off as their own.
- b. Users must respect the rights of copyright owners. Copyright infringement occurs when someone inappropriately reproduces a work that is protected by a copyright. If a work contains language that specifies appropriate use of that work, users must follow the expressed requirements. If users are unsure whether or not a work can be used, permission must be requested from the copyright owner. If in doubt about copyright status, consult with a teacher or library media specialist.

8. Inappropriate Access to Material

- a. Users must not use the Internet or any other computer technology to access material that is obscene (pornographic). Users must not access material that advocates illegal acts, or violence or discrimination towards other people (hate literature).

- b. If a user mistakenly, without intent, accesses inappropriate information, that user must immediately tell a teacher, administrator, or the District Coordinator of Network and Technology Services. This will be documented and may protect the user against a claim that the user has intentionally violated this policy. However, if a user repeatedly accesses the inappropriate information, a review will be done to determine if the access was truly accidental. If it is determined that access was accidental, no further action need be taken. If it is determined that this is NOT accidental, disciplinary action will be taken in accordance with existing procedures.
- c. If there is material that a parent feels is inappropriate for their child to use, the parent must follow Board policy to address this matter.
- d. Unauthorized virtual private network use is prohibited.

9. **System Security**

- a. Users are responsible for their individual account and must take all reasonable precautions to prevent others from being able to use their account.
- b. Users must immediately notify the District Coordinator of Network and Technology Services, teacher, or administrator or if they have identified a possible security problem. Users must not identify this problem to anyone other than those persons specified.
- c. Users must avoid the inadvertent spread of computer viruses by taking all reasonable precautions to verify that their diskettes or other data storage media is virus free.
- d. Any user identified as a security risk will be denied access to computer technology.
- e. The District Coordinator of Network and Technology Services will notify affected individuals, where there has been or is reasonably believed to have been a compromise of an individual's personal information, in compliance with the Information Security Breach Notification Act and other applicable laws, regulations, and policies.

YOUR RIGHTS

1. **Free Speech**

Technology communication is considered a limited forum, similar to the school newspaper, and the Williamson Central School District may restrict your speech for valid educational or other legitimate business reasons.

2. **Search and Seizures**

- a. Users must expect no privacy in their use, searches, or the contents of their personal files on the Williamson Central School district system. The system may be searched by designated individuals at any time and without notice for reasons determined by the district to be appropriate. Teachers, administrators, and the District Coordinator of Network and Technology Services will have access to student files on the Williamson Central School District's computer networks, subject to the restrictions of the Family Educational Rights and Privacy Act.
- b. Routine maintenance and monitoring of the Williamson Central School district's computer networks may lead to the discovery that a user has violated this policy, (or any other district policy) or the law.
- c. An individual search may be conducted at any time to determine if a user has violated the Acceptable Use Policy for Computer Technology, Student Handbook Policy.
- d. Parents have the right to request to see the contents of their child's account.
- e. Network storage areas may be treated like school lockers. The District Coordinator of Network and Technology Services may review files and communication to maintain system integrity and verify that users are using the system responsibly.

Users must not expect that files stored on district devices or internet usage on district devices will be private, as they are not and are at all times the property of the district.

3. Due Process

- a. The Williamson Central School District will cooperate in full with local, state or federal officials in any investigation related to any potentially illegal activities conducted through the Internet or Williamson Central School District networks.
- b. In the event there is a claim that a user has violated this Policy in the use of computer technology, the user will be provided with notice of the suspected violation and an opportunity to be heard through normal disciplinary procedures, as applicable.
- c. Williamson Central School District administrators will make the final determination as to what constitutes unacceptable use.
- d. The standards of acceptable use as well as prohibited conduct by staff as outlined in District policy and regulation are not intended to be all-inclusive. The staff member who commits an act of misconduct which is not specifically addressed in district policy and/or regulation may also be subject to disciplinary action, including loss of access to the District Computer System as well as the imposition of discipline under the law and/or the applicable collective bargaining agreement. There may additionally be civil and/or criminal consequences.

