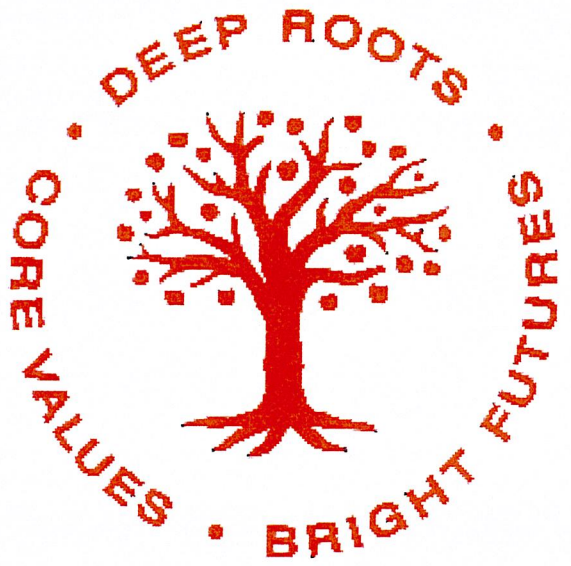
WELCOME TO WILLIAMSON CENTRAL SCHOOL



Student Registration Packet

2026-2027 School Year

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

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

Director: Nancy Miller

School Registrar:
Located in the District Office
Phone: (315) 589-9661, ext. 4103
Fax: (315) 589-7611
Registrar: Michelle Bliek

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

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

Nurse: Syaira Scott

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: TBD

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

hsattendance@williamsoncentral.org

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:
Michelle Bliek – District Registrar
Located in the District Office – 4184 Miller Street, PO Box 900, Williamson
(315) 589-9661 ext. 4103

Health Office Contacts:

Elementary School Nurse: Hayley Musclow (315) 589-9668
Middle School Nurse: Syaira Scott (315) 589-9665
High School Nurse: TBD (315) 589-9621

Student ID#:

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**	**Preferred Pronouns**	**Current Grade**
	☐ Male ☐ Female ☐ Non-Binary ☐ Other		

Race\Ethnicity (used strictly for state & federal required reporting)

Hispanic ☐ Yes ☐ 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)

☐ White ☐ Black\African American ☐ Asian ☐ Native Hawaiian\Pacific Islander ☐ American Indian\Alaskan

Home Address	**City**	**State**	**Zip Code**

Mailing Address (if different)	**City**	**State**	**Zip Code**

Student Lives with	**Living Arrangement** (used to determine eligibility for additional services)	**Student's Parents are**
☐ Both Parents	☐ Permanent Housing ☐ Temporary Housing	☐ Married
☐ Mother	☐ Homeless ☐ Shared Housing	☐ Divorced
☐ Father	☐ Other _____	☐ Separated
☐ Guardian		☐ Deceased ☐ Other

IEP	**504**	**Legally Blind**	**Custodial Restrictions**	**Order of Protection**	**Custody Papers**
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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** ☐ Mother ☐ Father ☐ Guardian: _____	
Address	**City**	**State**	**Zip Code**
Email Address	**Cell Number**	**Home Number**	
Employer	**Work Phone**	**Receive Mailings** ☐ Yes ☐ No	**Okay to Pick-Up Student** ☐ Yes ☐ No

Parent\Guardian Information

Name		**Relationship** ☐ Mother ☐ Father ☐ Guardian: _____	
Address	**City**	**State**	**Zip Code**
Email Address	**Cell Number**	**Home Number**	
Employer	**Work Phone**	**Receive Mailings** ☐ Yes ☐ No	**Okay to Pick-Up Student** ☐ Yes ☐ 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** □ Stepmother □ Stepfather □ Grandmother □ Grandfather □ Sibling □ Aunt □ Uncle □ Other _____
Cell Number / **Work Phone** / **Home Phone**	
Okay to Pick-Up Student □ Yes □ No	

