WATERTOWN CITY SCHOOL DISTRICT
CENTRAL REGISTRATION

(315) 661-8338
(315) 785-6855

School Name: Student ID# Bus Rte.

STUDENT REGISTRATION FORM

Student Name: Grade: Date of Birth:
Legal Last Name First MI
Gender: Male Female Non-Binary

Street Address:
Street Name Apt. # City State Zip

Mailing Address:
Street Name Apt. # City State Zip

Home Phone:

Nationality: White Asian Black Indian/Alaskan Native American Native Hawaiian/Other Pacific Islander

Hispanic: Yes No

Primary Language Spoken in Home: Student Language:

Previous School Attended:
Name and Mailing Address

Is the Student Currently Suspended at the Previous School: Yes No

If Yes, Please Explain:

PARENT/GUARDIAN INFORMATION

Relationship to Child:
Name:
Living in Household: Yes No Legal Guardian: Yes No
Address:
Home Phone: Cell:
Email:
Work Phone:
Employer:
Currently on Active Duty: Yes No
Rank/Unit:
Civilian Working on Fort Drum: Yes No
Complete employer name and address on Fort Drum:

Border Patrol: Yes No
U.S. Customs and Border Protection, 46735 I-81 #1, Alexandria Bay, NY 13607
U.S. Customs and Border Protection, 45764 Landon Rd., Wellesley Island, NY 13640
Other:

Relationship to Child:
Name:
Living in Household: Yes No Legal Guardian: Yes No
Address:
Home Phone: Cell:
Email:
Work Phone:
Employer:
Currently on Active Duty: Yes No
Rank/Unit:
Civilian Working on Fort Drum: Yes No
Complete employer name and address on Fort Drum:

Border Patrol: Yes No
U.S. Customs and Border Protection, 46735 I-81 #1, Alexandria Bay, NY 13607
U.S. Customs and Border Protection, 45764 Landon Rd., Wellesley Island, NY 13640
Other:

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CUSTODY INFORMATION

- ☐ Two Parents in Home
- ☐ Joint Custody
- ☐ Sole Custody
- ☐ Custody Transfer
- ☐ Separated
- ☐ Foster Placement (DSS-2999/3424 must be provided)
- ☐ Single Parent
- ☐ Emancipated

RESTRICTIONS OF CONTACT & INFORMATION (Paperwork must be provided)

☐ Order of Protection
Papers Provided: ☐ Yes ☐ No
Person Restricted:
Exp. Date:

☐ Custody Papers Specify Restriction
Papers Provided: ☐ Yes ☐ No
Person Restricted:

☐ Other Documentation Provided
Specify:

☐ No Restrictions for Parents/Guardians

EMERGENCY INFORMATION (Other Than Parent)

1st Contact
Name:
Relationship to Child:
Address:
Home Phone: Cell:

2nd Contact
Name:
Relationship to Child:
Address:
Home Phone: Cell:

Physician's Information
Name:
Address: Phone:

STUDENT EDUCATIONAL SERVICES

Does your child currently have an IEP? ☐ Yes ☐ No
Does your child currently have a 504 Plan? ☐ Yes ☐ No
Has your child ever repeated a grade in school? ☐ Yes ☐ No Grade:

Check any services listed below that your child has received in the past school year:

- ☐ Remedial Math
- ☐ Remedial Reading
- ☐ Speech
- ☐ ESOL
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ School Counseling
- ☐ Counseling from an Outside Agency

If my child has an IEP, I give my permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health and related support services which may be included in my child's IEP.

