

DATE

To the Parent/Guardian of:

Student Name

Student Address

Town, State, Zip

RE: **Student Name**

Dear Parent/Guardian:

Welcome to the Brockport Central School District. The enclosed registration packet is the first step to completing the registration process. Enclosed is the *Student Information Sheet*. This form lists the information stored in our student database for your child. Please review this information and make changes, if applicable.

Complete the registration packet, gather your supporting documentation listed below, and submit the paperwork to the Registration Office. All paperwork will be reviewed and forwarded to the appropriate school.

Required Documents from parents/guardians

- | | | |
|---|--|---|
| <input type="checkbox"/> Proof of Birth (Certificate of Birth or Baptism) | <input type="checkbox"/> Proof of Residency in District (telephone/electric bill, lease) | <input type="checkbox"/> Parent/Guardian Photo ID |
| <input type="checkbox"/> Custody or Guardianship Papers (optional) | <input type="checkbox"/> Immunizations (Current) | |

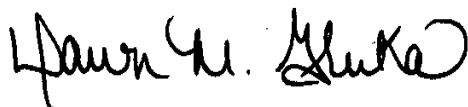
Registration Packet Checklist

- | | | |
|---|---|--|
| <input type="checkbox"/> Student Profile (verify information) | <input type="checkbox"/> Custody Disclosure Form | <input type="checkbox"/> Home Language Questionnaire |
| <input type="checkbox"/> Student Records Request | <input type="checkbox"/> Acceptable Use Policy | <input type="checkbox"/> Health Notification Form |
| <input type="checkbox"/> Student Health History | <input type="checkbox"/> Medical Release Form | <input type="checkbox"/> Health Certificate (Physical) |
| <input type="checkbox"/> Parent Input Form (optional K-8) | <input type="checkbox"/> Babysitter Form Trans (optional) | <input type="checkbox"/> Volunteer Aide Application (optional) |
| <input type="checkbox"/> Student Enrollment Form | <input type="checkbox"/> Current Immunization Records | <input type="checkbox"/> Student Residency Questionnaire |
| <input type="checkbox"/> Ethnicity Form | <input type="checkbox"/> Residency Statement | |

Registration paperwork needs to be completed and presented at the Office of Registration before the enrollment process may begin.

We look forward to working with you. The Registrar's office is open between 8:00 AM and 3:00 PM Monday thru Friday. Please call the Registrar's office at **637-1857** if you have any questions regarding registration.

Sincerely,



Dawn M. Gruka
District Registrar

STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: _____
Last First Middle

Previous School Attended: _____

Gender: Male Female Date of Birth: _____ / _____ / _____ Grade: _____ ID#: _____
Month Day Year (preschool-12) (assigned by District)

Address: _____ Phone: _____

The answer you give below will 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 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): _____

- In permanent housing

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

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

Date

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

STUDENT ENROLLMENT FORM

STUDENT NAME: _____ **ID #** _____

CURRENT GRADE: _____

PREVIOUS SCHOOL: _____

LAST DAY OF ATTENDANCE AT PREVIOUS SCHOOL: _____

Please state the reason for leaving the previous school: _____

Please complete the questions below regarding the child's attendance at the previous school:

My child was receiving the following services

- Regular Education
- Special Education (describe the services your child was receiving) _____
- 504 Plan (describe the services your child was receiving) _____
- AIS Services Subjects: _____
- Alternate High School: _____
- GED Program: _____
- Vocational Program (WEMOCO) (please state program): _____

Has your child had any disciplinary issues at their previous school: YES, (please explain) NO

Is your child currently on a long term suspension YES, Date suspension ends _____ NO

The statements on this form are true to the best of my knowledge:

Parent/Guardian I Signature

Date

CUSTODY DISCLOSURE FORM

The Office of Registration & Records is responsible for registration, not responsible in 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 Brockport Central School District, it is your responsibility to provide custodial documentation to the Office of Registration and Records. **NOTE:** A current legal court document must be provided to ensure compliance with custody orders.

Contact your child's school principal to review custodial arrangements. Please inform your child's school of changes in custodial arrangements.