4. Limitation of Liability

The Williamson Central School District makes no guarantees that the functions or the services provided through the Williamson Central School District system will be error-free or without defect. The Williamson Central School District will not be responsible for any damage incurred, including but not limited to, loss of data or interruptions of service. The Williamson Central School District is not responsible for the accuracy or quality of information obtained through or stored on the system. The Williamson Central School District will not be responsible for any financial obligations arising through the unauthorized use of the system.

5. Personal Responsibility

- a. It is the user's responsibility to use technology, both inside and outside of school, in a proper, lawful fashion.
- b. In the event that we are required to go into remote learning:
 - o In the event that students in UPK through 5th grade are required to take their devices home, parents or guardians are responsible for ensuring the devices are picked up, following communication from the school. It is essential that all devices are collected in a timely manner to support uninterrupted learning. The district will work with parents/guardians to determine a schedule for device pickup.
 - o In the event a student does not have their device, the building administrator must be notified immediately. The administrator will work with the technology department to issue a replacement device as soon as possible.



Digital Citizenship Agreement

Student Section:

I agree to abide by the rules regarding authorized student internet use and understand that if I engage in any unauthorized use of the internet or any use that does not strictly comply with Williamson Central School's Policy, Practices, and Procedures, my internet privileges may be revoked, suspended, or modified. I further understand that I may be subject to personal liability and both civil and criminal responsibility for any unauthorized, inappropriate, or illegal use of the internet.

Student Name (Print): _____ Grade: _____ Date: _____

Parent/Guardian Section:

I have received and read a copy of the Administrative Regulations for the Use of Technology in the Williamson Central School District. I will emphasize to my child the importance of following the rules for personal safety. I will also discuss with my child any restrictions we may have at home, in addition to the restrictions established by the District.

Printed Name of Mother/Father/Guardian

Signature of Mother/Father/Guardian

Date

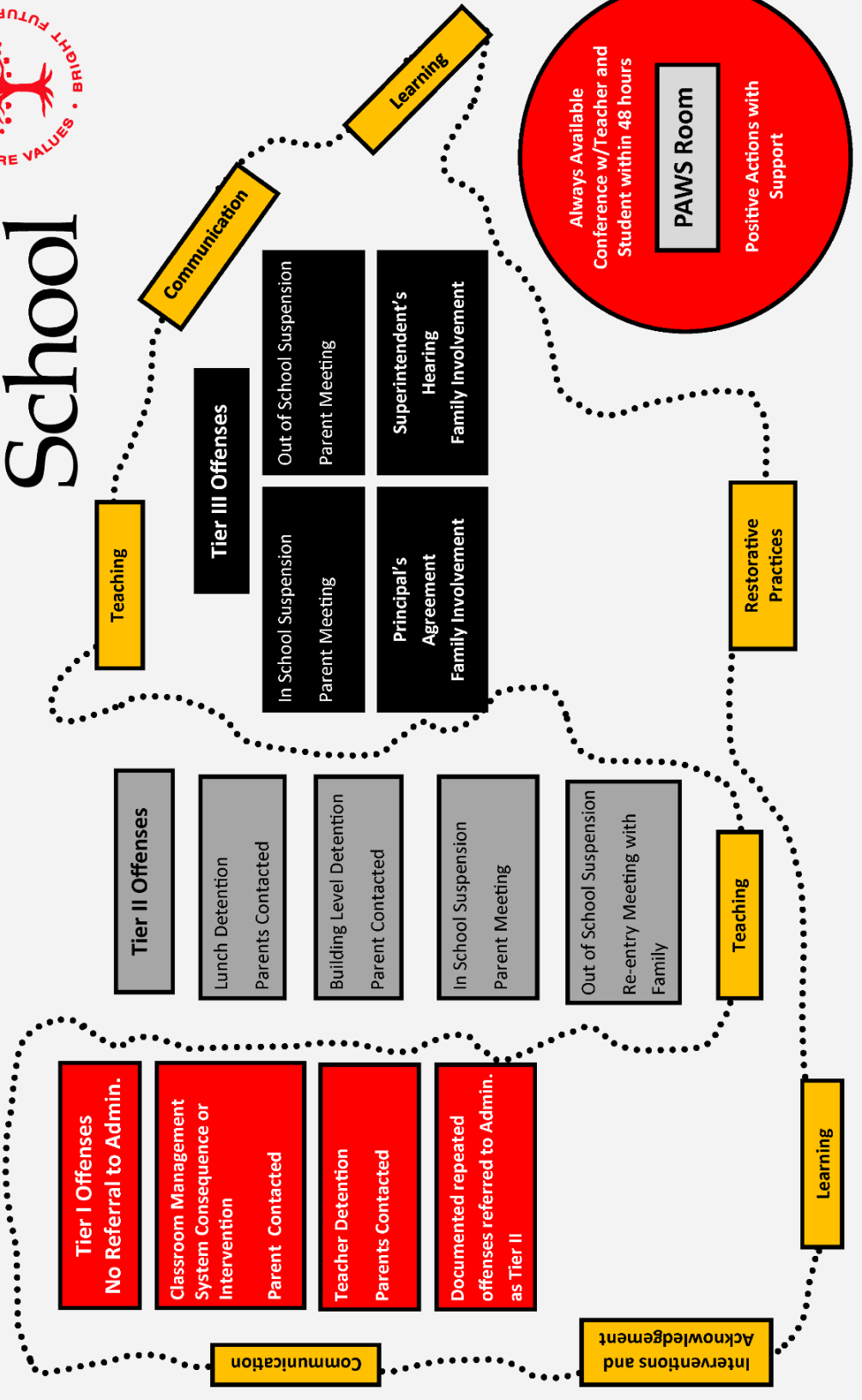
Consequence Flow Chart:

This is NOT a step system, but consequences should scaffold depending on severity and repetition.

Williamson Central School



Expectations Clearly Communicated



Williamson Central School

1:1 CHROMEBOOK PROGRAM REQUIREMENTS AND PROCEDURES

Dear Parents and Guardians,

Our Chromebook one-to-one initiative continues to transform Williamson's classrooms! Our students are increasingly able to access recent information, create content and work together. Over the last several years, we have refined and improved our requirements around 1:1 devices. Please read through the following information carefully.

Williamson Central encourages the use of devices and the network, including the Internet, as a tool for research and education and part of helping our students become life ready. The Chromebooks issued to students are the property of Williamson Central School District. The distribution of a Chromebook to each student is a privilege for responsible students, and may be revoked at any time for inappropriate conduct. Before a Chromebook is issued for use at home, students and parents or guardians will read the following Requirements and Procedures documentation and sign the Permission Form.

EQUIPMENT

- Students must have a Digital Citizenship Policy and Permission Form signed by a parent/guardian on file with Williamson Central School District in order to use the Chromebook at home.
- The school Chromebook must be used for educational purposes only and its use must not violate the existing Digital Citizenship Policy, Board policies, or the Code of Conduct.
- Students may not destroy, deface, or alter Chromebook equipment or files not belonging to the student. The device and accessories must be stored carefully when not in use.
- Students may not hide files or activities on the Chromebook.

THE NETWORK

- All use of the Chromebooks must comply with the District Code of Conduct.
- Students may not change, alter, bypass, or attempt to bypass any Chromebook security measures including filtered Internet sites. Usage of school devices and the network are monitored by the Administration and the District Coordinator of Network and Technology Services.
- There will be no use of unauthorized VPN networks.

PRIVACY

- It is a violation to share your Chromebook or your password with anyone else except your parents/guardians, or to access any account belonging to other students, faculty, or staff.
- Since the Chromebooks belong to the district, the district will be monitoring all devices. The district reserves the right to search Internet accounts accessed with school equipment at any time without notice or permission. Improper use of district technology devices will result in loss of network/Internet privileges, and other disciplinary consequences.

