

Checklist for Prekindergarten Registration Applicants

Attention Parent/Guardian: A parent or guardian must be present with photo identification at Central Registration Office in order to register a child. Your child must be age 4 by December 1, 2017 for 2017-18 school year.

Required documents checklist:

- (1) Health Certificate signed by a doctor
- (2) Up-to-date Immunization Record
- (3) Birth Certificate
- (4) Proof of Residency (mortgage statement, lease, electric bill within 30 days or district residency form - all must include name of parent/guardian)
- (5) Photo Identification of Parent/Guardian
- (6) Dental Health Certificate (optional)

Central Registration. Parents/guardians must go to School 12, 475 First Street to register for the 2017-18 school year. Office hours 7:30 am to 3:30 pm/Summer hours 7:00 am to 2:30 pm.

NYS Prekindergarten Regulations. According to the revised New York State Prekindergarten Regulations 151-2.6 Admission Requirements for Children:

No child may participate in the Prekindergarten program unless:

- (1) A report of a medical examination of the child signed by a physician is submitted within 30 days of admission which states that the child is free from contagious or communicable disease.
- (2) The child has been immunized to the extent appropriate to his/her age in accordance with Section 2164 of the Public Health Law; or has been granted an exemption from such immunization.

Note: Universal Pre K is dependent upon funding under the Troy Universal Pre K Grant from the New York State Education Department for the 2017-2018 school year. The amount of funding received determines the number of Pre K slots.

Questions? Contact Juli at (518)328-5436 or Registration at (518)328-5007

Fax: (518) 271-5445 **Se habla español:** 518-629-5757

Housing Questionnaire

Name of School: _____ Grade: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____
Month Day Year

Address: _____ Zip: _____ Phone: _____

This questionnaire is intended to help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? – Please check one box.

- ☐ In permanent housing
- ☐ In a shelter
- ☐ In a motel/hotel
- ☐ With another family or person because of loss of housing or economic hardship
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation _____

Name of Parent/Guardian or Student, please print

X _____
Signature of Parent/Guardian or Student

Date

STUDENT REGISTRATION FORM

STUDENT NAME: _____ / _____ / _____

First

Middle

Last

Last Name of Parent/Guardian with whom student is living: _____

Address: _____ / _____ / _____ NY

Street

Apt/Flr

City

State

Zip

Household Phone Number: _____ Is this a cell phone: ☐ Yes ☐ No

Parent Email address: _____

What language is spoken in the student's home: _____ Are translation services needed: ☐ Yes ☐ No

Ethnicity: Is the student Hispanic, Latino, or of Spanish origin? ☐ Yes, Hispanic ☐ No, not Hispanic

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

☐ Black ☐ White ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander

Gender: ☐ Male ☐ Female What language does the student speak and understand the most: _____

Date of Birth: ____/____/____ Place of Birth: _____

City

State

Country

Has the student previously attended a school in Troy ☐ Yes ☐ No If yes, what school _____

Registering for Grade: _____ If applicable, what was the entry date into the USA? _____

Has the student attended school in the USA: ☐ Yes ☐ No If yes, number of years enrolled in US schools: _____

☐ NCLB ☐ SP ☐ Summer Serv

Office Use Only

Date: ____/____/____

ID: _____

Home School: _____ School Enrolled: _____

Documents provided to the district:

☐ Photo ID

☐ Proof of Residency

☐ National Grid Bill

☐ Lease

☐ Notarized Landlord Letter

☐ Mortgage Statement

☐ Other _____

☐ MCKINNEY-VENTO

☐ Birth Certificate ☐ Passport

☐ Court Papers

☐ DSS 299-District _____

☐ Custody

☐ Parent/Custodial Affidavits

☐ Adoption

Enrollment Exceptions:

☐ School Choice ☐ Opt In

☐ Wynantskill student ☐ Permission Rcvd

☐ N. Greenbush student ☐ Permission Rcvd

☐ Employee's child – District _____ ☐ Emp ID

☐ Foreign Exchange

☐ Tuition Paying – District _____

☐ Lunch Form Completed

☐ Network Form

☐ Immunization

☐ 14 Day Letter

☐ Religious Exemption

☐ Physical

☐ Dental certificate

Parent/Guardian Information

Mother/ Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: ☐ Mother ☐ Stepmother ☐ Legal Guardian ☐ Foster Parent ☐ Other _____