Information on Rights of Parents 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.:

- 1. Parents/guardians are together residing at the same residence
- 2. Single parent (father or mother is not listed on the birth certificate)
- 3. Parents/guardians divorced/separated - joint custody
- 4. Parents/guardians divorced/separated - sole custody
- 5. Custody/guardianship is transferred
- 6. Restricted pickup (legal documentation must be provided) _____
- 7. 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 court documents that describe custody arrangements.
- I understand that it is my responsibility to update my child's school principal of changes in custody.

Student Names (please print): _____

Signature of Parent/Guardian

DATE

ACCEPTABLE USE POLICY FORM (Extracted from BCS Board Regulation (1996) number 7361R)

SUBJECT: ACCEPTABLE USE POLICY FORM

After reading the Acceptable Use Policy Rules and Responsibilities, please complete this form to indicate whether or not you authorize network use and agree with the terms and conditions outlined. The signatures of both the student and parent/guardian are mandatory before access may be granted to the network. This document, which incorporates the Acceptable Use Policy, reflects the entire agreement and understanding of all parties. Emancipated students must fill in the top portion of this agreement form.

Student Signature _____

Student Name (Please Print) _____

Student's School New Entrant

Grade: _____ **Date of Birth:** _____

As a user of the Brockport Central School District computer network, I have read and hereby agree to comply with the Acceptable Use Policy.

(To the parent/guardian of students too young to complete the section above: please fill in the information for them)

Place an (X) in the box to indicate your choice.

YES As parent/legal guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and internet. I have read and agree to the Acceptable Use Policy, and I understand that I may be held responsible for violations by 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 her/him appropriate standards for selecting, sharing and/or exploring information and media.

OR

NO As parent/legal guardian of the student above, I do not grant permission for my child to independently access networked computer services such as electronic mail and the internet. I acknowledge that if the Internet is used by the teacher for direct classroom instruction and is under the teacher's control, the Acceptable Use Policy (AUP) is not applicable.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (Please Print): _____

Street Address: _____

Home Telephone: _____

Daytime Telephone: _____

Complete and return to your child's school.

HEALTH NOTIFICATION FOR PARENTS AND HEALTH STATUS CHECKLIST

HEALTH NOTIFICATION

New York State law requires parents to show proof of a current physical exam for all new entrants. This examination shall not have been given more than 12 months prior to the first day of school in the year of entry. The school physician will be scheduled to examine new entrants whose parents have not scheduled or obtained proof of an exam.

• **Please indicate below your response to this requirement.**

•

1 I have enclosed the proper physical form with my registration.

2 I have scheduled a physical for my children on _____
(Date of physical or estimated date of physical)

3 I wish to have the Brockport Central School Physician give my child a health appraisal.

4 I agree to provide Immunization (shots) per the NYS Law Section 2164 (<https://bcs1.org/district.cfm?subpage=19963>)

Student Name (please print)

Legal Parent Guardian Signature

NOTES: _____

STUDENT HEALTH HISTORY FORM

(please print)

Student Name: _____ Sex: _____ Birth Date _____
 Physician's Name: _____ Phone: _____
 Dentist's Name: _____ Phone: _____

Has your child had any of the following? If Yes, please describe.

	NO	YES	Please Describe
1. Allergies			
2. Asthma			
3. Diabetes			
4. Seizures			
5. Bleeding Tendencies			
6. Heart Disease			
7. Tuberculosis Contact			
8. Rheumatic Fever			
9. Severe Headaches			
10. Frequent Ear Infections			
11. Pneumonia			
12. Chicken Pox			
13. Skin Conditions			
14. Cancer			
15. Leukemia			
16. Vision Problems			
17. Hearing Problems			
18. Speech Problems			
19. Orthopedic Problems (such as Scoliosis or Club Foot)			
20. Other: _____			
21. Date of Last Physical			
22. Examining physician's Name (for #21)			

STUDENT HEALTH HISTORY FORM

(please print)