08/2025

RESPONSIBILITIES

By signing the Digital Citizenship Policy and this User Agreement and Parent/Guardian Permission Form, students and parents or guardians agree to:

- Submit their Chromebook to school authorities upon request. Such a request may be made in order to check browser histories and caches, as well as to verify Chromebooks do not contain any unapproved software or files.
- Accept monitoring of student usage of the Chromebooks at any time, when requested by school Personnel. Students and parents/guardians must be aware that files created using the Chromebook or stored on school servers are not private.
- Charge their Chromebook overnight each night to verify that they are fully charged for classes the next day. Just as students are required to be prepared for class by having all required materials, students will have a charged Chromebook available to them at the start of each day.
- Protect the Chromebook from damage and theft. Required precautions include the use of a protective case when transporting the Chromebook to and from classes and to and from school. If the Chromebook is lost, stolen, or damaged when off school grounds, it must be reported to the police and school administration immediately.
- Leave their Chromebooks at school for regular maintenance or upon disenrollment from the district. Parents/Guardians are encouraged to obtain their child's username and password in order to monitor the student's computer usage at home. If parents/guardians have any difficulties obtaining this password, they should contact the District Coordinator of Network and Technology Services.

STUDENT REQUIREMENTS

As a learner I will:

1. Never leave my Chromebook unattended or allow others to use it.
2. Make sure the Chromebook is not subject to careless, reckless, or intentional damage (e.g., as a result of horseplay).
3. Verify that, when the Chromebook is being transported with a case, it is as secure as possible.
4. Verify that my Chromebook is charged and ready for use.
5. Store my Chromebook in a safe place when not in use (e.g., lunch, PE, etc.). The Chromebook must be protected and no items will be stacked on top of it.
6. Use my Chromebooks for the task assigned by my teacher at all times.
8. Not decorate the Chromebook and not allow it to be subject to graffiti/defacing.
9. Not install or download software not approved by administration or teachers.

Student Responsibility for Remote Learning

In the event that we are required to go into remote learning:

- a. In the event that students in UPK through 5th grade are required to take their devices home, parents or guardians are responsible for ensuring the devices are picked up, following communication from the school. It is essential that all devices are collected in a timely manner

to support uninterrupted learning. The district will work with parents/guardians to determine a schedule for device pickup.

- b. In the event a student does not have their device, the building administrator must be notified immediately. The administrator will work with the technology department to issue a replacement device as soon as possible.

CONSEQUENCES FOR VIOLATION OF THESE REQUIREMENTS AND PROCEDURES:

By signing the PERMISSION FORM, you commit to the student requirements and understand the consequences for violation. In the event a student breaches any part of the Digital Citizenship Agreement and/or CHROMEBOOK PROCEDURES AND REQUIREMENTS, consequences will be imposed by the school. Each situation will be considered independently and consequences range from a discussion about the rules and requirements regarding Chromebook usage and/or a complete withdrawal of access to all district technology. The district may also pursue civil or criminal remedies depending on the nature of the infraction.

CHROMEBOOK REPAIRS:

Chromebooks are durable and will hold up well to daily use. We understand that there will be times when a Chromebook has a needed repair. Data review also tells us that multiple repairs are the result of a lack of care. The district will follow this repair plan when damages are deemed to be due to a lack of care:

1st Repair - Letter home.

2nd Repair - Letter home and 1 week access limited to just school.

3rd Repair - Letter home, discipline referral made to administration, and 2 week access limited to just school.

4th Repair - Letter home, discipline referral made to administration and 2 week access limited to just school.

*** If at any point, the damage is deemed to be purposeful the disciplinary process will be implemented and the student will be assigned appropriate consequences as outlined in our Code of Conduct.**

WILLIAMSON CENTRAL SCHOOL DISTRICT 1:1 CHROMEBOOK PROGRAM PERMISSION FORM

My signature below identifies that I have read and understand the Williamson Central School District Chromebook Procedures Form and discussed this with my child. I understand my initials on the appropriate statement below indicate my child's participation. Chromebooks, like any other school property, must be used for the educational purposes for which they are intended. The distribution of a Chromebook is a privilege, not a right, and may be revoked at any time for inappropriate conduct.