Resides in Home ☐ Yes ☐ No Custodial Parent ☐ Yes ☐ No Is to receive Correspondence ☐ Yes ☐ No

Mailing Address if different from above: _____ / _____ / _____
Street Apt/Flr City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Phone call priority (1-3): Home _____ Work _____ Cell _____

Father/ Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: ☐ Father ☐ Stepfather ☐ Legal Guardian ☐ Foster Parent ☐ Other _____

Resides in Home ☐ Yes ☐ No Custodial Parent ☐ Yes ☐ No Is to receive Correspondence ☐ Yes ☐ No

Mailing Address if different from above: _____ / _____ / _____
Street Apt/Flr City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Phone call priority (1-3): Home _____ Work _____ Cell _____

Other Children Living in the Household

Name: _____ Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female Past Registrant ☐ Yes ☐ No

Name: _____ Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female Past Registrant ☐ Yes ☐ No

Name: _____ Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female Past Registrant ☐ Yes ☐ No

Name: _____ Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female Past Registrant ☐ Yes ☐ No

Legal Information (If Applicable)

If parents are divorced or separated, is there a court approved custody document? ☐ Yes ☐ No

Who retains legal custody? _____ Relationship to child _____

If joint, who has residential (physical) custody? _____

☐ Legal guardianship document provided

Is the student in the care of a guardian(s) other than his/her mother or father? ☐ Yes ☐ No

If yes, name of legal guardian(s) _____

Relationship to child _____

Is the student in foster care? ☐ Yes ☐ No If yes, please provide copy of placement order (DSS-2999)

Additional Services (If Applicable)

Special Education Services

Does the student currently have an IEP (Individualized Education Plan) ☐ Yes ☐ No

Does your child receive any of the following type of services?

☐ Consultant Teacher ☐ Self-Contained Classroom ☐ Resource Room

☐ Out of District Class (BOCES or QUESTAR) ☐ Yes ☐ No

Related Services

☐ Speech and Language Therapy ☐ Occupational Therapy ☐ Physical Therapy

☐ Counseling ☐ Other, please describe _____

Academic Intervention Services (AIS/Remedial)

☐ Math ☐ English Language Arts ☐ Science ☐ Social Studies

Other Services

☐ 504 Plan

☐ English as a Second Language (ESL) If yes how many years of service? _____

☐ Other _____

IF REGISTERING FOR PREK –Is or will your child be receiving Summer Service this year ☐ Yes ☐ No

Residency

If applicable; please check one of the following:

☐ Resident of Wynantskill enrolling in Troy High School ☐ Resident of North Greenbush enrolling in Troy High School

☐ Resident of Wynantskill enrolling in Troy Middle School ☐ Resident of North Greenbush enrolling in Troy Middle School

Does the student have a parent/guardian on active duty in the Armed Forces? ☐ Yes ☐ No

Parent Statement:

I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Troy City School District.

Parent or Guardian Signature **X** _____ Date _____

All documents are to be returned to:

Troy City School District

Central Registration Office

School 12, First Floor

475 First St.

Troy, NY 12180

Phone: (518) 328-5007

Fax: (518) 271-5445

Office Hours: 7:30 am – 3:30 pm

Hours during the Holiday, Winter, Spring and Summer Recesses are: 7:00 am – 2:30 pm

TROY CITY SCHOOL DISTRICT STUDENT EMERGENCY MANAGEMENT FORM

The Troy School District has developed an Emergency Management Plan to insure the safety of our children in the event of an emergency (including serious injury) and/or early dismissal. The information you provide is vital.

Please fill out the following form to be sure we have all necessary information in the event of an emergency and/or early dismissal. It is recommended that these directions be discussed with the parties involved so that there are no surprises or misunderstandings in the event of an emergency and/or early closing.

IT IS VERY IMPORTANT THAT THIS FORM BE FILLED OUT SO EACH STUDENT HAS AN ALTERNATE PLAN

When there is an evacuation to an alternate site or an unscheduled dismissal, information will be given out by way of the local media.

SCHOOL: _____

Student's Name: _____ Grade: _____

Home Address: _____

Parent/Guardian: _____ Home Phone: _____

If not at home, what phone number can parents/guardians be contacted:

Mother/Guardian Phone: (____) _____ or Phone: (____) _____

Father/Guardian Phone: (____) _____ or Phone: (____) _____

Emergency Contact 1: Name: _____ Relationship to Student: _____
Other than parent/guardian

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Address: _____

Emergency Contact 2: Name: _____ Relationship to Student: _____
Other than parent/guardian

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Address: _____

My child can: (Please check off one of the following):

A. Go home by him/her self

B. Can go home with _____

C. Can go to _____

D. Other (Please Explain) _____

IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES TO THE ABOVE INFORMATION.

