

ALEXANDER CENTRAL SCHOOL

STUDENT REGISTRATION GUIDELINES

Elementary School Registrar: Colette Yax

Middle/High School Registrar: Dawn Raines

Phone: 585-591-1551 ext.1831

Phone: 585-591-1551 ext. 2051

Fax: 585-591-4713

Fax: 585-591-1098

➤ DOCUMENTS NEEDED

- Child's birth certificate
- Child's social security card (please note: this is voluntary – refusing to provide will not exempt your child from enrolling in school.
- Record of child's immunizations with doctor's signature
- NYS mandated physical examination
- Proof of Residency – 2 proofs are required that you reside within the Alexander Central School District

ACCEPTABLE PROOF OF RESIDENCY:

- Mortgage/Lease statement
- Utility bill – electric, gas, water, or cable
- Landline telephone bill – (cell is not acceptable)
- School tax bill
- Current payroll check with name and current address on it
- Letter from attorney/realtor on their letterhead with confirmation of address and anticipated moving/closing date
- Residency Affidavit – signed and notarized

➤ COMPLETE THE REGISTRATION PACKET

➤ COMPLETED REGISTRATION PACKET AND DOCUMENTATION

Registration packet MUST be turned in, in person to the corresponding school. We do not accept faxed registrations or mailed for new students.

You will receive a phone call once your packet is processed and schedule is ready.

➤ SPECIAL EDUCATION

Students with IEP's will also need to register with our CSE Department.

CSE Chairperson: 585-591-1551 ext. ES 1112

CSE Secretary: 585-591-1551 ext. 1111

MS/HS 2144

If you are concerned your child may need special education services, please visit these electronic resources for additional information:

For a parent's guide to Special Education in NY please visit -

Special Education in NYS for Children Ages 3-21 - A Parent's Guide



Alexander Central School District

The mission of the Alexander Central School District is to challenge students to be confident, contributing learners within a structured, safe and caring environment.

RELEASE OF INFORMATION

To _____ Date _____

Phone _____ Fax _____

The student(s) listed below have enrolled in Alexander Central School District on _____.

NAME _____ GRADE _____ DOB _____

NAME _____ GRADE _____ DOB _____

NAME _____ GRADE _____ DOB _____

Please forward the records indicated:

- ☐ Cumulative Records
- ☐ Current Report Card and/or grades to date
- ☐ Guidance Transcripts
- ☐ Attendance
- ☐ Current IEP (please send as e-mail attachment to: achilano@alexandercsd.org)
- ☐ Current psychological testing
- ☐ 504 Plan
- ☐ Discipline Records
- ☐ Social History
- ☐ Related service evaluations, reports and prescriptions
- ☐ Functional Behavior Assessment and/or plan
- ☐ Annual Medicaid Consent, if applicable
- ☐ Date of STAC withdrawal
- ☐ NYSESLAT Eligibility; ☐ ELL; ☐ LEP
- ☐ Any results from a NYS Testing
- ☐ Immunization Records
- ☐ Health Records and orders for prescriptions, if meds taken in school
- ☐ Free/Reduced Lunch Application
- ☐ Other _____

I hereby give permission for the exchange of information between Alexander Central School _____
(Name of Agency/Agencies)

Parent/Guardian Consent _____
(Printed Name)

Parent Signature _____

Please send above records to indicated office:

- | | | |
|---|---|-------------------------------------|
| ☐ Alexander Elementary School Office | ☐ MSHS Guidance Office | ☐ CSE Office |
| Phone (585) 591-1551 ext 1831 | Phone (585) 591-1551 ext 2051 | Phone (585) 591-1551 ext 1111 |
| Fax (585) 591-4713 Attn: Main Office | Fax (585) 591-1098 Attn: Guidance Office | Fax (585) 591-4713 Attn: CSE Office |

Alexander Central School District
Student Enrollment Form

Date Enrolled: _____ Student ID# _____

Student's Name:			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>

Address:			
	<i>House/Apt. Number & Street</i>	<i>Town</i>	<i>Zip Code</i>

Birthdate:		Gender Assigned at Birth:	☐ Male ☐ Female	Gender Identity:	☐ Male ☐ Female ☐ Non-Binary
Place of Birth:					

Student's Current Grade Level:			
Name of the last school the student attended:		School Phone Number:	
If the student has attended ACS previously, enter the dates the student was enrolled:			
Does the student receive Special Education Services?	☐ NO	☐ YES (if yes, see below)	
If yes, classification? _____ Services: _____			