Signature of Parent/Guardian

Date

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RACIAL & ETHNIC IDENTIFICATION

Student Name: _____ **Date of Birth:** _____

Directions to Parent/Guardian:

Question 1 – Please Check One Box Only
Question 2 – Please Check All Boxes that Apply

PLEASE ANSWER BOTH BOXES

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

- ☐ **YES, Hispanic**
- ☐ **NO, not Hispanic**

2. Select one or more races from the following five racial groups:

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.**
- ☐ **ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.**
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**
- ☐ **BLACK: A person having origins in any of the black racial groups of Africa.**
- ☐ **WHITE: A person having origins in any of the original peoples of Europe, North America, or the Middle East.**

_____ _____

Signature of Parent/Guardian **Date**

The information which you have provided on this form is confidential. The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

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MEDICAL HISTORY & HEALTH QUESTIONNAIRE

Student Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Parent/Guardian Name: _____ ☐ Non-Binary

Grade: _____ **Home Phone:** _____ **Cell Phone:** _____

Has your child ever:			If Yes, please explain and include date:
Had an ongoing medical condition	☐ Yes	☐ No	
Seen a medical specialist	☐ Yes	☐ No	
Had allergies	☐ Yes	☐ No	☐ food ☐ insect ☐ medication
Had an EpiPen.	☐ Yes	☐ No	
Been hospitalized.	☐ Yes	☐ No	
Had an operation	☐ Yes	☐ No	
Had a bone/muscle injury	☐ Yes	☐ No	
Passed out, had a concussion or serious head injury.	☐ Yes	☐ No	
Had a convulsion/seizure	☐ Yes	☐ No	
Had a vision problem or condition	☐ Yes	☐ No	☐ glasses ☐ contacts
Had a hearing problem or condition	☐ Yes	☐ No	☐ hearing aid ☐ cochlear implant
Worn dental bridge, braces or mouthpiece	☐ Yes	☐ No	
Had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)	☐ Yes	☐ No	
Has or had chest pain, tightness, or pressure during or after exercise	☐ Yes	☐ No	
Has or had fluttering in the chest, skipped heartbeats, heart racing	☐ Yes	☐ No	
Been told by a healthcare provider they have or had a heart or blood vessel problem	☐ Yes	☐ No	

IF YES, CHECK ALL THAT APPLY:

- ☐ Chest Tightness or Pain
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ New Fast or Slow Heart Rate
- ☐ Has Implanted Cardiac Defibrillator (ICD)
- ☐ Had a Pacemaker Implanted
- ☐ Heart Infections
- ☐ Heart Murmur
- ☐ High Cholesterol
- ☐ Kawasaki Disease
- ☐ Other:

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HAVE ANY FAMILY MEMBERS UNDER THE AGE OF 50 EVER BEEN DIAGNOSED WITH:

- ☐ Enlarged Heart/Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy
- ☐ Arrhythmogenic Right Ventricular Cardiomyopathy
- ☐ Heart rhythm problems: long or short QT Interval
- ☐ Structural heart abnormality, repaired or unrepaired
- ☐ Known heart abnormalities or sudden death before age 50
- ☐ Brugada Syndrome
- ☐ Catecholaminergic Ventricular Tachycardia
- ☐ Marfan Syndrome (aortic rupture)
- ☐ Heart attack at age 50 or younger
- ☐ Pacemaker or implanted cardiac defibrillator (ICD)

CHECK ALL THAT APPLY TO YOUR CHILD:

- ☐ ADHD
- ☐ Asthma/trouble breathing
- ☐ Autism/Aspergers
- ☐ Dental Injuries
- ☐ Diabetes
- ☐ Ear Infections
- ☐ Headaches/migraines
- ☐ Heart Conditions
- ☐ High Blood Pressure
- ☐ Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)
- ☐ GI Conditions(ulcer, reflux, IBS)
- ☐ Inhaler/nebulizer/peak flow monitoring
- ☐ Insulin/blood glucose monitoring
- ☐ Single Organ (☐ kidney ☐ testicle)
- ☐ Skin Condition
- ☐ Speech Condition
- ☐ Urinary Condition

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s):
Given at school			
Taken at home			
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply:**
During or outside of school			☐ crutches ☐ walker ☐ wheelchair ☐ other:
TREATMENTS	**YES**	**NO**	
During or outside of school			☐ insulin/blood glucose monitoring ☐ inhaler/nebulizer/peak flow monitoring ☐ special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ Yes ☐ No

If Yes, please specify:

Please list any additional concerns: (use back of sheet if necessary):

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Please provide the nurse's office with a copy of your child's immunizations and current physical from their medical provider.

If you are unavailable and your child needs to go home because of illness or injury, whom do we contact?