Name	**Relationship** □ Stepmother □ Stepfather □ Grandmother □ Grandfather □ Sibling □ Aunt □ Uncle □ Other _____
Cell Number / **Work Phone** / **Home Phone**	
Okay to Pick-Up Student □ Yes □ No	

Name	**Relationship** □ Stepmother □ Stepfather □ Grandmother □ Grandfather □ Sibling □ Aunt □ Uncle □ Other _____
Cell Number / **Work Phone** / **Home Phone**	
Okay to Pick-Up Student □ Yes □ 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) _____

New York State Housing Questionnaire

Identifying and serving students in temporary housing under the McKinney-Vento Act and NYS Ed Law §3209

This form is to be completed when a student first enrolls, and any time a change in housing status occurs. There are no wrong answers. This form may be filled out independently, or the McKinney-Vento Liaison can assist. To access a list of McKinney-Vento Liaisons, please visit https://www.nysteachs.org/liaisons

District or LEA	School Name

About this form and your rights

Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The **McKinney-Vento Homeless Assistance Act**, together with **New York State Education Law Section §3209**, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home.

Eligible students have the right to:

- ✔ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing.
- ✔ Immediately enroll in the local school where they are temporarily staying (the school of current location).
- ✔ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records.
- ✔ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles).
- ✔ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available.

This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. Please note that this information will not affect your immigration status, your child's enrollment, or your eligibility for other school services.

STUDENT INFORMATION:

Student Name (Last, First)	Student Grade Level (Preschool-12)
Student Gender ☐ M ☐ F ☐ X= Nonbinary	Student Date of Birth (Month/Day/Year)
Parent, Legal Guardian Name	
Phone Number	E-Mail Address

Address where the student is currently living

Where is the student residing right now?

Under the McKinney-Vento Act, students are protected when their nighttime residence is not **fixed, regular, and adequate.** Check every box that describes where **the student** is residing right now.

☐ Permanent housing: you own, rent or lease a fixed, regular, and adequate home

☐ Doubled-up: staying with another family or person due to a loss of housing, economic hardship, eviction, or other similar reason

☐ In an emergency, transitional, or domestic violence shelter. Shelter or program name: _____

☐ In a hotel or motel because there is no other alternative, adequate place to stay

☐ In a car, park, campsite, bus/train station, abandoned building, or another place not meant for stable habitation or established dwelling

☐ In a place with no heat, running water, or electricity, or that is otherwise structurally unsafe or inadequate to reside in

☐ Displaced by a fire, flood, natural disaster, or other emergency

☐ Another temporary situation not listed here: _____

Is there anything else you would like us to know about your situation? (optional)

_____

Is the student an Unaccompanied Homeless Youth (UHY)?

The McKinney-Vento Act identifies students who are not living with a parent or legal guardian, and are not residing in permanent housing, as **Unaccompanied Homeless Youth (UHY)**. UHYs have the right to enroll in school and to complete and sign this form independently, without a parent or adult present. The McKinney-Vento Liaison can assist UHYs with this process.

☐ **Please check the box if you believe the student identified above may meet the McKinney-Vento eligibility criteria described above.**

Additional Children within the Household?

To help us identify and support all eligible children and youth, please list every child who is currently living with you, regardless of age or school enrollment status. This includes infants, preschool-aged children, and school-aged children.

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Accuracy of Information and Signature

The person completing this form certifies that the information provided above is correct and accurate to the best of their ability.

Name (print): _____

Signature: _____ **Date:** _____

An unaccompanied homeless youth may sign on their own behalf.

Need help? Contact the McKinney-Vento Liaison listed at the top of this form or call the NYS-TEACHS Helpline at 800-388-2014. Visit nysteachs.org for more information.