Student Name: _____

1 Is your child now or has he/she ever been on any regular medication? Explain:

2 Has your child had any operations (including tonsillectomy, tubes in ears, etc.)? Year? Explain:

3 Has your child had any serious accidents or injuries? Year? Please describe:

4 Has your child ever been hospitalized? For what reason?

5 Does your child have any special problems or inherited family diseases?

6 Does he/she have any dietary restrictions?

7 Does he/she have any physical restrictions?

8 Is there anything not covered in the above medical history that you think would be important for us to know about your child? If so, please explain:

Signature of Parent/Guardian

DATE

**❖ IF THERE IS ANY SIGNIFICANT MEDICAL HISTORY OR PROBLEM
PLEASE CALL AND TALK TO THE SCHOOL NURSE.**

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Physician's Name: _____
Street Address: _____
City, State Zip: _____
Telephone: _____ Fax: _____

Authorization for release of records:

Student Name: _____ Birth Date: _____

I hereby authorize my child's physician identified above to release to the Brockport Central School District information relating to my child's immunization and health records for the purpose of enrollment in the Brockport Central Schools. I understand that any information released by my child's physician to the Brockport Central School District relating to my child's immunization and health records will be used for the sole purpose of determining whether my child is eligible to be enrolled in public school as required by New York State law. I further understand that no child may be admitted to school or allowed to attend school for more than 14 days without an appropriate immunization certificate or acceptable evidence of immunization. In the event that proof of immunization is not provided within the legal time frame, I understand that my child's admission to school will be denied and the local health authority will be notified.

I further authorize my child's physician to release the following information to the Brockport Central School District for the following purposes:

- Physicals to comply with NYS health regulations and sports requirements.
- Immunizations to comply with NYS health regulations.
- Authorizations for prescriptions to be administered by the nurse during school hours.
- Sports related clearances to allow for reinstatement in athletic programs after an injury.
- Hearing Exam results for maintenance of the student's health history.
- Eye Exam results for maintenance of the student's health history.
- To assess a medical basis for modification of transportation and/or tutoring.
- Authorization to obtain any needed prescriptions for occupational or physical therapy.

Signature of Parent/Guardian

Date

This authorization expires on my child's last date of enrollment at Brockport Central School District. I understand that I have the right to revoke this authorization in writing, by submitting that revocation to the Office of Registration and Records, but that such revocation will not affect any disclosure that was made pursuant to this authorization prior to the receipt of such revocation by the Brockport Central School District, Office of Registration and Records. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations. I understand that the physician identified above cannot refuse to treat the student if I refuse to sign this authorization.

This form complies with HIPAA regulations.

Ethnicity Form

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.

Student Name: _____ Grade _____

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.

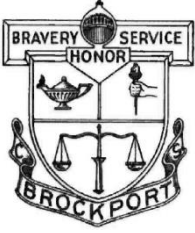
Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- YES**, Hispanic
 NO, not Hispanic

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), and who maintains tribal affiliation or community attachment.
- 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 OR AFRICAN AMERICAN:** 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 _____



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

RESIDENCY STATEMENT

The undersigned, being the parent/guardian(s) of _____
(herein after referred to as the "Student"), hereby acknowledge, state and agree as follows:

- The undersigned are permanent residents of the Brockport Central School District, (herein after referred to as the "District"), and have provided the appropriate documentation of their residence at _____.
- The undersigned grants permission for the District to verify residency at the above address at the time of registration of the Student and from time to time in the future as the District deems necessary.
- If the undersigned moves out of the District while the Student is still attending the District's schools, the undersigned will notify the District in writing immediately. Notifications will be sent to the school the Student attends or the Office of Registration and Records.
- If the undersigned moves out of the District, the Student will no longer be considered a resident for school purposes, and the District will have no obligation to educate the Student. The undersigned shall be responsible for payment of non-resident tuition, in accordance with District policy and procedures, starting on the day after the date on which the undersigned moved out of the District.
- The undersigned may request that the District continue to educate the Student. If the District chooses to educate the student, its decision will be made on a space-available basis and will be dependent upon the undersigned complying with District policy and procedures relating to the education of non-resident students including, but not limited to, payment of tuition in advance.
- If the tuition referred to above is not paid by the undersigned and the District is required to pursue collection, the undersigned shall pay, in addition to the unpaid tuition, all costs, fees and expenses, including reasonable legal fees, incurred by the District to collect the unpaid tuition.