X _____
Parent/Guardian Signature

Date

Revised 1/26/2017

Prekindergarten Student Registration Form

TROY CITY SCHOOL DISTRICT

Attendance Expectations

I AGREE TO FOLLOW THE ATTENDANCE EXPECTATIONS OF
THE TROY CITY SCHOOL DISTRICT UNIVERSAL PREKINDERGARTEN PROGRAM.

- My child will be in school each day Universal Prekindergarten is in session unless he or she is sick.
- If my child is not in attendance and is not sick, I understand that my child can be dropped from the program.
- I will send a written excuse each day my child is absent.
- If I can, I will call the Prekindergarten school/center to notify the school that my child will be absent.
- My child will be at school and picked up on time daily and will stay for the full Pre K program. I will sign my child in and out each day of the program. I understand that my child may be dropped from the program by not complying.
- I understand it is my responsibility to be sure to give the Pre K teacher and staff updated phone numbers.
- I understand that if I move outside the Troy City School District area, my child will no longer be able to attend the Universal Prekindergarten program. I will also notify the district that my child has moved.

X

Signature of Parent/Guardian

Date

Prekindergarten Student Registration Form

TROY CITY SCHOOL DISTRICT

PREKINDERGARTEN PROGRAM SITES

The following sites hold a Prekindergarten program in conjunction with the Troy City School District:

1. School #2 470 Tenth Street	7:45 – 2:00	Head Start collaboration Additional Paperwork Required Parents transport
2. School #12 475 First Street	7:45 – 1:00 7:45 – 2:00	Parents transport Parents transport, Head Start Collaboration Additional Paperwork Required
3. School #14 1700 Tibbits Avenue	7:45 – 1:00	Parents transport
4. CEO- FRC Building Old Sixth Avenue	8:00 – 2:00	Parents Transport Head Start Collaboration Additional Paperwork Required
5. Sacred Heart 310 Spring Avenue	8:00 – 1:00	Parents transport Wrap-around childcare option
6. Samaritan Children's Center 2213 Burdett Avenue	8:00 – 1:00	Parents transport Wrap-around childcare option
7. Sunnyside Day Care Center 9 th Street & Ingalls Avenue	8:30 – 2:30	Parents transport Wrap-around childcare option
8. Unity Sunshine School 435 Fourth Street	8:30 – 1:30	Parents transport Wrap-around childcare option
9. Viking Child Care Center 80 Vandenberg Avenue	8:00 – 1:00	Parents transport Wrap-around childcare option
10. Troy Boys & Girls Club (Achievements) 1700 7 th Avenue	8:30 – 1:30	Parent Transport

Prekindergarten Student Registration Form

TROY CITY SCHOOL DISTRICT

SITE REQUEST FORM

Child's Name: _____

Criteria for Acceptance:

- Child must reside within the Troy City School District.
- The child must be 4 years of age on or before December 1st of the school year they are enrolling for.

Preceding this page is a list of names and addresses of the Pre K providers within the Troy City School District. The hours of operation and what options the program has is listed.

Please rank order your top 5 choices below.

1. _____
2. _____
3. _____
4. _____
5. _____

Random Selection

New York State requires random selection of all Universal Prekindergarten programs. Applications will be accepted beginning March 6th. Applications will be selected at random to fill the available Pre K classrooms. You will be notified by mail of your child's placement. Every effort will be made on our part to grant you your Prekindergarten preference.

Additional Childcare

Wrap-around childcare is an option at some Pre K sites. This means that a parent can have the option of childcare before and/or after the Pre K day. However, the cost associated with the additional childcare is the responsibility of the parent or guardian.

Prekindergarten Student Registration Form

TROY CITY SCHOOL DISTRICT

CHILD PROFILE

Child's name _____

Language(s) spoken in the home _____

Is your child currently attending:

daycare_____ nursery school_____ or Head Start_____

Does your child have any special health challenges we should know about?

Does your child have any religious dietary needs?