OFFICIAL USE ONLY (School Staff)

Date received: _____ **Received by:** _____ Eligibility: ☐ Eligible ☐ Not Eligible ☐ Pending

Homeless Primary Nighttime Residence Code (SIRS):
☐ D = Doubled-up ☐ S = Shelter ☐ H = Hotel/Motel ☐ U = Unsheltered ☐ T = Transitional Housing
Unaccompanied Homeless Youth (UHY): ☐ Yes ☐ No
Designation Form: ☐ Yes ☐ N/A ☐ Coded in Student Information System (SIS)
Liaison notified (initials): _____ Date: _____ ☐ Family declined to provide information

Notes:

_____

_____

_____

_____

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

Williamson Central School District
PO Box 900
Williamson, New York 14589

Request for Student Records

Student Name: _____ Date of Birth: _____

I, _____ give permission to the Williamson Central School District to obtain my child's school records from:

Previous School Name: _____ Grade _____

Previous School Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

The following information is requested:

- Academic Records
  - ___ Report cards for each year
  - ___ Transcript
  - ___ Schedule
  - ___ Discipline records
  - ___ Exiting grades
  - ___ Regents Appeal paperwork (if applicable)
  - ___ High School Science Labs/minutes
  - ___ Science Investigation Labs Completed (Elementary/Intermediate – send copies)
- Health Records including immunization dates and medical data
- Achievement, aptitude, intelligence and similar test scores and psychological evaluations
- Special Services plans and evaluations such as IEP, 504, BIP

I authorize the release of my child's records to the Williamson Central School District:

_____ _____

Signature of Parent/Legal Guardian (or student over 18) Date

This request is authorized by and consistent with the Family Education and Privacy Act (Buckley Amendment). Under this act teachers and school officials who work with the students and schools to which students apply for entrance may also have ***access to education records without parent consent****.* Please forward requested records to the indicated school by fax or email:

	School	Phone	Fax	EMail
	Williamson Elementary	(315)589-9668	(315)589-8315	kvandewalle@williamsoncentral.org
	Williamson Middle School	(315)589-9665, x3512	(315)589-8314	hclerkin@williamsoncentral.org
	Williamson High School	(315)589-9621, x5510	(315)589-8310	aprater@williamsoncentral.org
	Williamson District Office	(315)589-9661 x4103	(315)589-7611	mbliek@williamsoncentral.org
	Williamson CSE Office	(315)589-8308	(315)589-8317	dhill2@williamsoncentral.org

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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

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*

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?	❑ Parent 1 *specify*	❑ Parent 2 *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:	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*
❑ ❑ ❑ *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: ❑ Parent ❑ 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:

WILLIAMSON CENTRAL SCHOOL DISTRICT

2026-27 Household Income Survey & Education Benefit Form

For the 2026-27 School Year, Williamson Central School District will participate in the Community Eligibility Provision (CEP). This means that all children enrolled in the Williamson Central School District will receive breakfast and lunch at no charge each school day, regardless of household income or whether or not this form is returned.

However, our district still relies on this alternative income data to secure critical state education funding and local student benefits. Read the instructions, **complete only one form for your household, sign the certification, and return it to your child's school.** Call *315-589-9621* if you need help. Legal and privacy disclosures are detailed on the next page of this form.

PART 1. SCHOOL- AGE CHILDREN IN HOUSEHOLD

Directions: Fill in the following information for all WCSD students (Grades UPK-12) living in your household.

Student Name	School (Elementary, Middle, or Senior High)	Grade	No Income	CHECK ONLY IF APPLICABLE	
			☐	☐ Foster Child	☐ Homeless
			☐	☐ Foster Child	☐ Homeless
			☐	☐ Foster Child	☐ Homeless
			☐	☐ Foster Child	☐ Homeless
			☐	☐ Foster Child	☐ Homeless

PART 2. SNAP/TANF/FDPIR BENEFITS

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here.

Name: _____ CASE #_____

PART 3. HOUSEHOLD SIZE & INCOME

List all the ***other*** people living in your household, including any older children, other family members, or anyone else (related or unrelated). Include 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 "*No Income*" box. If you have listed a foster child above, you must report their personal income in the table below.