With whom does the student reside? _____ **Relationship to student:** _____

<i>Father or other person in parental relationship</i> Parent/Guardian Name: _____ Relationship to student: _____ Home Address: _____ Email Address: _____ Occupation: _____ Employer: _____ Business Phone: _____ Phone: _____ <i>Home</i><i>Cell</i>	<i>Mother or other person in parental relationship</i> Parent/Guardian Name: _____ Relationship to student: _____ Home Address: _____ Email Address: _____ Occupation: _____ Employer: _____ Business Phone: _____ Phone: _____ <i>Home</i><i>Cell</i>
---	---

Please list all siblings <u>living in the home</u>: Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____	Please list others living in the home: Name: _____ Relationship to student: _____ Name: _____ Relationship to student: _____
--	---

Emergency Contact Information (in the event we are unable to reach the parent/guardian):	Name: _____ Relationship to student: _____ Phone Number: _____ <i>Home</i><i>Cell</i>
--	--

If a CUSTODY ORDER is in place, the District **MUST** be provided with the most recent copy of the Order.
 Attach the Order to this Enrollment packet.

Medical Information

Does your child have or has he/she ever had any of the following? (If yes, give date)

	Y	N	Date		Y	N	Date		Y	N	Date
Hepatitis				Heart Disease				Fainting			
Kidney Disease				Dizziness				Chickenpox			
Migraine				Rheumatic Fever				Head Injury			
Scarlet Fever				Hemophilia				Diabetes			
Mononucleosis				Hernia				Asthma			
Jaundice				Frequent Ear Infections				Sickle Cell Anemia			
Joint Disease				Convulsive Disorder				Anemia			
								Pneumonia			

If applicable, please provide dates of the following occurrences:

Allergies:

Fractures/Dislocations:

Serious Injuries:

Hospitalizations and/or Surgeries:

Difficulty with....(check all that apply)

Speech	Walking	Vision	Hearing	Swallowing	Emotions
☐	☐	☐	☐	☐	☐

*Medication

**Any medication given at school must be authorized in writing by a parent and physician*

Is the student prescribed medication?

If yes, please describe:

☐ NO

☐ YES

Family Physician

Physician's Name:

Physician's Address:

Physician's Phone Number:

Health Insurance Provider:

Birth Certificate

Alexander Central School District requests the presentation of an original birth certificate at the time of enrollment.

Physical Examinations

A medical examination is required of pupils upon entrance to school and at grades Pre-K, K, 2, 4, 7, & 10. A certificate of medical examination shall be submitted to the school nurse upon entrance to school. It is recommended that the required examinations be done by the family physician; however, if that is not possible, the school physician will conduct the examination.

Immunization Information

State law mandates immunization against diphtheria, polio (3-4 doses), hepatitis B, measles, mumps and rubella (2 doses) before a student may attend school. Two Varicella immunity and a booster for diphtheria/tetanus/pertussis (4-5 doses) is required for students born on or after 1/1/98 and before entrance into 6th grade. As of 9/1/16, students entering grades 7 & 12 in NYS schools will also be required to be fully vaccinated against meningococcal disease. Students enrolled in the UPK program must have haemophilus type B (HIB); pneumococcal conjugate (PVC) and lead screening.

Immunization information must be verified by "immunization record" signed by a physician.

Consent for Release of Information

I give my permission for the Alexander Central School District to obtain information pertaining to immunizations, physical examinations and medications for _____ from my physician.

Parent/Guardian Signature: _____ Date: _____

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.

**Please answer questions 1 & 2. Read each question carefully before responding.
Mark the answer that best describes your child. Mark only ONE answer for question #1:**

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or 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. Mark all groups that apply to the student; AT LEAST ONE group must be marked:
 - ☐ AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition, e.g. Cherokee, Mohawk, Inuit.
 - ☐ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
 - ☐ NATIVE HAWAIIAN OR 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.