Please initial one of the two:

_____ I **provide permission** for my child to participate in the Williamson Central School District Chromebook program.

We are aware that the provided device is owned by the Williamson Central School District.

We are aware that the care and responsibility of the Chromebook (as outlined in the WCS Chromebook Digital Citizenship Policy and Procedures document, both in and out of school) is my child's.

We understand and agree that my child's use of the Chromebook is acknowledgement and agreement to comply with the Chromebook Program Requirements and Procedures, Chromebook Digital Citizenship Policy, Board of Education Policies, and the District's Code of Conduct.

We understand that in cases of theft, vandalism, fire, and other criminal acts, a police report **MUST** be filed by the child's parent/guardian. A copy of the official report must be provided to the school principal's office.

We understand that school devices and accessories must be returned to the Williamson Central School District when requested or at the end of a student's senior year. Students who withdraw or end their

enrollment in the district for any reason must return their Chromebook on the date of their withdrawal.

_____ I **DO NOT provide permission** for my child to participate in the Williamson Central School District Chromebook Program.

We understand that students will need to complete coursework through the use of a district owned computer (as available) during the day.

We understand that students are responsible for the completion of all assignments on the same timeframe and in the same manner as the students participating in the Chromebook program.

We understand and agree that my child's use of the District's network is acknowledgement and agreement to comply with the Board of Education Policies and the District's Code of Conduct.

Student's Name (Please Print)

Student Signature

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Williamson Central School

williamsoncentral.org
(315) 589-9661

PO Box 900
Williamson, NY 14589

E. Bridget Ashton
Superintendent of Schools

Dear Parent/Guardian:

Our school buildings are located within or near the ten-mile emergency planning zone (EPZ) of the Ginna nuclear power plant. In another step to safeguard public health, the Federal Nuclear Regulatory Commission amended its policy on the availability and use of the over-the-counter drug potassium iodide (KI) during a radiological emergency. As a result, New York State also revised its policy regarding the administration of KI.

KI is an over-the-counter drug that protects the thyroid from exposure to radioactive iodine. KI only protects this one organ against radioactive substance. It is not an alternative to evacuation or sheltering. In fact, evacuation and sheltering remain New York's primary public protective actions in the event of an accident at any nuclear power site.

Should the County and/or State Department of Health recommend the use of KI during an emergency while students are at school, the Williamson Central School District will have KI available on-site for your child. Evacuation from the ten-mile EPZ remains our primary protective radiological action. In the event that evacuation is not immediately possible and/or KI use is recommended by the County and/or State health officials, an appropriate dose of KI will be provided to your child. At present, the school has been provided with the pill form of this drug. Please see the attached fact sheets from the New York State Department of Health which has information on dosage, as well as other topics, to help you make your decision.

Once you have read all the pertinent information and made your decision, you **must** sign and return the enclosed form (on the reverse side of this letter) and return it to the school nurse in your child's building **as soon as possible** if you do **not** want the school to provide your child with KI in a radiological emergency. This form will remain in effect as long as your child attends their current school building, unless you notify us in writing that you now wish your child to be provided with KI. **Please note that if you do not return the enclosed form and KI use is recommended by health officials, your child will receive KI.**

If you have any concerns regarding your child's health and the use of KI, please discuss this with your child's health care provider. If you have questions about the schools program, you may contact me directly.

Best,

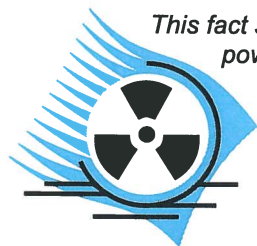
Elizabeth Bridget Ashton
Superintendent





Department of Health

Potassium Iodide (KI) and Radiation Emergencies Fact Sheet



This fact sheet is about the NYS policy for people, especially those who live within ten miles of a nuclear power plant, who may be exposed to radiation from a nuclear plant emergency. In December 2001, the federal Food and Drug Administration (FDA) said if there was a radiation emergency, people should take a drug that would help protect them from thyroid cancer. This drug is called potassium iodide (KI). The New York State Health Department agrees. The questions and answers below will give you more information.