Name of **ALL OTHER** household members **and** any school-aged children (listed in Part 1, that earn income)	Earnings from **WORK before deductions** *Amount / How Often*	Child Support, Alimony *Amount / How Often*	Pension, Retirement Payments *Amount / How Often*	**Other Income,** Social Security *Amount / How Often*	No Income
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐

PART 4. HOUSEHOLD CERTIFICATION & SIGNATURE

I certify that I am the parent or legal guardian of the student(s) named above. I acknowledge that I have read the Privacy Act and Data Protection Statement attached below. I understand that providing this income information is completely voluntary, does not affect my child's access to free school meals, and will be used strictly for school funding and educational fee waiver purposes under NYS Education Law Section 2-d.

Parent/Guardian Printed Name (First and Last): _____

Parent/Guardian Signature: _____ Date (MM/DD/YYYY): _____

Home Address: _____

Phone: (____)_____ Email :_____

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

Date Received:

DCMP: Y / N: MEDICAID SNAP TANF Foster Homeless

Total Household Income: How Often: Household Size:

Free Eligibility Reduced Eligibility Denied Eligibility

Signature of Reviewing Official:

HOUSEHOLD INCOME SURVEY INSTRUCTIONS

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

(1) Print the names of the school-aged children, including foster children, who live in the household.
(2) List their school and grade.
(3) Check the box to indicate if the student has no income, if they are a foster child, or if the student is homeless.

PART 2 **HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2**

(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.

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

(1) Write the names of everyone else in your household, whether or not they earn income. Include yourself, 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 form

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PRIVACY ACT STATEMENT

The United States Department of Agriculture has approved the release of students' names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate the socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to state health or state education programs administered by the state agency or local education agency, provided the state or local education agency administers the program.

Student ID#:

Williamson Central School

Transportation Application
School Year 2026-2027

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

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

AFTERNOON PICKUP

	Home #	Day Care	No Bus Needed
Monday	1 or 2		
Tuesday	1 or 2		
Wednesday	1 or 2		
Thursday	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 2025-2026 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: _____

Williamson Central School

NEW YORK STATE
MIGRANT EDUCATION PROGRAM

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.

SchoolTool Parent/Guardian Portal Guide

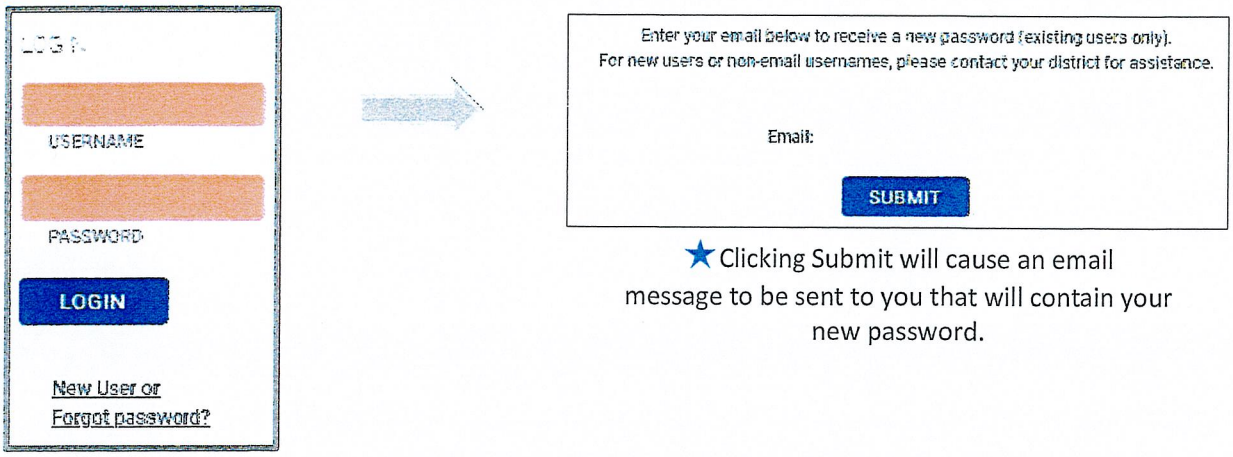
Williamson Central School District

Preparation

1. Fill out the *Application for SchoolTool Parent/Guardian Portal* and submit it to your student's school or to Michelle Bliek (mbliek@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.