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

Date



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:		GENDER:
Month	Day	Year
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?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <i>specify</i>

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

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School	Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

No Yes – Type of services received: _____

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Month: Day: Year:

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: 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: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING
MO. DAY YR.

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

SPEECH HEARING AND LANGUAGE SURVEY

To be completed by Parent/Guardian:

Student Name: _____
Date of Birth _____

Student ID#: _____

1. My child has received speech therapy: Yes No
If yes, please give the name of clinic and the type of therapy:

Clinic: _____

Type of Therapy: _____

Dates of Service: _____

2. Do you consider your child's language adequate for his/her age?

- a. Speaks in complete sentences Yes No
b. Follows directions Yes No
c. Answers "WH" questions (who, what, where, when) Yes No
d. Uses appropriate labels for items/pictures Yes No

3. Does your child have difficulty making and using speech sounds? Yes No

a. If any, what sounds? _____

- b. Can your child's speech be understood by an unfamiliar listener? Yes No

4. Does your child have frequent repetitions or hesitations in his/her speech? Yes No

Parent Input Form

Please note that placement decisions are focused on providing the best academic setting and groupings to maximize students' instructional experiences. For this reason the instructional criteria items override placing friends together. We highly suggest parents encourage their children to be comfortable meeting and making new friends. Also, please be aware classroom teachers do incorporate ice breakers and activities for building classroom friendships starting the first day of school.

Child's Name: _____

Person Completing Form: _____

Relationship to child: _____

Present Grade: _____ Present Teacher: _____

PLEASE DO NOT REQUEST A SPECIFIC TEACHER OR PROGRAM

1. To help in the placement process, please check any items which **best describe** your child:

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> shy | <input type="checkbox"/> outgoing | <input type="checkbox"/> unable to demonstrate self-control | <input type="checkbox"/> needs frequent adult assistance |
| <input type="checkbox"/> sensitive | <input type="checkbox"/> creative | <input type="checkbox"/> has difficulty staying focused | <input type="checkbox"/> tends to be withdrawn |
| <input type="checkbox"/> independent worker | <input type="checkbox"/> motivated | <input type="checkbox"/> demonstrates leadership skills | <input type="checkbox"/> lacks self-motivation |
| <input type="checkbox"/> makes friends easily | <input type="checkbox"/> is active | <input type="checkbox"/> needs academic challenge and enrichment | <input type="checkbox"/> relates easily to adults |

2. What is the **most important** information to be considered in **your child's placement**?

3. Please list any additional information that will assist us in **placing your child**.

(over)

Please return this form with the registration packet or to the school office

Parent Input Form

Child's Name: _____

Person Completing Form: _____

PLEASE DO NOT REQUEST A SPECIFIC TEACHER OR PROGRAM

4. Please provide any additional information you feel is important to **next year's teacher**.

Academic:

Social:

Emotional:

Please return this form in the registration packet or you may also return it to the school office.

SCHOOL VOLUNTEERS

If you have time to read, share a talent, or help with activities, the Brockport Central School District welcomes and encourages you to become a school volunteer.

The District offers a Volunteer Program for interested community members to serve in classrooms and to assist with various projects and activities before, during and after school hours. Volunteers are needed on a weekly, bi-weekly, monthly or even occasional basis, especially in kindergarten classrooms. In addition, the Brockport PTSA has volunteer opportunities at all schools, for example, assisting with bus duty and in the lunchroom at the Ginther School at the beginning of the school year. Check www.signupgenius.com and use the "Find a Sign-Up" feature (using the PTSA email BrockportPTSA@gmail.com) to see where help is needed. Active sign-ups and PTSA news are also posted on the PTSA Facebook page. It is not necessary to be a PTSA or Facebook member to access either of these resources.