1. What is potassium iodide (KI) and what is it used for?

If there is a radiation emergency at a nuclear plant, large amounts of something called radioiodine could be put into the air. This could hurt your thyroid gland, or even cause thyroid cancer later on. You could breathe in the radioiodine or eat food that has some radioiodine in it. When you take the KI pill, it protects your thyroid gland from being harmed.

2. How does KI work?

When you take the KI pill, it fills your thyroid with a kind of iodine that prevents your thyroid gland from taking in any of the radioactive kind of iodine.

3. What age group has the highest risk from exposure to radioiodine?

Young children have the highest risk. We have learned this from looking at children in Russia and other areas who were exposed to the radioiodine from the Chernobyl nuclear power plant accident.

4. When should KI be taken?

You need to take KI before or just after you are exposed to radioiodine. You can also take it 3 or 4 hours later, but it will not be as helpful.

5. How will I know if I should take KI?

If there is an emergency, you will hear an announcement from your local or state health officials. Your local health department will tell you when you should start taking KI and they will also tell you when you can stop taking it.

6. Does KI work in all radiation emergencies?

KI will only protect you from radioactive iodine. It does not protect you from other kinds of radioactive material. KI works very well to protect your thyroid gland. However, it protects only your thyroid, not other parts of your body.

7. What will happen in an emergency?

You will be told what, if any, actions you should take to protect yourself. This might include leaving the area, staying inside with your windows closed and/or taking KI.

8. Can people have reactions to KI?

In general, most people who have taken KI have not had any reactions (side effects). If people did have a reaction, it did not last very long. In a few cases, babies had a reaction in their thyroids. Adults who had reactions had stomach problems or a rash. The federal government thinks the benefits of taking KI are much greater than the risks.

9. Are there some people who should not take KI?

Most people can take KI, but you should talk to your doctor before taking it. Talk to your doctor before an emergency occurs. It is not a good idea to take KI if you have certain medical conditions or problems. Babies need to be watched carefully if they take KI.

10. How much KI do I take?

The table on the next page shows the smallest KI dose that different age groups can take which will protect the thyroid. KI comes in liquid, 65-mg tablets and 130-mg tablets. Since it is hard to cut many pills, the State Health Commissioner says that, in an emergency, it is safe for children at school or day care centers to take the whole pill. It's better for children under 12 years old to take the 65-mg pill, but it is safe to take the 130-mg pill if that is the only one you have. For children or babies who cannot take pills, parents and caregivers can cut or crush the pill to make lower doses, or give the liquid form of KI.

11. How often should KI be taken?

KI is helpful for about 24 hours. You should keep taking it once a day until the health department says to stop, or you are out of the emergency area.

Recommended Doses of KI for Different Age Groups

Age Group	KI Dosage	Number of ml liquid (65 mg/ml)	Number of 65-mg tablets	Number of 130-mg tablets
Adults over 18 years	130 mg	2	2	1
Over 12 -18 years and over 150 pounds	130 mg	2	2	1
Over 12 -18 years and less than 150 pounds	65 mg	1	1	1/2
Over 3 -12 years	65 mg	1	1	1/2
Over 1 month to 3 years	32 mg	0.5	1/2	1/4
Birth -1 month	16 mg	0.25	1/4	1/8

12. Does KI come in liquid or pill form?

KI can come as a pill or a liquid. Pills are available in 65-mg or 130-mg doses. KI is also available as a liquid.

13. If KI has been stored for a while, is it still OK to use?

The manufacturers say KI stays "fresh" for 5-7 years. If you keep it in a dry, dark and cool place, it should last for many years.

14. Do you need a prescription to get KI?

No. You are allowed to get it over-the-counter.

15. Can KI be purchased at local pharmacies?

Yes, though it may not widely available in drugstores near you. Since it is not a prescription drug, you can buy it over the Internet. As with other drugs, make sure the KI you buy has been approved by the FDA. A supply of KI has been made available to people who live within 10 miles of a nuclear power plant in New York State. If you live within 10 miles of a nuclear power plant and did not receive KI, contact your local Office of Emergency Management.