Mother's name_____ Age_____ Education_____

Phone: Home:_____ Cell:_____ Work:_____

Father's name_____ Age_____ Education_____

Phone: Home:_____ Cell:_____ Work:_____

Sitter's/Day Care Name _____

Address _____

Phone _____

Prekindergarten Student Registration Form

TROY CITY SCHOOL DISTRICT

CHILD RELEASE FORM

Please indicate the names of the people who can pick up your child at dismissal time if you are unable to do it yourself. We will not release your child to any unauthorized person. Persons who pick up your child may be asked to show identification.

I hereby give the staff at _____ Pre K permission to release

(Name of School)

my child _____ to the following person(s).

(Name of Child)

Parent signature

Date

Please Print Names of Authorized People:

Name	Phone Number	Relationship to Child
		Parent
		Parent

Prekindergarten Student Registration Form

TROY CITY SCHOOL DISTRICT

WALKING TRIP PERMISSION SLIP

I desire to have my child _____ go with the Prekindergarten on
(name of child)
all walking trips the class may take from September, 20____ to June, 20____. I shall be
responsible for his/her actions while the class is taking the trip.

X _____

Parent Signature

Date

Prekindergarten Student Registration Form

TROY CITY SCHOOL DISTRICT

Parent Consent to Release Information Medical Authorization Form

To Whom It May Concern:

In regard to my (Son/Daughter):_____

I, _____, hereby authorize any physician or nurse who has attended, examined, or treated my child to furnish his/her teachers or pertinent staff with whom (he/she) comes in daily contact, with any and all information which may be necessary regarding (his/her) past or present physical condition and treatment rendered therefore, to ensure that said school personnel are fully cognizant of his/her condition and to safeguard their health and safety.

Date

X _____
Signature of Parent/Guardian

Please Print Name

TROY CITY SCHOOL DISTRICT

SCHOOL HEALTH SERVICES

Entering Date _____ Grade _____ School _____ Sex _____

Student Name _____ Address _____ DOB _____ Place of Birth _____

Last First MI

Mother's Name _____ Address (if different) _____ Home Phone: _____ Cell Phone: _____

Place of Employment _____ Phone _____

Father's Name _____ Address (if different) _____ Home Phone: _____ Cell Phone: _____

Place of Employment _____ Phone _____

Guardian/Step Parent Name _____ Address (if different) _____ Home Phone: _____ Cell Phone: _____

Place of Employment _____ Phone _____

The answers to the questions on this form will be held in the School Health Office and will be kept confidential.

Has your child ever had the following? Please explain with date of onset, any "yes" answers.

Has Your Child Ever Had the Following?	N	Y	Explain with Date/Medication	Has Your Child Ever Had the Following?	N	Y	Explain with Date/Medication
ALLERGIES				Anemia/Bleeding Disorder			
Food				Sickle Cell			
Bees				Chronic Ear Infections			
Environmental				Hearing Loss			
Medication				Hearing Aid			
Eczema				Speech Concerns			
Asthma				Vision Problems (Glasses, Contacts)			
ADHD/ADD				Loss of Vision			
Behavior Concerns				Bladder/Kidney Condition			
Diabetes				Absence Kidney			
Seizure Disorder (Epilepsy)				Absence of Testicle			
Heart Murmur				Arthritis			
Cardiac Condition/Surgery				Fractures			
High/Low Blood Pressure				Scoliosis			
Fainting During Exercise				Chicken Pox/Date			
Head Injury				Surgery (Tonsils, Hernia)			
Migraine Headaches				Under Current Medical Care			

List any special medical problems or serious injuries or gym restrictions _____

Parent/Guardian Signature _____ Date _____

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Month	Day Year	
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

--

(Please check all that apply.)

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

15

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: ☐ 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:

Prekindergarten Student Registration Form

TROY CITY SCHOOL DISTRICT

HOUSEHOLD SURVEY

Number of people living in the household _____

Single Parent Household _____yes _____no

Foster Child _____yes _____no

Non-English Speaking Household _____yes _____no

Temporary Housing _____yes _____no

Parent/Guardian Working _____yes _____no

If yes, location and hours of work:

Parent/Guardian #1_____

Parent/Guardian #2_____

Parent/Guardian attending school _____yes _____no

Parent/Guardian on Unemployment _____yes _____no

Any other household information:

Prekindergarten Student Registration Form

TROY CITY SCHOOL DISTRICT

DEVELOPMENTAL SCREENINGS

Capital District Beginnings will be help assisting with the Developmental Screenings for Troy City School District Pre K rooms. The screening is an informal assessment to identify possible developmental delays (speech, motor, educational and behavioral). Each child is seen individually by a teacher, speech therapist, or motor therapist. If any concerns do exist, a formal evaluation may be recommended. Please sign and date below allowing Capital District Beginnings to assist with your child's screening.

