



# Byron-Bergen Central School District

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



## Student Information Change Form

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

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**Address Change:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

OLD: \_\_\_\_\_

NEW: \_\_\_\_\_

*\* Proof of Residency is required (Current Lease, Mortgage Statement, Pay Stub, Utility Bill)*

**Did the Whole Family Move?** \_\_\_\_\_  
*(If No, Please Explain)*

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number Change:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

HOME: OLD: \_\_\_\_\_ NEW: \_\_\_\_\_

CELL: OLD: \_\_\_\_\_ NEW: \_\_\_\_\_

WORK: OLD: \_\_\_\_\_ NEW: \_\_\_\_\_

**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) OLD: \_\_\_\_\_ NEW: \_\_\_\_\_

2) OLD: \_\_\_\_\_ NEW: \_\_\_\_\_

3) OLD: \_\_\_\_\_ NEW: \_\_\_\_\_

**Email Change**

**Effective Date:**

OLD:

NEW:

**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*

*Phone #*

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

**EMERGENCY CONTACTS:**

1)

*Name*

*Phone Number*

2)

*Name*

*Phone Number*

3)

*Name*

*Phone Number*

Preferred Hospital

*Hospital Name*

*Address*

*Phone #*

Family Dentist:

*Name*

*Address*

*Phone #*

**Print Name of Parent/Guardian**

**Date**

**Signature of Parent/Guardian**

**Date**

## 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
- 
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
- 
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
- 
4. Is the primary learning device (identified in question 2) shared with anyone else in the household?  Shared  Not Shared  No Device
- 
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
- 
6. Is your child able to access the Internet in their primary place of residence?  Yes  No
- 
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
- 
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
- 
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