Home Language Questionnaire (to be completed by parent/guardian)

	English	Other
1. What language(s) is spoken in the student's home or residence?	☐	☐
2. What language(s) are spoken most of the time to the student, in the home or resident?	☐	☐
3. What language(s) does the student understand?	☐	☐
4. What language(s) does the student speak?	☐	☐

	Does Not Read	English	Other
5. What language(s) does the student read?	☐	☐	☐

	Does Not Read	English	Other
6. What language(s) does the student write?	☐	☐	☐

	Very Well	Only a Little	Not at All
7. In your opinion How well does the student understand English?	☐	☐	☐
8. In your opinion How well does the student speak English?	☐	☐	☐
9. In your opinion How well does the student read English?	☐	☐	☐
10. In your opinion How well does the student write English?	☐	☐	☐

Residency Questionnaire

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.

1. 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

Other temporary living situations may be applied to those students who do not have a "fixed, adequate and regular" nighttime residence. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled up".

The information which you have provided on this form is confidential. It will be reported to the State and Federal Education Departments. It is protected by confidentiality regulations.
To the best of my knowledge the information provided is accurate.

Print name of Name/Guardian/*Student
(*if unaccompanied homeless youth)

Signature of Parent/Guardian/ *Student
(*if unaccompanied homeless youth)

Date

FOR OFFICE USE ONLY

School Building:

Student Name:

Date of
Birth:

Student ID Number:

Country of Birth/Ancestry:

of Years Enrolled in Schools Outside
of the U.S.:

Name/Position of School Personnel
Completing this Section:

Determination:

☐ Student w/Disability ☐ Possible LEP ☐ English Proficient ☐ Homeless

Alexander Central School District
Computer and Internet Use Information
Parent/Student Permission Form

The Alexander Central School District is pleased to offer students access to the internet. To gain access to the internet, all students must obtain parental permission as verified by signatures on the form below. Should a parent prefer that a student not have internet access, use of the computers is still possible for more traditional purposes such as word processing.

The Internet at Alexander

The Internet has grown over the last few years and has become a worldwide forum for data, ideas and information. In addition to a great deal of useful material, the Internet also contains sites that are inappropriate for young people. ACS has installed filtering software which screens all Internet sites for indecent or offensive content, but there is always a possibility of a student defeating this system and accessing inappropriate material. We believe that the benefits to students from access to the Internet in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, we support and respect each family's right to decide whether or not to apply for access.

Use Authorized by Alexander Central School District Policy

- a) Students shall be authorized to use the Alexander Central School District Internet facilities and connections for study, research and communications related to their assigned course work and approved co-curricular activities.
- b) Use of data encryption techniques is prohibited.
- c) Teachers, other members of the instructional staff and administrators shall be authorized to use the District Internet facilities and connections for instruction, professional development and training, and research and communications related to curriculum and approved co-curricular activities. *(Instructional use of the internet is governed by District policies, practices and procedures concerning the acquisition and use of textbooks, library books and non-print media).*
- d) Administrators, supervisors and support staff shall be authorized to use District Internet facilities and connections associated with their assigned areas of responsibility.

Unauthorized and Illegal Use of District Internet

- a) **Copyright.** Users are personally responsible for observing copyright laws in their use of the internet. *Users may face serious civil and/or criminal penalties for any violation of the copyrights of others. User must obtain the consent of the copyright owner before they copy, download, transmit, retransmit or alter copyrighted material, other than as permitted by the principle of fair use as defined in the copyright law.*
- b) **Obscene Materials.** There are various State and Federal laws prohibiting the making and distributing of obscene materials. *Use of District Internet facilities to make, transmit or receive obscene materials is prohibited and will result in disciplinary or legal action against the violator.*
- c) **Commercial Activities.** Users are prohibited from using the internet/electronic mail (e-mail) to engage in the promotion or sale of any commercial or noncommercial products or services. Individual users are also responsible for refraining from acts that waste resources. These acts will include, but are not limited to: commercial or personal advertising, mass mailing for other than educational purposes, political fundraising, lobbying and other activities that detract from the educational mission of the District. *These actions will result in denial of access.*
- d) **Viruses and Sabotage.** No person may communicate any system virus through the Internet or engage in any activity intended to disrupt or damage hardware or software. *These actions will result in denial of access.*

Internet Etiquette

Users of the internet are to treat each other with respect.

- a) Use only the same polite and respectful language to communicate on the internet as would be appropriate in face-to-face communications in school. Accessing or disseminating information that is illegal, defamatory, abusive, racially offensive,

and/or adult-oriented will be deemed a violation of this regulation which could result in disciplinary and/or legal action against the violator.

b) Respect your own privacy and the privacy of others by not revealing your or anyone else's personal address, telephone number or password without his/her authorization.

c) Treat the communications, information and databases you may gain access to through the internet as private property. Use them only in ways for which you are sure that you have permission.