Child's Name: _____

Child's date of birth: _____

Child's Gender: Male or Female (please circle)

Parent(s) Name: _____

Telephone Number: _____

I give permission for my child, _____, to receive a developmental screening from Capital District Beginnings.

X _____

Parent or Guardian Signature

Date

NETWORK COMPUTING AND INTERNET SAFETY POLICY 4526

USER ACKNOWLEDGEMENT

After reading the Networking Computing and Internet Safety Policy, please print and sign your name below acknowledging that you accept Policy 4526 and its terms. A copy with your User ID and Password will be issued to you when signed.

USER'S NAME (please print): _____

BUILDING/SCHOOL: _____

USER'S ID NUMBER: _____

USER'S SIGNATURE: _____

PARENT'S SIGNATURE: X _____

DATE: _____

.....
PRINCIPAL/SUPERVISOR (please print): _____

PHONE NUMBER: _____

PRINCIPAL/SUPERVISOR SIGNATURE: _____

DATE: _____

.....
***PLEASE REMOVE ACKNOWLEDGEMENT PAGE AND
KEEP POLICY PORTION FOR YOUR RECORDS.***

FACULTY/STAFF: RETURN TO HUMAN RESOURCES

STUDENTS: RETURN TO PRINCIPAL

BOE Approved 2-1-12

NETWORK COMPUTING AND INTERNET SAFETY POLICY 4526

The Enlarged City School District of Troy, New York (the "District") is responsible for securing its network and computing systems in a reasonable degree against unauthorized access and/or abuse, while making them accessible to authorized and legitimate users ("users" include students, faculty and staff). This responsibility includes informing users of expected standards of conduct and the consequences for non-adherence. Any attempt whatsoever to violate the provisions of this policy will result in temporary revocation of user accounts. Permanent revocations can result after an investigation which produces evidence of the network abuse. The users of the network are responsible for respecting and adhering to local, state, federal and international laws. Any attempt to break those laws through the use of the network may result in litigation against the offender by the proper authorities. If such an event should occur, the District will fully comply with the authorities to provide any information necessary for the litigation process and the eventual prosecution thereof.

DISCIPLINE PROCESS FOR NON-ADHERENCE TO THE DISTRICT POLICY

1. First offense of any of these policies will result in the immediate suspension of network privileges by the user for at least three days. Restoration of these privileges could occur after three days.
2. The second offense will result in the immediate suspension of the network privileges by the user for thirty days. Privileges will be restored with the approval of the user's teacher in the case of a student's suspension; an administrator in the case of an employee's suspension.
3. The third offense will result in the immediate termination of network privileges for the user. User may appeal that termination to the Superintendent of Schools who, in his/her sole discretion, may restore user's privileges.

TECHNOLOGY SERVICES AND EQUIPMENT USE

District technology services and equipment of the Enlarged City School District of Troy, including messages transmitted or stored by them, are the sole property of the District. Equipment is solely for the educational and business purposes of the District.

Technology services and equipment includes computers and other digital or microprocessor-based devices including but not limited to: handheld personal devices, voice or audio devices, digital cameras or photography related devices, computer files, computer storage and recording devices and media, printers, scanners, copiers, cable transmissions, satellite transmissions, on-line services, software, courier services, facsimiles, telephone systems, televisions, video equipment and tapes, tape recorders and recordings, pagers, cellular phones and bulletin boards.

SECTION 1: GENERAL COMPUTING POLICY

Once a user receives a user ID to access the network and the computer systems on the network, they are solely responsible for all actions taken under that user ID. Therefore, the following are considered offenses in violation of this policy:

- 1.1 Applying for a user ID under false pretenses is a punishable disciplinary offense.
- 1.2 Sharing your user ID with any other person is prohibited. In the event that you do share your user ID with another person, you will be solely responsible for the actions that other person appropriated.
- 1.3 Deletion, examination, copying or modification of files and/or data belonging to other users without their prior consent is prohibited.
- 1.4 Attempts to evade or change resource quotas are prohibited.
- 1.5 Continued impedance of other users through mass consumption of system resources, after receipt of a request to cease such activity, is prohibited.
- 1.6 Use of facilities and/or services for commercial purposes is prohibited.
- 1.7 Any unauthorized, deliberate action which damages or disrupts a computing system, alters its normal performance or causes it to malfunction is a violation regardless of system location or time duration.
- 1.8 Computers will be used for district use and educational purposes only as assigned by the instructor, supervisor, or administrator in charge.
- 1.9 Use of vulgarity in the naming of disks or files is prohibited.
- 1.10 Failing to report the loss of a user's ID or failure to report that another has access to a user's password.