For additional information contact:

New York State Department of Health Infoline at 1-800-458-1158, extension 2-7550
or e-mail BERP@health.ny.gov

Other sources of information:

<https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm080542.pdf>
<https://www.fda.gov/drugs/emergencypreparedness/bioterrorismanddrugpreparedness/ucm072265.htm>
<https://www.fda.gov/drugs/emergencypreparedness/bioterrorismanddrugpreparedness/ucm072261.htm>
<https://emergency.cdc.gov/radiation/ki.asp>
http://www.who.int/ionizing_radiation/pub_meet/tech_briefings/potassium_iodide/en/
http://www.health.ny.gov/environmental/radiological/potassium_iodide/

Rev. 3- April 2017



Williamson Central School

Potassium Iodide (KI) REFUSAL/OPT OUT Form

If you **DO NOT** want your child given Potassium Iodide (KI) in the event of a radiological emergency, complete this form and return it by October 1st.

I understand that Potassium Iodide (KI) will be given to my child if recommended by the County and/or State Department of Health in a radiological emergency unless I disagree.

I have read and understand the Parent/Guardian letter, Potassium Iodide (KI) Q & A's and Department of Health KI information sheet.

I **DO NOT** want my child given potassium iodide (KI) in the event of a radiological emergency.

Child's Name _____

Grade _____ Teacher/Homeroom Teacher _____

Parent/Guardian Signature _____

Date _____ Telephone Number _____

**IF YOU DO NOT RETURN THIS FORM AND KI USE IS
RECOMMENDED BY HEALTH OFFICIALS, YOUR
CHILD WILL BE ELIGIBLE TO RECEIVE KI.**

Williamson Central School

williamsoncentral.org
(315) 589-9661

PO Box 900
Williamson, NY 14589

E. Bridget Ashton
Superintendent of Schools

Health History

Students Name: _____ DOB: _____

Has Student Ever:

****If you answer YES to any of the following questions please provide an explanation!**

- | | | |
|-----------------------------------------------------------------------------------------------------------------|----|-----|
| -Had any serious injuries, illness or operation? | No | Yes |
| -Had any dizziness, fainting, or chest pain while exercising? | No | Yes |
| -Had any asthma or other breathing problems? | No | Yes |
| -Had any heart problems or high blood pressure? | No | Yes |
| -Had a bleeding disorder? | No | Yes |
| -Had a liver or spleen problem? | No | Yes |
| -Had a hernia, undescended testicle or absence of one testicle? | No | Yes |
| -Had kidney disease or absence of one kidney? | No | Yes |
| -Had any muscle, joint, or bone problems, including fractures? | No | Yes |
| -Been knocked unconscious, or had a concussion? | No | Yes |
| -Had seizures? | No | Yes |
| -If yes, are they well controlled? | No | Yes |
| -Does your child have any current skin problems, sores, or rashes? | No | Yes |
| -Are there any life threatening allergies? | No | Yes |
| -Does your child have any other life threatening conditions? | No | Yes |
| -Is the student currently taking any medication? | No | Yes |
| -Are medications needed for the sport? | No | Yes |
| -Does the child have MD permission to self carry the medication? | No | Yes |
| -Does your child have Diabetes? | No | Yes |
| -Does your child have absence of vision in one eye or loss of an eye? | No | Yes |
| Does your child wear glasses or contact lenses? | No | Yes |
| -Does your child have hearing impairment in one,, both ears? | No | Yes |
| -Does your child wear orthodontic equipment (braces, retainer, etc.)? | No | Yes |
| -For Girls: Are there any problems regarding menstruation? | No | Yes |
| FAMILY HEART HEALTH HISTORY (Dominic Murray Sudden Cardiac Prevention Act): | | |
| -Enlarged heart/Hypertrophy/Dilated Cardiomyopathy? | No | Yes |
| -Arrhythmogenic Right Ventricular Cardiomyopathy? | No | Yes |
| -Heath rhythm problems, long or short QT interval, Brugada Syndrome, Catecholaminergic Ventricular Tachycardia? | No | Yes |
| -Marfan Syndrome (aortic rupture)? | No | Yes |
| -Heart attack: structural or other known heart abnormalities, repair or not. | | |
| Unexplained fainting, seizures, drowning, or car accident: | | |
| or sudden death before age 50? | No | Yes |
| -Pacemaker or implanted cardiac defibrillator (ICD)? | No | Yes |
| -Has there been a recent COVID infection? | No | Yes |
| -Were the symptoms mild? | No | Yes |
| -Did it require hospitalization? | No | Yes |