	1st Contact			2nd Contact	
Name:			**Name:**		
Adress:			**Adress:**		
E-Mail:			**E-Mail:**		
Home Phone:		**Cell:**	**Home Phone:**		**Cell:**

I give permission for medical and emergency information about my child to be shared with appropriate staff. I also give permission to the school nurse to have my child transported to an emergency medical facility if deemed necessary.

Signature of Parent/Guardian **Date**

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SPEECH FORM (K-4 ONLY)

Student Name: _____ **Grade:** _____ **Date of birth:** _____

1. **At what age did your child begin to talk (words)?** _____
2. **Do you consider that your child has a speech problem?** ☐ **Yes** ☐ **No**
3. **Please check all your concerns from the following list – my child:**
   - ☐ **Has unclear or garbled speech**
   - ☐ **Has difficulty expressing wants**
   - ☐ **Uses incomplete sentences**
   - ☐ **Needs instructions repeated**
   - ☐ **Often repeats what he or she says**
   - ☐ **Does not remember simple information from day to day**
   - ☐ **Gives inappropriate answers to questions**
   - ☐ **None of the above**
4. **Has your child ever attended a pre-school program?** ☐ **Yes** ☐ **No**
   If yes, where? _____
5. **Has your child ever attended speech/language classes at a speech clinic or in school?**
   ☐ **Yes** ☐ **No**
   If yes, where? _____ **When?** _____
6. **Does your child appear to hear normally?** ☐ **Yes** ☐ **No**
   If not, when does he/she have difficulty?
   _____
7. **Please check all your concerns from the following list – my child:**
   - ☐ **Has trouble hearing**
   - ☐ **Asks people to repeat or talk louder**
   - ☐ **Favors one ear over the other**
   - ☐ **Is startled at sudden noises**
   - ☐ **Has earaches**
   - ☐ **Speaks loudly**
   - ☐ **Watches a person's face when that person talks**
   - ☐ **None of the above**

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_____ _____

Signature of Parent/Guardian **Date**

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HOME LANGUAGE QUESTIONNAIRE (HLQ)

Student Name: **Grade:** **Date of birth:**

School Entering: **Military Family: Yes** **No**

No. of Years in Schools Outside the US:

Dear Parent/Guardian: In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated. Thank you.

1. What language(s) is spoken in the student's home or residence?	English	Other
2. What language(s) are spoken most of the time to the student in the home or residence?	English	Other
3. What language(s) does the student understand?	English	Other
4. What language(s) does the student speak?	English	Other
5. What language(s) does the student read? Does not read?	English	Other
6. What language(s) does the student write? Does not write?	English	Other
7. What language(s) are spoken by the parent(s)?	English	Other

In your opinion, how well does the student understand, speak, read, and write English?

	Very Well	Only a Little	Not at All
Understands English			
Speaks English			
Reads English			
Writes English			

Signature of Parent/Guardian **Date**

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STUDENT RECORD REQUEST

Student Name: **DOB:** **Grade:**

Parent/Guardian Name: **hereby authorizes**

Previous School:

Address:

Phone: **Fax:**

OFFICE USE
The student listed above has ENROLLED with the Watertown City School District on

Please record an exit date from your district prior to the above date. Thank you.

Signature of Parent/Guardian **Date**

By law, all records regarding your child are available for inspection at school.

The Parent/Guardian above hereby authorizes to release and/or exchange a copy of all academic and confidential information pertaining to the above student to the following (X) school:
(Please include: *Birth Certificate, Health Records, Academic Records, Standardized Testing Records, Disciplinary Records Including Superintendent Hearings/Suspensions, Last Report Card and Sign-Out Grades, Confidential/Psychological/Special Education Records, IEP, 504 Plan, Custody or Guardianship Papers*.)