SECTION 2: ELECTRONIC MAIL POLICY

The District maintains an Electronic Mail System. The District permits faculty, staff and students to access to this system to assist in the conduct of business within and for the District.

The Enlarged City School District of Troy reserves the right to monitor, intercept and/or review all faculty, staff and student email, internet access and network traffic, at any time. Any unauthorized use of the Electronic E-Mail System, Internet, Wide Area Network (WAN,) or Local Area Networks (LAN) is prohibited.

The District intends that no rights of privacy should apply to district technology and equipment. No faculty, staff or student should have any expectation of privacy with regard to use of any district technology and equipment.

The District insists that faculty, staff and students use the highest ethical standards when utilizing district technology services and equipment. All users will be held to the standards as provided in this policy.

Whenever a user sends electronic mail, user's name and user ID are included in each mail message. You are responsible for all electronic mail originating from your user ID. Therefore, the following are offenses in violation of this policy:

- 2.1 The altering, manipulation, or attempts or success of Forgery of electronic mail messages is prohibited.
- 2.2 Attempts to read, delete, copy or modify the electronic mail of other users are prohibited.
- 2.3 The Electronic Mail System hardware and software is District property. Additionally, all messages composed, sent, forwarded or received on the Electronic Mail System are and remain the property of the District. The messages are not the personal property of any faculty, staff or student.
- 2.4 The use of the Electronic Mail System is reserved solely for the educational and business purposes of the District. It may not be used for personal business, personal communication, junk mailings, chain letters, solicitations, harassment, or any form that is considered obscene, threatening, or inappropriate etc.
- 2.5 The Electronic Mail System shall not be used to solicit or proselytize for commercial ventures, religious or political causes, outside organizations, or other non-job-related solicitations.
- 2.6 The Electronic Mail System shall not be used to create, send or forward any offensive or disruptive messages. Among those messages which are considered offensive are any messages which contain sexual implications or innuendo, racial slurs, derogatory gender-specific comments, or any other comment that offensively addresses someone's age, sexual orientation, religious or political beliefs, national origin or disability.
- 2.7 The Electronic Mail System shall not be used to send (upload,) receive (download,) or forward any personal, sensitive, confidential transmitted information, copyrighted materials, trade secrets, proprietary information, or similar materials, without prior authorization.
- 2.8 Notwithstanding the District's right to retrieve and read any electronic mail messages, such messages should be treated as confidential by employees and accessed only by the intended recipient. Employees are not authorized to retrieve or read any e-mail messages that are not sent to them. Any exception to this policy must receive prior approval from the Superintendent of Schools or the Chief Technology Officer.
- 2.9 Any faculty, staff or student who violates these regulations or uses the Electronic Mail System for any improper purpose may be subject to discipline.

Examples of reasons for District monitoring, intercepting and/or reviewing include, but are not limited to:

- 2.10 Systems operations
- 2.11 Maintenance or repairs
- 2.12 Investigation of an alleged breach of security of the computer system.
- 2.13 Any alleged violation of district policy
- 2.14 In response to law enforcement requests.

SECTION 3: NETWORK SECURITY

As a user of the network, you may be able to gain access to other networks (and/or the computer systems attached to those networks). Therefore, the following are offenses in violation of this policy:

- 3.1 Use of systems and/or networks in attempts to gain unauthorized access to remove system security is prohibited.
- 3.2 Use of systems, handheld devices, personal devices and/or networks to connect to other systems, in evasion of the physical limitations of the remote system/local, is prohibited.
- 3.3 Description of system or user passwords is prohibited.
- 3.4 The copying of system files is prohibited.
- 3.5 The copying of copyrighted materials, such as third-party software, without the express written permission of the owner or the proper license, is prohibited.
- 3.6 Intentional attempts to 'crash' network systems or programs are punishable disciplinary offenses.
- 3.7 Any attempts to secure a higher level of privilege or attempt to evade the security put in place on the districts network via physical, wireless or cellular transmission that enters the districts property / air space are punishable disciplinary offenses.
- 3.8 The willful introduction of computer "viruses" or other disruptive/destructive programs into the District network or into external networks are prohibited.

