



## **Byron-Bergen Central School District Central Student Registration**

6917 W. Bergen Rd., Bergen, NY 14416

Phone (585) 494-1220 ext. 1004

Fax (585) 494-2613

### **Registration Procedures for New Students Grades 6-12**

Welcome to the Byron-Bergen Central School District. Parents/legal guardians will register all school-aged children in Central Registration (located in the District Office).

In addition to the forms that follow this cover page, the District requests the following information:

#### **Proof of a Student's Address** *(fill out the Residency Questionnaire on pg. 2)*

Some examples include a lease or mortgage statement, recent utility bill, bank statement, or pay stub. Please contact the registration office for other examples of acceptable proof.

#### **Documentation of Age**

Some examples include an original birth certificate, record of baptism, passport. Please contact the registration office for other examples of acceptable proof.

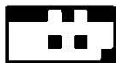
#### **Record of Immunizations, Health Records, Dental Exam**

#### **Custody / Guardianship / Adoption documents, if applicable**

**Contact the registration office at (585) 494-1220 ext. 1004 if you have any questions.** Office hours: 7:30 a.m. to 3:30 p.m. (M-Th) and 7:30 a.m. to 3:00 p.m. (F)  
*Summer hours: 7:30 a.m. to 1:30 p.m. (M-Th) and 7:30 a.m. to 1:00 p.m. (F)*

These documents have been revised to comply with the Amendment of the Regulations of the Commissioner of Education (Subdivision (y) of section 100.2) as adopted by the Board of Regents on December 16, 2014.

Complaints concerning enrollment and registration can be submitted to the OAG by mail to 120 Broadway, 23<sup>rd</sup> Floor, New York, NY 10271, by phone to (212) 416-8250, or by email to [civil.rights@ag.ny.gov](mailto:civil.rights@ag.ny.gov).



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## 2021-2022 Digital Equity Survey

Student \_\_\_\_\_ District BYRON-BERGEN CENTRAL SCHOOL

Collecting an accurate picture of the digital resources for our New York students will greatly help educators to better serve our students and families. In order to accomplish this, the New York State Education Department is asking parents to complete a Digital Equity survey (for each student in the family) in grades Kindergarten - Grade 12. This survey will provide information on student access to devices and internet access in their places of residence. To assist us in this process, **please answer each question below** and follow any additional instructions provided for submitting or returning the survey. Thank you for your time and cooperation.

**Use blue or black ink.**

1. Did the school district issue your child a dedicated school or district owned device for their use during the school year? ☐ Yes ☐ No

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2. What is the device your child uses **most often** to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) 
☐ Desktop ☐ Chromebook  
☐ Laptop ☐ Smartphone  
☐ Tablet ☐ No Device

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3. Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork) ☐ School ☐ Personal ☐ No Device

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4. Is the primary learning device (identified in question 2) shared with anyone else in the household? ☐ Shared ☐ Not Shared ☐ No Device

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5. Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school? ☐ Yes ☐ No

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6. Is your child able to access the Internet in their primary place of residence? ☐ Yes ☐ No

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7. What is the primary type of internet service used in your child's primary place of residence? 
☐ Residential Broadband ☐ Dial Up  
☐ Cellular ☐ DSL  
☐ Mobile HotSpot ☐ Other  
☐ Community Wi-Fi ☐ None  
☐ Satellite

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8. In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment uploads, without interruptions caused by slow or poor internet performance? ☐ Yes ☐ No

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9. What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence? 
☐ Availability ☐ Other  
☐ Cost ☐ None

Student ID

District ID

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# Byron-Bergen Central School District

6917 W. Bergen Rd., Bergen, NY 14416

Phone (585) 494-1220

Fax (585) 494-2613



## ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: Byron-Bergen Central School District

Name of School: Byron Bergen Central School District

Name of Student: \_\_\_\_\_

Last

First

Middle

Gender: ☐ Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_  
☐ Female                      *Month Day Year*                      (*preschool-12*)                      (*optional*)  
☐ Non-Binary

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**The answer you give below will help the District determine what services your child may be able to receive under the McKinney-Vento Act.**

**Where is the student currently living?** (Please check one box.)

☐ In permanent housing

Temporary living situation:

☐ In a shelter

☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)

☐ In a hotel/motel

☐ In a car, park, bus, train, or campsite

☐ Other temporary living Situation (Please Describe): \_\_\_\_\_

Address resided at during loss of housing \_\_\_\_\_

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

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

\_\_\_\_\_  
**Date**



## BYRON-BERGEN CENTRAL SCHOOL DISTRICT

### Central Registration Office

6917 West Bergen Rd, Bergen, NY

14416 Phone (585) 494-1220, ext. 1004

Fax (585) 494-2613

[kbrown@bbschools.org](mailto:kbrown@bbschools.org)

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

*(Please fax, mail, or email the student records to the address above)*

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Name of school student(s) will be transferring from)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, Zip)*

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I/we authorize the release/exchange of information between the Byron-Bergen Central School District and the above agency for the following student(s):

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Permanent Record Information**

Including, but not limited to, birth certificate, social security # (optional), most recent report card, all standardized testing, any state testing, high school transcript.