GUIDANCE
Watertown High School
SECRETARY- Cynthia Bates
cbates@watertowncsd.org
1335 Washington St.
Watertown, NY 13601
Fax: 315-785-3733
Ph: 315-785-3820

PRINCIPAL
Knickerbocker Elementary School
SECRETARY- Paige Chrissley
pchrissley@watertowncsd.org
739 Knickerbocker Dr.
Watertown, NY 13601
Fax: 315-779-5654
Ph: 315-785-3740

PRINCIPAL
Ohio Elementary School
SECRETARY- Ashley Walters
awalters@watertowncsd.org
1537 Ohio St.
Watertown, NY 13601
Fax: 315-779-5502
Ph: 315-785-3755

GUIDANCE
Case Middle School
SECRETARY- Kirstin Abbott
shermann@watertowncsd.org
1237 Washington St.
Watertown, NY 13601
Fax: 315-785-3731
Ph: 315-785-3880

PRINCIPAL
North Elementary School
SECRETARY- Sheri Hermann
hthorpe@watertowncsd.org
171 E Hoard St.
Watertown, NY 13601
Fax: 315-779-5405
Ph: 315-785-3750

PRINCIPAL
Starbuck Elementary School
SECRETARY- Karissa Maier
kmaier@watertowncsd.org
430 E Hoard St.
Watertown, NY 13601
Fax: 315-779-5472
Ph: 315-785-3765

GUIDANCE
H.T. Wiley School
SECRETARY- Kassandra Huerta-McDonald
khuertamcdonald@watertowncsd.org
1351 Washington St.
Watertown, NY 13601
Fax: 315-785-3769
Ph: 315-785-3789

PRINCIPAL
Sherman Elementary School
SECRETARY- Paige Hirsch
phirsch@watertowncsd.org
836 Sherman St.
Watertown, NY 13601
Fax: 315-779-5575
Ph: 315-785-3760

CSE OFFICE
Watertown City School District
1351 Washington St.
Watertown, NY 13601
Fax: 315-661-4140
Ph: 315-785-3728 or 315-785-3726

WATERTOWN CITY SCHOOL DISTRICT
CENTRAL REGISTRATION

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:

_____

_____

_____

_____

Oswego County BOCES
Migrant Education Tutorial & Support Services
Jenna Vaccarelli, Migrant Education Director

179 County Route 64
Mexico, NY 13114
P: 315-963-4291 C: 315-591-3199
Fax: 1-315-908-0174

Eligibility screen for Migrant Education services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last three years, has the parent or guardian of the child enrolling done farm work as a paid job? (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES_____ NO_____

If yes, what farm did you work on?_____ Where? _____ When?_____






If you can answer YES to BOTH of the above questions, your family MAY qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____Grade_____

Child's name _____ D.O.B. _____Grade_____

Child's name _____ D.O.B. _____Grade_____

Child's name _____ D.O.B. _____Grade_____

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone #_____
(Street Address)

_____ Work or Message # _____
(city, town or village) (Zip)

School District_____ School Building_____

School Contact Person_____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

_____

_____

To submit this referral please fax to the CiTi BOCES at 1-315-908-0174 or mail to the address above. For more information please call the Migrant Program at 315- 963-4291.
Thank you for your assistance.

Oswego County BOCES
Migrant Education Tutorial & Support Services
Jenna Vaccarelli, Migrant Education Director

179 County Route 64
Mexico, NY 13114
P: 315-963-4291 C: 315-591-3199
Fax: 1-315-908-0174

dw 9/25/25

Cuestionario de Elegibilidad para Servicios de Educación Migrante

*** Servicios del Programa de Educación Migrante son gratuitos y pueden incluir tutoría, ayuda con necesidades de salud, viajes educacionales, programas del verano, actividades de involucrar a los padres, educación para adultos, ayuda de emergencia y referidos a otros servicios como necesario. ***

¿Ha mudado su familia a un distrito escolar diferente en los últimos 3 años? Sí _____ NO _____

¿En los últimos 3 años ha trabajado un padre o guardián en granja como: lechería, plantando, cosechando frutas o legumbres, el procesamiento o empacar de comida, corta de árboles o cultivo de árboles? Sí_____NO_____

Si UD dijo que si, ¿en que granja? _____ ¿Donde?_____ ¿Cuándo?_____






Si Usted contestó que Sí a AMBOS preguntas de arriba, su familia PUEDA calificar para servicios de Educación Migrante. Para estar contactado por una reclutadora del Programa de Educación Migrante, favor de llenar la información de abajo.