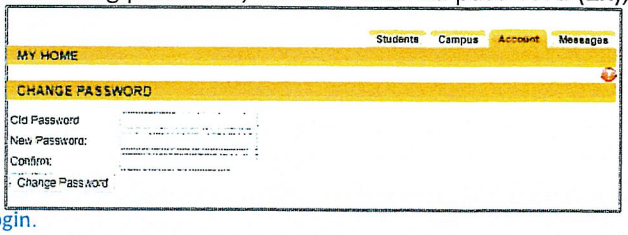


★ Clicking Submit will cause an email message to be sent to you that will contain your new password.

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.



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

DIRECTORY INFORMATION OPT OUT

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects student education records from disclosure without parent/guardian or eligible student (age 18 or older) consent. An exception allows educational agencies to disclose certain "directory information" without consent. This information can only be disclosed if "it would not generally be considered harmful, or an invasion of privacy is disclosed."

Examples of how this information may be used include but are not limited to honor roll and recognition lists, PTA membership, school play and concert programs, graduation programs and sports activity sheets (such as football showing the weight and height of team members).

The Williamson Central School District has determined that the following information is directory information:

- Students' 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)
- Address
- Telephone number
- Date of birth
- Major course of study
- Participation in school activities or sports
- Weight and height if a member of an athletic team
- Dates of attendance
- Degrees and awards received
- Most recent school attended
- Grade level
- Photograph
- Video of participation in school programs (e.g., athletics, performing arts)
- E-mail address
- Enrollment status

Williamson Central School

If you do not want the Williamson Central School District to disclose any of the above information as directory, please review the information above that you do not want disclosed and return this form to:

Registrar
4184 Miller Street
P.O. Box 900
Williamson, NY 14589

Student's First and Last Name: _____

School Building: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

For help with this form or understanding your rights or if you change your mind and wish to opt back in, please contact:

The District's Registrar at optout@williamsoncentral.org or by phone (315) 589-9661

Note: If you also wish to restrict your child's photograph/video from being posted on district social media, websites, or newsletters, please complete the separate **Media Opt-Out Form** available on the district website.

Williamson Central School

PHOTO/VIDEO MEDIA RELEASE
OPT-OUT

Photographs and/or videos of your child at school or school-sponsored events and extracurricular programs may be taken by school employees or by other individuals at the request of the school. The Williamson Central School District shares publications such as newsletters and maintains a website and several social media sites where we share photographs and information about the school and our students' achievements and activities.

The Williamson Central School District uses the following social media sites:

- Facebook
- Instagram
- X (formerly Twitter)

NOTE: School officials cannot prevent the media or community organizations from photographing or interviewing students off school property which may occur for certain sporting events, school plays, concerts or other public events.

If you authorize WCSD to use your child's image or likeness and name as described above, nothing is required of you.

If you wish to **DENY PERMISSION** for the inclusion of your child's image or likeness in media, including school-sponsored social media accounts, the school district website, partner publications, or school district publications, please complete the required section below even if you already opted out of directory information.

Submit your document to optout@williamsoncentral.org or mail to:

Registrar
4184 Miller Street
P.O. Box 900
Williamson, NY 14589

You should receive confirmation that your form was received.

Williamson Central School

I am the parent or guardian of the below student and I do not consent to the use of my child's image or likeness in media, including school-sponsored social media accounts, the school district website, partner publications, or school district publications.