### **Health Record Information**

Including, but not limited to, Hepatitis B verification, most recent immunizations, last physical exam.

### **Confidential Reports**

Including, but not limited to CPSE/CSE records, 504 records, psychological testing, all/any related service information (OT, PT, Speech), outside evaluations.

**Signature of Legal Guardian/Parent:** \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_ Date Signed: \_\_\_\_\_

Witness & Requesting Officer: \_\_\_\_\_, Residency Clerk



# Byron-Bergen Central School District

6917 W. Bergen Rd., Bergen, NY 14416  
Phone (585) 494-1220 Fax (585) 494-2613



## Student Racial and Ethnic Identification

To the Parent/Guardian: The BYRON-BERGEN CENTRAL SCHOOL DISTRICT has an Administrative Regulation which requires the collection and recording of the ethnic identity of students in the BYRON-BERGEN CENTRAL SCHOOL DISTRICT in accordance with the Federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance, and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describes your child. The BYRON-BERGEN CENTRAL SCHOOL DISTRICT understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a Student Records Officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

### CONFIDENTIALITY PROCEDURES and REGULATIONS

**To School Staff:** This form will be filed in the student's permanent record as confidential information.

**To the Parent/Guardian:** The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

*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.*

**Please complete this form and return the form to the Main Office.**



# Byron-Bergen Central School District

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## Student Racial and Ethnic Identification

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

**Byron-Bergen Central School (please check):**

☐ ELEMENTARY SCHOOL (Pre-K-5)    ☐ JR. HIGH SCHOOL (6-8)    ☐ SR.HIGH SCHOOL (9-12)

**School District Student Identification Number:**

**Date of Birth (Month/Day/Year):**

/ /

**Student Name (Last, First, Middle):**

**Grade Level:**

### DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

For question (1), check (✓) the box that best describes your child. Check (✓) only ONE box.

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

☐ Yes, Hispanic  
☐ No, not Hispanic

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

For question (2) check (✓) all groups that apply to your child. Check (✓) at least ONE box.

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community recognition.
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **BLACK:** A person having origins in any of the black racial groups of Africa.
- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

Relationship to Student (please check one box below):

☐ Mother    ☐ Father    ☐ Guardian    ☐ Other (specify): \_\_\_\_\_

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



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

Lisette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:*  
*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

**Please write clearly when completing this section.**

**STUDENT NAME:**

First Middle Last

**DATE OF BIRTH:**

Month Day Year

**GENDER:**

☐ Male ☐ Non-Binary  
☐ Female

**PARENT/PERSON IN PARENTAL RELATION INFO:**

Last Name First Name Relation to Student

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence? ☐ English ☐ Other specify
2. What was the first language your child learned? ☐ English ☐ Other specify
3. What is the Home Language of each parent/guardian? ☐ Mother specify ☐ Father specify  
☐ Guardian(s) specify
4. What language(s) does your child understand? ☐ English ☐ Other specify
5. What language(s) does your child speak? ☐ English ☐ Other specify ☐ Does not speak
6. What language(s) does your child read? ☐ English ☐ Other specify ☐ Does not read
7. What language(s) does your child write? ☐ English ☐ Other specify ☐ Does not write

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

**SCHOOL DISTRICT INFORMATION:**

**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? \_\_\_\_\_

Signature of Parent or of Person in Parental Relation

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

## OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

## NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

MO. DAY YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

☐ ADMINISTER NYSITELL  
☐ ENGLISH PROFICIENT  
☐ REFER TO LANGUAGE PROFICIENCY TEAM

## NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL  
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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





# Byron-Bergen Central School District

6917 W. Bergen Rd., Bergen, NY 14416  
Phone (585) 494-1220 Fax (585) 494-2613



Student: \_\_\_\_\_  
Last Name First Name Middle

☐ Male ☐ Female ☐ Non-Binary Birthdate \_\_\_\_\_

Student resides with: ☐ Mother ☐ Father ☐ Step Mother ☐ Step Father ☐ Foster Parent  
☐ Group Home Contact ☐ Legal Guardian ☐ Other - If other, please specify: \_\_\_\_\_