Nombre del niño(a) _____ Fecha de Nacimiento_____Grado_____

Nombre del niño(a) _____ Fecha de Nacimiento _____Grado_____

Nombre del niño(a) _____ Fecha de Nacimiento _____Grado_____

Nombre del niño(a) _____ Fecha de Nacimiento _____Grado_____

Padres/ Guardianes

Nombre de la Mamá _____ Nombre del Papá _____

Dirección de la Casa _____ Numero de teléfono en casa_____
(Dirección de la Calle)

_____ # de teléfono del trabajo o de Mensaje_____
(Ciudad o Pueblo) (Código Postal)

Distrito escolar _____ edificio escolar _____

Persona para contactar_____ numero para contactar _____

Otra información Útil (direcciones, nombres de granjas, mejor hora de llamar, etc.) _____

_____

_____

Para someter este referido, favor de mandarlo por fax al BOCES de CiTi a
1-315-908-0174 o mandar por correo al dirección de arriba. Para más información, favor de llamar al Programa Migrante a 315- 963-4291. Gracias.

WATERTOWN
CITY SCHOOL DISTRICT
Our Children, Our Future!

Our school community uses ParentSquare as a simple and safe way for our members to connect.

With ParentSquare Parents and Guardians may

- Receive all school and classroom communication via email, text or app
- View the school and classroom calendar and RSVP for events
- Submit attendance notes
- Learn about opportunities within our community

ParentSquare may be used on any device. Download the free mobile app for Android or iOS. You can also connect via a computer at: www.parentsquare.com

Activate your Account

- Upon enrollment (or at the start of the school year) you will receive an invitation email or text
- Click the link to activate your account.

ParentSquare may be used on any device. Download the free mobile app for Android or iOS and you can also use it from a computer at: www.parentsquare.com

Helpful Tips for Parents & Guardians:

1 Activate Account

Click the link in your invitation email/ text or sign up on ParentSquare.com or via the ParentSquare app.

2 Download App

It's easy to stay in the loop with the ParentSquare app. Download it now from the App store or Google Play.

3 Set Preferences

Click your name in the top right to visit your account page and set your notification and language preferences.

4 Get Photos & Files

Click 'Photos & Files' in sidebar to easily access pictures, forms and documents that have been shared with you.

5 Appreciate Posts

Click 'Appreciate' in your email/ app or website to thank a teacher or staff for a post. Teachers love the appreciation.

6 Comment or Reply

Click 'Comment' in app or website to privately ask a question about the post that your teacher or school sent.

7 Participate

Click 'Sign Ups & RSVPs' in the sidebar to see available opportunities. Click bell on top to check your commitments.

8 Join a Group

Click 'Groups' in the sidebar to join a group or committee at your school to participate or to stay up-to-date.

9 Find People

Click 'Directory' in the sidebar to find contact information for teachers and parents (not available at all schools).

10 Get in Touch

Click 'Messages' in the sidebar to privately get in touch with staff, teachers and parent leaders.

ParentSquare

Links to install the mobile app

ParentSquare Community Groups



Interested community members are welcomed to sign up for a variety of communications. With this feature, family and community members, including those who are not parents, guardians, students, or staff can sign up for communications in a variety of categories. This feature is helpful to families new to our schools in becoming acclimated with activities in our community even before students are enrolled in school. Community Groups also helps to ensure that members of our community have the option to choose the types of community posts of interest to them. This makes it easier for our building and district posts to focus on topics focused on the activities of our schools.

Join a Community Group

1. Find the Community Group links below for each of our school building location(s).
2. Click the relevant link(s) to join groups for each building and complete an online form, checking groups you wish to join.
3. Click "submit" at the bottom of the page.
4. Once completed, a confirmation email will be received, prompting account activation prior to being added to the selected groups and posts from the groups will show up for you automatically in ParentSquare.

Knickerbocker

North

Ohio

Sherman

Starbuck

H.T. Wiley

Case Middle

Watertown High

District