Yearbook Exception (Optional)

- ☐ **INCLUDE MY CHILD IN THE YEARBOOK ONLY:** Check this box if you **DO** want your child's photo, name, and likeness included in the school yearbook, but wish to opt out of social media, websites and district publications.

Student's First and Last Name: _____

School Building: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

For help with this form or understanding your rights or if you change your mind and wish to opt back in, please contact:

The District's Registrar at mbliek@williamsoncentral.org or by phone (315) 589-9661.

Updated 07/29/26

2026-2027 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..

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.

4. Artificial Intelligence (AI) and Generative AI (GenAI): The District values foundational academic skills—including critical thinking, independent writing, and analysis—as central to our educational mission. AI technologies must enhance learning, not replace personal effort or original work. Students may use GenAI tools for assignments only when explicitly authorized by their teacher. When permitted, users are responsible for verifying all AI output for accuracy, recognizing potential biases or "hallucinations," and citing sources properly.

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".

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.

f. Users must not use Generative AI or Traditional AI tools to impersonate another individual, create misleading/harmful content ("deepfakes"), bully, exploit, or harass others.

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.

c. Users must respect copyright restrictions. Users are strictly prohibited from entering copyrighted, confidential, or personally identifiable information into open-source or unapproved GenAI platforms.

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.

   f. Students and staff may only use AI platforms and chatbots that have been explicitly reviewed and approved by District Administration to ensure compliance with data privacy standards and policy.

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:

- 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.

- 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.

Updated 07/29/26

Williamson Central School

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

Williamson Central School

1:1 CHROMEBOOK PROGRAM REQUIREMENTS AND PROCEDURES
2026-2027

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.

Williamson Central School

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 tasks assigned by my teacher at all times, including following classroom rules regarding artificial intelligence (AI) and digital tools.
7. Not decorate the Chromebook and not allow it to be subject to graffiti/defacing.
8. Not install or download software not approved by administration or teachers.
9. I will not attempt to bypass, disable, or alter any security features, content filters, VPN restrictions, or privacy settings on my Chromebook or the school network.

Williamson Central School

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

- ➔ 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.
- ➔ 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 1:1 CHROMEBOOK PROGRAM 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

2026-2027 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.

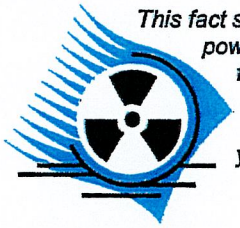
Best,

Elizabeth Bridget Ashton
Superintendent

DEEP ROOTS · CORE VALUES · HT FUTURES

NEW YORK STATE | 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

Bridget Ashton
Superintendent of Schools

June 2026

Dear Parents/Guardians,

As of July 1, 2018 New York State law requires a health examination for all students **entering the school district for the first time and when entering Pre-K or K, 1st, 3rd, 5th, 7th, 9th , and 11th grade. All students who are enrolled in the district are subject to New York State requirements for physicals.** This examination must be dated **ON OR AFTER SEPTEMBER 8, 2025** in order to qualify for the 2026-2027 school year.

The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner and **MUST** be on the approved NYSED Student Health Examination Form for School. Your provider may choose to use the enclosed form or an appropriate electronic version of the form.

A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time. The school will provide you with a list of dentists and registered dental hygienists who offer dental services on a free or reduced cost basis if you ask for it.

- A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school, and when your child starts K , 1st , 3rd, 5th, 7th, 9th, & 11th grades. If a copy is not given to the school within 30 days, the school will contact you.
- If your child has an appointment for an exam during this school year that is after the first 30 days of school, please notify the Health Office with the date.
- For your convenience, a physical exam form and dental certificate for your health care providers is enclosed.
- Communication between private and school health staff is important for safe and effective care at school. Your healthcare provider may not share health information with school health staff without your signed permission. Please talk to your provider about signing their consent form for the school at the time of your child's appointment for the examination.

We suggest you make copies of the completed forms for your own records before sending them to the school health office. Forms may also be faxed to the number below.
If you have already turned in a copy of a valid health examination, kindly disregard this letter.