The Volunteer Program is coordinated by the Human Resources Office, in conjunction with building administrators. Volunteer placements continue throughout the school year and are based on teacher and building needs as well as on volunteer service requests.

First-time volunteers are required to submit a **Volunteer Application Form along with a Confidentiality Agreement** to the Human Resources Office, and must be approved by the Board of Education prior to serving in the District. As this process may take several weeks, both forms should be submitted well before the start date of planned volunteer service. Previously approved volunteers do not require Board approval but must submit an updated Volunteer Form as well as a Confidentiality Agreement annually*, prior to the start of volunteer service for that year.

***The Confidentiality Agreement form was updated to be a permanent form for the duration of Volunteer Service with the District starting in January 2016. Once the Permanent Confidentiality Agreement is completed and on file with the District, only an updated application will be required from that point forward for future years. If you are not sure if you have a Permanent Confidentiality Agreement on file you can check with the school secretary or contact Diane Heed at 637-1915 or via email at diane.heed@bcs1.org.**

The District reserves the right to decline a volunteer's approval if there are concerns of an applicant's suitability to serve in a school setting. Current volunteers are obligated to provide the Human Resources Office with any information which might affect their continued status as approved volunteers.

Contact information for approved volunteers is made available to school building office personnel only. Volunteer applicants who wish to have their contact information shared with the PTSA in order to assist with PTSA activities may check the **PTSA Release** option on the Volunteer Form. Contact information released to the PTSA will additionally be made available to the PTSA Executive Board only.

If you would like to volunteer to share your time helping teachers and/or students, please complete and return forms to:

Volunteer Coordinator
Brockport Central School District
Human Resources Office
40 Allen Street
Brockport, New York 14420-2296

The Volunteer Program is administered in accordance with Board Policy #3150. For additional information or questions about the Volunteer Program, please contact the Human Resources Office at 637-1915.

Brockport Central School District Volunteer Form

**This form is for new volunteer applicants and to update information for volunteers already on file with the district.
Fill out form completely and return to The Human Resources Office.**

PLEASE SELECT ONE: NEW APPLICANT UPDATE

Name: _____ Date: _____ School Year: _____ -

Address: _____ Phone: _____

City: _____ Email: _____

State, Zip: _____ Birthdate: _____

Have you ever been convicted of a felony or misdemeanor? (check one) YES _____ NO _____
If yes, please describe (date, location, description) on a separate sheet.

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City: _____

State & Zip: _____ Phone: _____

Please list all children currently enrolled in the school district:

Name	Grade	School	Name	Grade	School

I prefer: ALL Schools

Media Centers

ONLY: Ginther Barclay Hill Oliver High

I prefer to work only in my child/children's classroom(s):

Yes No Teacher Name(s): _____

Please list the days and times you are available for the school year: _____

Please list any personal interests and/or skills obtained through previous employment or life experiences that may contribute to our classrooms:

I certify that the information contained in this application is complete and accurate to the best of my knowledge.

Signature of Applicant

Date

PTSA Release: Check the box below and provide a phone number and/or email address if you wish to have your contact information shared with the PTSA in order to assist with PTSA activities. Contact information released to the PTSA will be made available to the PTSA Executive Board only.

Phone/Email: _____ / _____

Equal Opportunity Statement

The district does not discriminate against volunteer applicants on any basis including race, color, creed, national origin, political affiliation, sex, sexual orientation, gender identity, age, marital status, veteran status, or disability.
The district welcomes volunteers and appreciates the additional support they provide to the educational program.

Administrator Approval

Date

Brockport Central School District

CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS

As a volunteer in the Brockport Central School District, an individual may have access to confidential student information. This information may relate to general items regarding students, including addresses and telephone numbers, or to more specific information such as medical conditions, behavior issues, and/or academic records. A volunteer may also observe situations that he/she does not immediately understand. This type of information about specific students cannot be shared with anyone outside of the school and should only be discussed with a limited number of individuals within the building, such as the student's teacher and/or the building administrator.