SECTION 4: INTERNET PROTOCOL AND SAFETY

As a user of the network, you will be allowed to access other networks using district computers or non-district devices (and/or the computer systems attached to those networks). Therefore: the following are offenses in violation of this policy:

- 4.1 Accessing depictions that are obscene.
- 4.2 Accessing or distribution of depictions that are child pornography or harmful to minors, as defined in the Children's Internet Protection Act, Public Law 106-554 and Broadband Data Services Improvement Act/Protecting Children in the 21st Century, Public Law 110-385.
- 4.3 Participation in unauthorized newsgroups and "chat areas" is prohibited.
- 4.4 Communicating or accessing information that is unethical or inappropriate to a school district is prohibited.
- 4.5 Using wireless or cellular transmissions on a non-district / personal device brought into the district to circumvent the Network computing and Internet Safety Policy is strictly prohibited. All transmission in and out of the district whether it is physical, verbal, or cellular can be monitored and recorded to determine unauthorized use of the system.

Subject to staff supervision, however, any such measures may be disabled or relaxed for adults conducting bona fide research or other lawful purposes, in accordance with criteria established by the Superintendent, Chief Technology Officer or his/her designee.

The Superintendent, Chief Technology Officer or his/her designee also shall develop and implement procedures that provide for the safety and security of students using electronic mail, social networking, and other forms of direct electronic communications; monitoring the online activities of students using district computers; and restricting student access to materials that are harmful to minors.

In addition, the Board prohibits the unauthorized disclosure, use and dissemination of personal information regarding students, employees and district stakeholders to be used to harass, threaten, intimidate, slander or use for personal gain. Such use includes, but not limited to: cyber bullying; electronic and media intimidation methods, identity theft, lawful or unlawful use of a user's name and password to conduct inappropriate behavior.

The Chief Technology Officer, or his/her designee, shall monitor and examine all district computer network activities to ensure compliance with this policy. He or she also shall be responsible for ensuring that staff and students receive training on their requirements.

All users of the District's computer network, including access to the Internet and World Wide Web, must understand that use is a privilege, not a right, and that any such use entails responsibility. They must comply with the requirements of this policy, in addition to federal and state laws and regulations. Failure to comply may result in disciplinary action including, but not limited to, the revocation of computer access privileges. Equipment of the district is the property of the district and holds neither privacy nor confidential rights that prohibit the Superintendent nor Chief Technology Officer or their designee to gain access to the computers and any files that are needed to demonstrate policy violation.

As part of this Policy 4526 which is the District's policy on acceptable use of district computers, the District shall also provide age-appropriate instruction regarding appropriate online behavior, including:

- 4.5. interacting with other individuals on social networking sites and in chat rooms, and
- 4.6. cyber bullying awareness and response.

Instruction will be provided even if the district prohibits students from accessing social networking sites or chat rooms on district computers.

BOE Approved:

Adoption date: December 2, 2002

Revision date: June 15, 2011

Revision date: February 1, 2012

PHYSICAL EXAMINATION REQUIREMENT

Dear Parent /Guardian:

New York State Education Law **requires** that all children attending school in New York State have a physical examination at the following grade levels: Pre-Kindergarten, Kindergarten, 2nd, 4th, 7th and 10th, and all new students who are entering the Troy City School District from another school district or state or country.

If your child has had a physical in the past year or you plan to have your child examined by his/her own doctor, please have the Health Certificate filled out by the doctor and returned to school.

A law was recently enacted that expands health screenings to include the dental health of students in New York State. When we require that your child have a physical examination, we will be requesting a dental certificate as well. There is a sample certificate available for you to take to your child's dentist. Once it is completed, it should be returned to the School Nurse as it will be filed in your child's Cumulative Health Record.

Thank you for your cooperation in this health endeavor.

Please call the school's health office if you have any questions or concerns.

Please return the completed form to the Health Office of your child's school.