Security of System

a) The internet is a voluntary network with no central administration to maintain the security and integrity of the system. Each user is responsible for helping to maintain that security and integrity.

b) Any user who encounters a security problem must report it immediately to the Technology Director or Building Principal. Do not attempt to repair the problem or identify the source.

Monitoring of District Internet Users

The district provides access to the internet for authorized instructional, personnel, business and administrative purposes only. Personal privacy in the use of District Internet facilities and connections will not be guaranteed by the Alexander Central School District. In an attempt to assure that the District Internet facilities and connections are being used only for authorized purposes, the District may:

a) Limit usage of facilities and connections to assigned times and/or locations.

b) Require users to sign a log or to execute log-in procedures to create a record of their usage.

c) Use software or other electronic means to monitor individual usage.

d) Examine all personal electronic files.

Loss of Internet Privileges

Any person who violates the District Internet Policy, practices and procedures or the terms of the user agreement will have his/her Internet privileges revoked, suspended or modified.

a) Students. A student's privileges will be revoked, suspended or modified by the Building Principal. The Building Principal shall promptly notify the student and parents as necessary. The student and parents shall have the right to an informal conference with the Building Principal to discuss the basis of the action taken. The decision of the Building Principal may be appealed to the Superintendent. A student's conduct on the Internet which would be a violation to the District student discipline code may result in disciplinary action in addition to a revocation, suspension or modification of internet privileges. Any such disciplinary action must be taken in accordance with the applicable due process of law and District policy, practices and procedures.

b) Employees. An employee's privileges will be revoked, suspended, or modified by the employee's supervisor. Any employee's conduct on the Internet which would warrant disciplinary action in addition to a revocation, suspension or modification of Internet privileges, must be taken in accordance with the applicable due process of law, bargaining unit agreements, and District policy, practices and procedures.

I will adhere to the Alexander District Computer/Internet Policies as outlined above:

Print Student Name

Student Signature

Grade

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Date

ALEXANDER CENTRAL SCHOOL DISTRICT

SCHOOLTOOL PARENT PORTAL

Dear Parent or Guardian,

The Alexander Central School District offers families of students a program for accessing school information. This program is known as the Schooltool Parent Portal. Parents/Guardians will be able to securely access their child's information via the internet. Viewable information includes: emergency contacts, attendance, student progress, and report card grades.

Your information on how to access the Schooltool Parent Portal will automatically be emailed to you along with the web link, and information on how to access the Schooltool Parent Portal app in the Google Play and I-Tunes stores for mobile access.

To participate in this program, please complete the information below.

We hope that providing this service to monitor your child's progress more frequently and at a time convenient to your busy schedule, will help your child be successful. If you have questions after you have received your electronic communication from the District, please direct them via email using your email account to Matthew Perry at mperry@alexandercsd.org.

Thank you.

(cut here and return bottom portion to school)



Return this portion to school and retain the top portion for your records.

Printed Name of Parent or Guardian: _____

Printed Name(s) of Child(ren): _____

Parent's Exact Email Address to be used: _____

Please Print Clearly

Signature of Parent or Guardian (*Required*) _____



Alexander Central School District

The mission of the Alexander Central School District is to challenge students to be confident, contributing learners within a structured, safe and caring environment.

Chromebook User Agreement 2023-2024

The mission of the 1-to-1 program in the Alexander Central School District is to create a collaborative learning environment for all learners. This environment will enable and support our learners and educators to implement transformative uses of technology while enhancing students' engagement with content and promoting the development of self-directed, responsible lifelong learners and users.

Student Responsibility

- ☐ Students will be prepared for class with his/her device **charged** and **ready to use**.
- ☐ The Chromebook is for educational/school-related work **ONLY**.
- ☐ Students must ensure all Alexander-related labels remain on the device and are legible at all times. Any noticeable changes to any labels must be reported to a teacher or building principal immediately.
- ☐ Chromebooks may **not** be used in the hallway during period changes.
- ☐ Chromebooks may **not** be used in or brought to any school lavatory or locker room.
- ☐ Chromebooks may **not** be used in or brought to the cafeteria during lunchtimes.
- ☐ Chromebooks may **not** be used on the school bus at **ANY** time.
- ☐ Do not store personal pictures, videos, music or apps on the Chromebook or in your Google Account.
- ☐ Students must walk with his/her Chromebook closed and held securely at all times.
- ☐ Any Chromebook that is damaged, lost, stolen or in need of repair must be reported to a teacher or building principal immediately.
- ☐ Student use of Google apps/School apps or the internet must be in compliance with Alexander Central School District's Acceptable Use Policy and the District Code of Conduct.