Comments, concerns, and opinions regarding individual students and staff members should be discussed with a school administrator directly. In addition, questions about discipline and/or behavior issues should be voiced to the building administrator and not with other parents or volunteers. The district welcomes the dedicated individuals who come into our schools to volunteer their time and talent to benefit the students and staff. However, idle comments made in the community or gossip within the building or outside the school about a student or a school issue can be extremely harmful to the individuals being discussed. If the confidential protection afforded to students and staff members is broken, the volunteer will no longer be able to work in the school district. The district expects the same professional concern regarding confidential information from volunteers as it does of its employees.

I understand the confidentiality agreement as outlined above and, by my signature below, agree to adhere to it as a condition for the entire duration of my service with the Brockport Central School District.

Name: _____

Signature: _____

Date: _____



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

Dear Parent/Guardian:

Welcome to Brockport Central School District! This enclosure is to inform you of your right to refer your child at any time for an evaluation by the Committee on Special Education. You can access more information regarding this right by accessing the Parent's Guide to Special Education on the New York State Education Department's website at <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>.

Should you have any additional questions, please feel free to contact me at 637-1856.

Sincerely,

Lynn P. Carragher
Assistant to the Superintendent for Inclusive Education and Instruction

Directions: (Please print)

1. All requests for route changes require three (3) school days lead time for the change to take effect. Phone requests and same day route changes **will not** be accommodated.
2. You may complete one request form for multiple children (K-8), unless they will be going to different childcare locations.
3. Childcare site must be located within Brockport Central School District boundaries.
4. Transportation will be provided to or from one location other than the primary address.
5. Once a weekly transportation schedule is established, it must remain constant.
6. For any changes, a new form must be completed. Single day change requests will not be accommodated.
7. This form can be returned to the Transportation office at the above address or use the submit button below or hand it to a driver

School Year: Requested Start Date: End Date:

Student Full Name	School Name	Grade in September

Primary Address:	<input style="width: 95%;" type="text"/>		BUS: Internal Use Only
Parent/Guardian Name:	<input style="width: 350px;" type="text"/>	Relation:	<input style="width: 100px;" type="text"/>
Home Phone:	<input style="width: 150px;" type="text"/>	Work Phone:	<input style="width: 150px;" type="text"/>
		Cell Phone:	<input style="width: 150px;" type="text"/>

Secondary/Sitter Address:	<input style="width: 95%;" type="text"/>		BUS: Internal Use Only
Secondary/Sitter Name:	<input style="width: 350px;" type="text"/>	Relation:	<input style="width: 100px;" type="text"/>
Home Phone:	<input style="width: 150px;" type="text"/>	Work Phone:	<input style="width: 150px;" type="text"/>
		Cell Phone:	<input style="width: 150px;" type="text"/>

Emergency Contact Name:	<input style="width: 95%;" type="text"/>		
		Relation:	<input style="width: 100px;" type="text"/>
Home Phone:	<input style="width: 150px;" type="text"/>	Work Phone:	<input style="width: 150px;" type="text"/>
		Cell Phone:	<input style="width: 150px;" type="text"/>

Check the day(s) of the week your child will be at the secondary/sitter address:

AM	PM
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday

Note: Processing of the transportation request could take up to three(3) school days. Do not assume that changes will take place immediately. You will be contacted with routing information and start date.

Best practices: Planning for the emergency when you are unable to be home for your child at dismissal time:

1. For students K-5, have it arranged to have a family member, friend, or neighbor at your house to receive your child.
 2. Keep a spare key hidden outside so that your child can get in the house.
 3. Work with your employer to plan for emergency situations where you may need to be home to receive your children.
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Optional Security Password: This will be used for emergency changes in sitter location taken over the phone, fax, or by email, only if parents choose to use this added security: (Please keep to one or two words)

Security Password:

Parent/Guardian Signature: Date:

Email submission: You can submit the filled in form by clicking on the button below.

Office use only:

Distribution
<input type="checkbox"/> Hill
<input type="checkbox"/> Barclay
<input type="checkbox"/> Ginther
<input type="checkbox"/> Middle
<input type="checkbox"/> Driver

Received By: _____
Date: _____
Signature Verified By: _____

Student ID Number: _____