Carroll Hill

Phone 328-5720

Fax 274-4587

School 16

Phone 328-5120

Fax 274-4585

School 12

Phone 328-5025

Fax 203-6874

Pre-K

Phone 328-5436

Fax 271-7692

School 18

Phone 328-5520

Fax 274-4374

School 2

Phone 328-5620

Fax 271-5205

Troy Middle School

Phone 328-5323

Fax 271-5175

School 14

Phone 328-5825

Fax 274-0371

Troy High School

Phone 328-5425

Fax 271-5174



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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No	

School Name:	Grade
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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 **X** _____ 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 his/her attendance at the public schools.
- ☐ No, The student listed above is not in fit condition of dental health to permit his/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 your child's school, 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.

HEALTH CERTIFICATE

Name _____ School _____ Grade _____

Date of Birth _____ Gender _____

Screening Tests: BP _____

Height: _____ Weight: _____ BMI _____ Weight Status Category _____
 Vision: OD _____ OS _____ Corrected/Uncorrected
 Hearing: Right _____ Left _____

Allergies:

Food _____
 Medication _____
 Bee Sting _____
 Other _____

Special diet or food restrictions:

Physical Examinations:

Eyes _____
 Lymph Nodes _____
 Nose _____
 Teeth _____
 Lungs _____
 Genito Urinary _____
 Skin (non-common) _____
 Speech _____
 Orthopedic: Structural _____
 Scoliosis Screening: Neg _____ Pos _____
 Development _____
 Physical Limitation _____

Ears (Otoscopy) _____
 Thyroid _____
 Tonsils _____
 Heart _____
 Hernia _____
 Nervous System _____
 Epilepsy _____
 Nutrition _____
 Posture _____
 Feet _____
 Behavior _____

Any restrictions to full participation in physical education: _____

Chronic Condition: Asthma _____ Diabetes: Type 1 _____ Type 2 _____
 Hyperlipidemia _____ Hypertension _____
 Other _____

Medications Prescribed: _____

Referrals or Special Concerns: _____

Immunization Record: Please attach a copy

Lead Screening Date _____ Results: _____ Sick Cell Screen Date _____ Result _____

TB Testing Date _____ Results: Neg _____ Pos _____ Chest X-Ray _____

Physician's Signature _____ Date of Exam _____

Physician's Name (please print) _____

Paul Reinisch, Coordinator
Health, Physical Education
Recreation, Athletics & Safety
(518) 328-5417
I.G. Racela, MD, Medical Officer
(518) 328-5425

CONSENT TO ADMINISTER MEDICATION

Dear Parent/Guardian:

A list of medications, which will be available in your school's Health Office, are listed below. Due to New York State Education Department regulations, the following medications will only be administered with your health care provider's written order and your written permission.

Please have your health care provider check the medications appropriate for your child.

Only one student per form is allowed. Each student must have this individual medication order on file.

Please return the signed completed form to the Health Office of your school.

Comments

_____ Acetaminophen – 325 mg – pain relief	_____
_____ Acetaminophen – 80 mg – liquid/chewable-pain	_____
_____ Antacid – liquid - relief of upset stomach	_____
_____ Hydrocortisone topical cream 1%	_____
_____ Benadryl Cream	_____
_____ Benzalkonium-antiseptic solution	_____
_____ Calamine – relieves itching	_____
_____ Orajel – oral pain relief	_____
_____ Vaseline Lotion and Ointment	_____

Student Name _____ Date of Birth _____

School _____ Grade _____

PHYSICIAN SIGNS HERE

Health Care Provider's Signature _____ Phone# _____ Date _____

PARENT SIGNS HERE

Parent/Guardian's Signature _____ Phone# _____ Date _____

Pupil Personnel Services

Donna Fitzgerald, Director
Pupil Personnel Services

475 First Street
Troy, New York 12180

(518) 328-5006 Director's Office
(518) 328-5075 Main Office
(518) 279-7600 Fax

April 23, 2015

Dear Parents/Guardians:

The Enlarged City School District of Troy provides special education services and programs to students with disabilities pursuant to applicable federal and state laws. Any parent or person in parental relation who suspects that his/her child has a disability may refer the child for an evaluation by the District's Committee on Special Education (CSE) for eligibility for special education services and programs. More detailed information on this process is available in *A Parent's Guide to Special Education*, which is published on the New York State Education Department's website in English and Spanish.

English - <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>.

Spanish-<http://www.p12.nysed.gov/specialed/publications/policy/spanishparentguide.htm>

Parents or persons in parental relation should contact the District's Director of Pupil Personnel Services, Donna Fitzgerald, at School 12 475- First Street Troy, N.Y. 12180 or by calling 328-5075.