## PRIMARY - Parent /Legal Guardian #1:

☐ Male ☐ Female ☐ Non-Binary ☐ Not Specified -- ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Relationship to Student: ☐ Mother ☐ Father ☐ Step Mother ☐ Step Father ☐ Foster Parent  
☐ Group Home Contact ☐ Legal Guardian ☐ Other \_\_\_\_\_

Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from physical address) \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ (Work Phone Number) \_\_\_\_\_

## Parent/Legal Guardian #2:

☐ Male ☐ Female ☐ Non-Binary ☐ Not Specified -- ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Relationship to Student: ☐ Mother ☐ Father ☐ Step Mother ☐ Step Father ☐ Foster Parent  
☐ Group Home Contact ☐ Legal Guardian ☐ Other \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from Physical Address): \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ (Work Phone Number) \_\_\_\_\_

Child’s sisters, brothers, and other persons living in the home:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Grade</u>

**INSTANT CONNECT** (Electronic Phone Messaging): The Byron-Bergen Central School District uses an electronic phone messaging system to contact families by phone of school closings, emergency notifications and event reminders. In the spaces below, please provide the phone number(s) you would like to receive calls at.

1. \_\_\_\_\_  
(Name) (Phone Number)
2. \_\_\_\_\_  
(Name) (Phone Number)
3. \_\_\_\_\_  
(Name) (Phone Number)

**EMERGENCY CONTACT INFORMATION:**

*In the event of an emergency and the parent or guardian cannot be reached, I authorize the transport of my child to the nearest Emergency First Aid Station by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred. I authorize the School Nurse to obtain immunization, physical examination, injury, and/or illness information from my child’s Physician.*

Signature of Parent/Guardian

Date

*If necessary, I authorize the school to call:*

Family Physician

Address

Phone #

Preferred Hospital

Hospital Name

Address

Phone #

Family Dentist

Name

Address

Phone #

If my child has to be taken home because of minor illness and the parent or guardian cannot be reached, please contact:

Emergency name contact phone number(s)

1. \_\_\_\_\_

Name			Relationship to Student	Phone Number
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Not Specified	

2. \_\_\_\_\_

Name			Relationship to Student	Phone Number
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Not Specified	

3. \_\_\_\_\_

Name			Relationship to Student	Phone Number
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Not Specified	

4. \_\_\_\_\_

Name			Relationship to Student	Phone Number
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Not Specified	

**Media Release**

Periodically district staff writes feature articles or news stories on the students, staff, or programs within our district. It is not unusual for photographs and/or video clips of our students to accompany these articles and may be included in print newsletters, eNewsletters, website features, or social media.

For your child's safety, minors' full names do not accompany photographs on the website or social media. Exceptions include announcing the valedictorian/salutatorian and are not posted without specific parent/guardian permission.

I give permission for my child, \_\_\_\_\_, to be interviewed, photographed, and/or videotaped by faculty, staff, or outside news media representatives for press or media purposes as indicated above.

Parent/Guardian (Print Name)	Parent/Guardian (Signature)
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- If opting out please fill out a Media DO NOT Release form, available in District Office

I attest that the information completed by me on this form is current, true, and accurate.

Signature of Parent/Guardian	Date
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## CUSTODY DISCLOSURE FORM

The Registration Office is responsible for registration, **not** determining which parent or guardian may check a child in/out of school, etc. If custodial or guardianship issues exist when you register your child in the Byron-Bergen Central School District, it is your responsibility to provide custodial documentation to the Registration Office and a copy will be forwarded to your child's school principal.

**Please inform your child's school of changes in custodial arrangements**

### Information of Rights of Parent from the Family Education rights and Privacy Act (FERPA)

An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation or custody that **specifically revokes these rights**. (Authority: 20 U.S.C. 1232g)

Please check the current custody/guardianship arrangement:

- ☐ Parents/Guardians are together residing at the same residence
- ☐ Single parent (father and mother **ARE** listed on the birth certificate)
- ☐ Single parent (i.e. father **IS NOT** listed on the birth certificate)
- ☐ Parents/Guardians divorced/separated – Joint Custody
- ☐ Parents/Guardians divorced/separated – Sole Custody
- ☐ Parents have never been married and no legal custody papers
- ☐ Custody/Guardianship is transferred by courts
- ☐ Restricted pickup (**legal documentation must be provided**)
- ☐ Student is emancipated – (**legal documentation must be provided**)

Please check all that apply:

- ☐ I have disclosed my current custody/guardianship arrangement
- ☐ I have attached a copy of those pages of the legal current court documents that describe custody arrangements
- ☐ No legal documents that describe custody arrangements exist
- ☐ I understand that it is my responsibility to update my child's school of changes in custody

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Students Legal Name (Please Print)

Last

First

Middle

---

Parent/Guardian Signature

Date

To Be Filled Out By The Parent:

# Medical History Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

YES	NO	
_____	_____	Is there any history of heart disease? _____
_____	_____	Are there any congenital defects (heart, lungs, kidneys)? _____
_____	_____	Has your child ever had a hernia? _____
_____	_____	Has your child ever been seriously ill? Hospitalized? (give dates) _____
_____	_____	Has your child ever dislocated a knee or any other joint? _____
_____	_____	Has your child ever had any broken bones? _____
_____	_____	Has your child had any injuries within the past year? _____
_____	_____	Any dental prosthesis? (braces, false teeth, capped, or loose teeth) _____
_____	_____	Does your child have any allergies? _____
_____	_____	Is your child presently taking any medication? (including inhalers) _____
_____	_____	My child has permission to see the school physician

*If applicable, please complete the following:*

My child has the following condition which requires special handling: \_\_\_\_\_

Are there any hearing difficulties? \_\_\_\_\_

Does your child have tubes in his/her ears? \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_

Are there any eye or visual difficulties? \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

***Please have both the “Health Appraisal Form” and the “Medical History Form” completed and return both to the Health Office at school.***

# Byron-Bergen Central School

## Medication Administration Request

Dispensing medication in school is contrary to statutory regulations under the Nurse Practice Act and New York State Education Law. We realize, however, that it is sometimes necessary for a student to take internal medication during school hours. **Certain requirements MUST be met for the administration of medication in school.**

1. A written request from the physician indicating the frequency and dosage of the prescribed medication.
2. A written request from the parent to administer the medication
3. Medication must be in the original and properly labeled container. (Request a separate container for school use if necessary.)
4. Medication must be delivered to school by the parent/guardian. Should problems arise, parents should contact the school nurse for assistance.

### To Be Completed by the Physician

\_\_\_\_\_ is under my care and it is necessary that he/she be given the following medication during school hours.

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Possible Reactions: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

### To Be Completed by the Parent/Guardian

I hereby request that my child, \_\_\_\_\_ be given the medication as prescribed by his/her physician.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

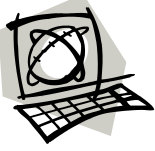
**MEDICATION REQUEST MUST BE RENEWED YEARLY**  
**FOR LONG TERM MEDICATION**

# Byron-Bergen Central School

## Instructional Computer Network- Acceptable Use Policy

Amended 5/27/10

*(Please read, sign, and return page 2)*



The Board of Education is committed to the development and establishment of a quality, equitable, and cost-effective computer network. The purpose of the network shall be for the advancement and promotion of learning and teaching, and administration and management purposes.

The network will provide a forum for learning various software applications and will significantly enhance educational experiences and provide statewide, national, and global communications opportunities for staff and students.

The District has established rules and regulations governing the use and security of the District's computer network. Failure to comply with District policy and regulations for the use of the network may result in suspension and/or revocation of computer access. Additionally, student violations may result in discipline up to and including suspension. Staff violations may also result in discipline up to and including dismissal.

### ***Prohibitions***

***The following is a list of prohibited actions concerning use of the District's computer network. Violation of any of these prohibitions may result in discipline or other appropriate penalty, including suspension or revocation of a user's access to the District's system.***

- a. There must be no sharing of passwords without written permission from the teacher/administrator or District Coordinator, as appropriate.
- b. Transmission of material, information or software in violation of any District policy or regulation, local, state, or federal law or regulation is prohibited.
- c. No personal software or disks may be uploaded on to the District's computer and/or network.
- d. Attempts to read, delete, copy, or modify the electronic mail of other system users is prohibited, as is deliberate interference with the ability of other system users to send/receive electronic mail. Forgery or attempted forgery of electronic mail messages is prohibited.
- e. System users shall not engage in or encourage activities prohibited by District policy, State or Federal law.
- f. Attempts by a user to log on to the District's system in the name of another individual, with or without the individual's password, is prohibited.
- g. The use of software or hardware to circumvent security protocols, enter or alter District records, or destroy or impair computer use in the District is prohibited.
- h. Copy or install software that is not authorized by proper licensing.

### **Privacy Rights**

Staff data files and electronic storage areas shall remain District property, subject to District control and inspection. The IT Support Specialist II/Coordinator of Computer Instruction may access all such files and communications with prior notice to ensure system integrity and that users are complying with requirements of this policy and accompanying regulations. Staff should NOT expect that information stored on the District computer system will be private, including but not limited to staff email and websites visited.