Respectful Use of Chromebook

- ☐ Students must be respectful in the care of his/her Chromebook and all accessories including, but not limited to, chargers, Chromebook cases, and stylus pens.
- ☐ Students must be respectful of all other student and staff member devices at all times.
- ☐ Chromebooks may be used during a teacher's lesson only when permission has been given by that teacher.
- ☐ All students MUST have the permission of any person before taking/storing any picture, video, or recording.
 - **Pictures, videos, or recordings are ONLY allowed as part of classroom activity and must comply with the Student Code of Conduct**

Safety Precautions

- ☐ Students must keep his/her Chromebook in their possession or in their locked locker/backpack/classroom when not in use.
- ☐ Students may not allow other students to borrow or use his/her Chromebook at any time.
- ☐ Students should take precautions to safeguard any passwords and may not share them with other students.

Repair/Replacement Charges

If a Chromebook and/or AC power adaptor has been defaced or damaged beyond the normal wear of a computer/charger which has been handled safely and responsibly, families may be fined for repairs or replacements. Families may also be charged for replacements if Chromebooks are lost or stolen due to students leaving them unattended or unsecured. We understand that damage may occur accidentally and that theft is possible even under a watchful eye; in either case, students should notify administration as soon as possible so an investigation may take place.

Total Chromebook Replacement	\$280
Broken Screen Replacement Fee	\$45
AC Power Adapter (Charger) Replacement Fee	\$25
Chromebook Case Replacement Fee	\$20
Keyboard Replacement Fee	\$20

Parent/Student Chromebook User Agreement

All Chromebooks provided by the district are the property of the Alexander Central School District. The District has the right to access and monitor my/my child's use of the device at any time and without my/my child's consent. I understand that there is no expectation of privacy from the District in my/my child's use of the school-issued device. I understand that my/my child's internet access will be filtered by GoGuardian and or iBoss both in the district and at home in accordance with the district's acceptable use policy and that certain websites will be blocked/prohibited.

Special Situations:

- If a student comes to school without their Chromebook 3 times during the course of the year, they may be required to keep their Chromebooks at school for the duration of the school year.
- Chronic misbehavior and violation of the terms and conditions outlined above could lead to a student losing technology privileges, including possession of their district-issued device. A student's Chromebook may be "suspended" or "revoked" at any time for violation of this contract.

By signing below I acknowledge that I have read, fully understand, and agree to the expectations outlined in this document and I agree to all terms and conditions associated with the issuance of a district-owned Chromebook.

Student PRINTED Name: _____

Student Signature: _____

Date: _____

Parent/Guardian PRINTED Name: _____

Parent/Guardian Signature: _____

Date: _____



Alexander Central School District

The mission of the Alexander Central School District is to challenge students to be confident, contributing learners within a structured, safe and caring environment.

Dear Parent/Guardian:

All students entering or transferring to Alexander Central School must comply with Section 902, Article 19, of the Education Law requiring a medical examination and with Section 903 requesting an optional dental health certificate. These are required of pupils upon entrance to school and at grades **Pre-K, K, 1,3,5,7,9 and II**. Certificates of medical examination and dental health shall be submitted to the Health Office during the grades designated above.

As of July 2018, New York State requires that the certificate of medical examination be submitted on an approved form to provide consistency across the state. This form, provided by your family physician, was designed by Statewide School Health Services to fulfill all NYS requirements, including the mandatory recording and confidential reporting of Body Mass Index (BMI) percentiles for age and gender. Each dental health certificate must be signed by a duly licensed dentist/dental hygienist and shall describe the dental health condition of the student when the exam was conducted.

It is recommended that these required examinations be done by the family physician/dentist. Knowledge of the child's family and home, previous illness, immunization status and other background factors assist in evaluating the total health status of the child. Their family physician is also in a position to institute, without delay, any necessary therapeutic measures.

Completed medical examination and dental health forms should be faxed to the school nurse at (585) 591-1098. Please contact your school nurse, prompt #2, with any questions.

Thank you for your attention to this important matter.

Sincerely,

Tim Batzel
Superintendent