Parent/Guardian Signature: _____ Date: _____

Reviewed by Signature: _____ Date: _____



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Authorization for Use or Disclosure of Protected Health Information

In order to share protected health information with the school district, your healthcare provider may require completion of the form below to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Please complete, sign and give the form to your healthcare provider and/or to your school nurse to avoid delays in care for your child.

I, _____ authorize my child's healthcare provider(s) listed below:

Name _____ Phone _____ FAX _____

Name _____ Phone _____ FAX _____

to release the medical records of my child, _____, DOB _____

to the district's: Medical Director School Nurse Athletic Trainer (AT) Counselor Occupational Therapist (OT) Physical Therapist (PT) Psychologist Social Worker Speech Therapist (ST)

Other _____

The healthcare provider may disclose the following information: (Parent/School: check all that apply)

Immunizations Health Appraisals Past/Current Medical Conditions and impact on attendance, athletics, or school programming or therapy Other _____

The Protected Health Information may be used, disclosed or received for the following purpose(s):

(Parent/School: check all that apply)

- To develop care or therapy plans for routine and emergent school management
- To design appropriate educational, school, or athletic programs
- To assess the impact of the medical condition(s) on school programming and/or attendance
- To share school observations/concerns surrounding behavior
- To assess a medical basis for modification of transportation and/or home tutoring
- Medication delivery or therapy prescriptions
- At patient's request with no specified purpose
- Other _____

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building. I understand that the revocation of this authorization is not effective if the Healthcare Provider or District has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice. I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law. I understand that my child's treatment is not dependent on my agreement to release or withhold information. I acknowledge that the district will share relevant school information with my healthcare providers and when applicable with those governmental agencies as required for reimbursements. I give permission for the school representatives above to share and disclose information as indicated above with the health care provider listed.

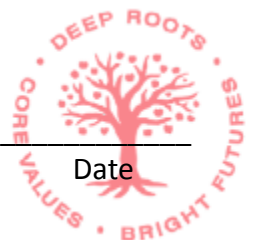
PARENT/GUARDIAN: This authorization is valid for the duration of attendance within the Williamson CSD. YOU MAY REFUSE TO SIGN THIS AUTHORIZATION. A signed copy of this authorization must be given to the parent of the minor child or you can choose to waive that right.

I waive my rights to receive a copy of this notice.

Signature of Parent/Guardian or Student if over 18

Relationship

Date



**Williamson CSD
Committee on Special Education
P.O. Box 900
Williamson, NY 14589 ((315) 589-8308)**

Medicaid Consent

Student Name: _____

DOB: _____

Client Identification Number (CIN): _____

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services and to release information to the school district's/county's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____, have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The school district/county must give me annual written notification of my rights regarding this consent.

___ I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

___ I also give my consent for the school district/county to release the following records/information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (e.g. records or information about services your child receives, student demographic information):		
IEP	Session Notes	Other Personally Identifiable Information
Written Order/Referral	Medication Administration Report	Any Other Specific Records Pertaining to the Student's Services or Program
Evaluation Reports	Special Transportation Log	

Student's CIN, if known: _____

___ I do not give consent to bill the Medicaid Insurance Program for special education and related services that are on my child's individualized education program (IEP). Regardless of my decision to deny consent, all required services in my child's IEP will be provided at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____