Sincerely,

High School Nurse 315-589-9625 315-410-5470 (fax)	Middle School Nurse 315-589-9665 option 3 315-410-5586 (fax)	Hayley Musclow, RN Elementary School Nurse WCSD Nurse Coordinator 315-589-9668 option 3 hmusclow@williamsoncentral.org 315-410-5343 (fax)

2026-27 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the ACIP-Recommended Child and Adolescent Immunization Schedule. Doses received before the minimum age or intervals shown on the schedule are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in gradeless classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Child Caring Center, Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)[2]	**4 doses**	**5 doses** **or 4 doses** if the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or **3 doses** if 7 years or older and the series was started at 1 year or older	**3 doses**	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)[3]		**Not applicable**	**1 dose** given at age 10 years or older	
Polio vaccine (IPV/OPV)[4]	**3 doses**	**4 doses** **or 3 doses** if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR)[5]	**1 dose**	**2 doses**		
Hepatitis B vaccine[6]	**3 doses**	**3 doses** or **2 doses** of **adult hepatitis B vaccine** (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 years through 15 years		
Varicella (Chickenpox) vaccine[7]	**1 dose**	**2 doses**		
Meningococcal conjugate vaccine (MenACWY)[8]		**Not applicable**	**Grades 7, 8, 9, 10 and 11: 1 dose** given at age 10 years or older	**Grade 12:** **2 doses** **or 1 dose** if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)[9]	**1 to 4 doses**	**Not applicable**		
Pneumococcal Conjugate vaccine (PCV)[10]	**1 to 4 doses**	**Not applicable**		

NEW YORK STATE | Department of Health

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

   *Serological titers are never accepted for tetanus, diphtheria, pertussis, meningococcal, haemophilus influenzae type b, and pneumococcal diseases.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
   c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
   d. For further information, refer to the Catch-Up Guidance for Children 4 Months through 6 Years of Age.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 12: 10 years).
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap given at age 10 years or older.
   b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above.
   c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
   d. For further information, refer to the Catch-Up Guidance for Children 7 through 9 Years of Age.
   e. For further information, refer to the Catch-Up Guidance for Children 10 through 18 Years of Age.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age:
   6 weeks)
   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
   d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
   e. For further information, refer to the Catch-Up Guidance for Children 4 months through 18 Years of Age.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: One dose is required for pre-kindergarten. One dose is required for grades kindergarten through 12.

6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 12: 10 years).
   a. One dose of meningococcal conjugate vaccine is required for students entering grades 7, 8, 9, 10 and 11.
   b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
   c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age:
   6 weeks)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.
   f. For further information, refer to the Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age (PedvaxHIB only).
   g. For further information, refer to the Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age (ActHIB, Hiberix, Pentacel, Vaxelis, or Unknown).

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
    a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
    b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
    c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
    d. If one dose of vaccine was received at 24 months or older, no further doses are required.
    e. PCV is not required for children 5 years or older.
    f. For further information, refer to the Catch-Up Guidance for Children 4 months through 4 Years of Age. *Depending on vaccine brand, schedule may change.

For further information, contact:

New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437
OSAS@health.ny.gov

New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433
school_immunizations@health.nyc.gov

Williamson Central School

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(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: _____

DEEP ROOTS · CORE VALUES · BRIGHT FUTURES

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PO Box 900
Williamson, NY 14589

E. Bridget Ashton
Superintendent of Schools

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 CENTRAL SCHOOL DISTRICT DENTAL HEALTH CERTIFICATE

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Month Day Year

Sex: ☐ Male ☐ Female

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School: Name

Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature_____ Date

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit him/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit him/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) Dentist's Signature

Optional Sections - If you agree to release this information to school, parent please initial here. ☐

II. Oral Health Status (check all that apply).

☐ Yes ☐ No **Caries Experience/Restoration History –** Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries –** Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify):_____

III. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

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: _____