### **Internet**

Byron-Bergen Central School District **DOES NOT HAVE CONTROL OF THE INFORMATION ON THE INTERNET**. Some sites accessible via the Internet may contain material that is inappropriate for educational use in a PreK-12 setting. The District does not condone the use of such materials and will not permit usage of such in the school environment. The District also denies any responsibility for the accuracy or quality of information obtained through its Internet accounts.

### ***Acceptable Uses***

- a. Use consistent with the mission of the Byron-Bergen Central School District.
- b. Use that encourages efficient, cooperative methods to perform the user's job duties or educational tasks.
- c. Use in support of research and education.
- d. To provide resources and promote collaborative projects.

### ***Unacceptable Uses***

- a. Use of technology resources for a commercial, political, or as a profit-making enterprise.
- b. Accessing or distributing inappropriate material; i.e., obscene, abusive, threatening, harassing (religious, sexual, racial), or any material specifically prohibited by Federal, State, or local law.
- c. Attempt to illegally access files, data, or accounts.
- d. Activities which interfere with student and staff access to network resources.
- e. Working (or attempting to work) from network accounts not assigned to you.
- f. Sharing your password or account with others.
- g. Deliberately or intentionally damaging hardware or software.
- h. Use of technology resources for social networking, on-line shopping, or other non-school related uses.

### **Other**

- a. Users must comply with all existing District policies as they may be interpreted to apply to technology resources, including, but not limited to the following: Student Conduct and Discipline, Copyright, Selection Policy, and Sexual Harassment.
- b. Network Security Protocols - Changing Passwords: All staff that has an account on the District's computer network is required to change his/her password at announced times and dates. Staff is encouraged to use good password protocols that call for a password to be a random series of numbers, letters, and symbols with some of the elements capitalized.
- c. Users must sign a consent form indicating they are aware of this policy and will abide in accordance with it.

**NOTE: Byron-Bergen Central School District's Acceptable Use Policy is subject to change.**

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# Byron-Bergen Central School

## Acceptable Use Agreement

### Student and Parent Permission Form

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Your son/daughter is granted access to the Byron-Bergen computer network. This access includes connection to the Internet, which would connect your child with educational resources all over the world. A student and parent must sign and date an Acceptable Use Agreement. In accepting an account, your child accepts the responsibility of using the network in an appropriate manner.

As a user of the Byron-Bergen Central School District Computer Network, I have read and agreed to comply with the *Acceptable Use Policy*.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

As parent/legal guardian of the student signing above, I grant permission for my child. I understand that some materials on the Internet may be objectionable; therefore I agree to accept responsibility for guiding my child, and conveying to him/her appropriate standard for selecting, sharing and/or exploring information and media.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

**Please complete this form and return to your child's school.**

**For School Use Only – DO NOT WRITE below this line**

Students must sign each year to renew acknowledgement of *Acceptable Use Policy*:

<u>Date</u>	<u>Name</u>	<u>Date</u>	<u>Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# BYRON-BERGEN CENTRAL SCHOOL TRANSPORTATION REQUEST FORM

TRANSPORTATION COORDINATOR  
Phone: 585-494-1220 EXT 5112  
Email: [transportation@bbschools.org](mailto:transportation@bbschools.org)  
Fax: 585-494-0173

*This form is for the CURRENT SCHOOL YEAR and should be updated annually for transportation to a location other than home.*

Effective Date of this Change: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

## OFFICE USE ONLY:

Date Received: \_\_\_\_\_ ☐ 1st Request ☐ 2nd Request

Home Route: \_\_\_\_\_ Intramurals: \_\_\_\_\_

Sitter Route: \_\_\_\_\_ JumpStart: \_\_\_\_\_

☐ School Tool ☐ Route sheet Date: \_\_\_\_\_

## PICK-UP

Select one: ☐ Home ☐ Childcare ☐ Parent Transport

Complete the following if address is somewhere other than home.

Name of Caregiver

Address (consistent location Monday - Friday)

Phone

## DROP-OFF

Select one: ☐ Home ☐ Childcare ☐ Parent Transport

Complete the following if address is somewhere other than home.

Name of Caregiver

Address (consistent location Monday - Friday)

Phone

**This form must be filled out in it's entirety to maintain proper communication between staff and student.  
Please complete all sections of this page.**

Signature of Parent or Guardian

Today's Date

Daytime Phone

To submit this via email, save it and send it as an attachment [transportation@bbschools.org](mailto:transportation@bbschools.org).