



Port Chester-Rye Union Free School District

113 Bowman Avenue
Port Chester, New York 10573
914.934.7900

www.portchesterschools.org

Superintendent's Office
914.934.7901

Deputy Superintendent's Office
914.934.2442

Dear Parents:

Welcome to the Port Chester-Rye Union Free School District. Students are to be enrolled at the school of residence.

In order to verify your child's eligibility to attend the schools of our district, you must submit the following documents, records, or information to the school of attendance office **immediately**, if available, but no later than the close of business on the third business day.

You must submit at least one of the following documents:

- A residential lease, mortgage, or deed
- A statement from a landlord concerning your tenancy
- A statement from a third party that establishes your presence in the Port Chester-Rye Union Free School District. Additionally, you must complete and submit the attached custodial affidavit(s). The District will consider requests for exceptions to this requirement in limited but appropriate instances.

You may also submit any other relevant evidence you wish to, including but not limited to the following types of documentation:

- a. pay stub;
- b. income tax form;
- c. utility or other bills;
- d. membership documents (e.g., library cards) based upon residency;
- e. voter registration document(s);
- f. official driver's license, learner's permit or non-driver identification;
- g. state or other government issued identification;
- h. documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
- i. evidence of custody of the child in question, including but not limited to judicial custody or order or guardianship documentation.

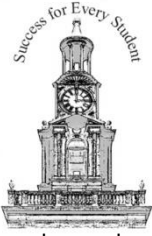
Finally, if available, you must submit the following: an original or certified transcription of your child's birth certificate, or an original or certified transcription of your child's certificate of baptism, if available. If you are unable to provide me with either of these types of documents, please provide your child's passport, regardless of the issuing nation. In the absence of any of the aforementioned, you may provide any other documentation that has been in existence for over two years that could be used to establish your child's age.

For example:

- a. official driver's license;
- b. state or other government issued identification;
- c. school photo identification with date of birth;
- d. consulate identification cards;
- e. hospital or health records;
- f. documents issued by federal, state or local agencies (e.g., local service agency, federal Office of Refugee Resettlement);
- g. court orders or other court-issued documents;
- h. Native American tribal document; or
- i. records from non-profit international aid agencies and voluntary agencies.

In order to make a timely decision regarding a student's right to continued enrollment in the District, the aforementioned information and documentation should be delivered to the main office of the school of enrollment tomorrow (or the next regular business day if tomorrow is a weekend or holiday). If you have any questions, please contact my office at 914-934-2442.

Thank you,
Mr. Joseph Durney
Deputy Superintendent



www.portchesterschools.org

Port Chester-Rye Union Free School District

113 Bowman Avenue
Port Chester, New York 10573
914.934.7925

Notice to Parents of Students Entering the Port Chester-Rye UFSD

Any concerns you may have about your child's entry into our school district may be addressed with the school psychologist of your child's school by contacting the main office. At any time in your child's school career, you have the right to make a referral to the Committee on Special Education (CSE) for the purposes of special education services. A *Parent's Guide to Special Education* is available on the New York State Education Department website at:

www.p12.nysed.gov/specialed/publications/policy/parentguide.htm.

A link to this guide is also available on our school district home page, www.portchesterschools.org. This guide is available in both English and Spanish.

Tatiana Memoli, Director of Special Education may be reached at 914 934-7925.

Chapter 434 effective 7/1/15

Port Chester – Rye Union Free School District

Student Enrollment Form

School use only:
 School Enrollment form completed by _____ Date _____
Please print

PCHS PCMS Edison JFK King Park Home Language Survey Complete

Received: Proof of Immunization Proof of Age Proof of Residency Previous Records Requested
 TB Questionnaire

Student Information

Name: Last			First			Middle			
Entering Grade:			Street						
_____ Male _____ Female			City			State		Zip	
Home Telephone:					Other (Cell):				
Birthdate: ____ / ____ / ____ month day year			Parent/Guardian Name:						
Proof of Residency:			<input type="checkbox"/> Residential Lease Mortgage or Deed		<input type="checkbox"/> Landlord Statement or 3 rd Party Statement Establishing Presence in the District		<input type="checkbox"/> Affidavits		
Proof of Age:			<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Certificate of Baptism		<input type="checkbox"/> Passport <input type="checkbox"/> Other		
Child's Physician:			Name			Phone			
			Address						
Emergency Contact: (if parent not available)			Name			Phone		Relationship	
			Name			Phone		Relationship	
			Name			Phone		Relationship	
			Name			Phone		Relationship	

Parent/Guardian Information:		Mother/Guardian #1			Father/Guardian #2	
Relationship to Student						
Last Name						
First Name						
Middle Name						
Street Address						
City						
State						
Zip						
Home Telephone						
Cell Phone						
E-mail address						
Birthplace						
Employer						
Occupation						
Work Street Address						
Work City Address						
State						
Zip						
Work Telephone						
Educational Level or Last Grade Completed						
Siblings living at home:	Name	Relationship	Gender	Birthdate (mm/dd/yy)	School	
<p>Note: All requested documentation must be received before registration is considered complete</p> <p><i>I certify that all of the information above is true and accurate as of this date.</i></p> <p><i>I understand and consent to permitting my directory and contact information to be used by the school to keep me informed of school related matters.</i></p> <p>Parent/Guardian Signature _____ Date _____</p>						

Port Chester-Rye Union Free School District
PO Box 246
Port Chester, NY 10573

“Success for Every Student”

Student Racial and Ethnicity Identification

Student Name: Last, First Middle:	Date of Birth (Month/Day/Year):
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Directions to Parent/Guardian

Please read and answer questions (1) and (2). For question (1) check (√) the box that best describes your child. This information is confidential and is protected by the Family Educational Rights and Privacy Act (1974)

1. Is the student Hispanic or Latino?

Yes, Hispanic

No, not Hispanic

2. Select one or more races from the following five racial groups. For this question check (√) all groups that apply to your child; check at least ONE box:

White: A person having origins in any of the original peoples of Europe, Spain, North Africa, or the Middle East.

BLACK: A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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, Vietnam.

NATIVE AMERICAN INDIAN OR NATIVE ALASKAN: A person having origins in any of the original peoples of North America and South America (including Central America) and who derives tribal affiliation or attachment identification through tribal e.g. Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed).

Signature of Parent/Guardian

Date

Relationship to Student (Please check one box below):

Mother Father Guardian Other (Specify): _____



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SEE ATTACHED
2018-2019 School Year
New York State Immunization Requirements
for School Entrance/Attendance

Students presenting without documentation of receiving any, or an insufficient number of, immunizations or proof of immunity may be permitted a grace period to attend school for not more than 14 calendar days; which may be extended to not more than 30 calendar days for an individual student who is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence of immunization. (10NYCRR 66-4)

Students wishing to enroll in the Open Door Family Medical Center School Based Health Center for the purposes of obtaining immunizations can enroll with the site provider. Enrollment forms are available upon request.

Please send proof of immunization to the school nurse where your child will be attending school.

Proof of immunization must be any 1 of the 3 items listed below.

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
 - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have any questions or concerns about immunizations, please contact the school health office. Thank you.

Sincerely,

School Nurse

2018-19 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-k through 10, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: Intervals between doses of polio vaccine DO NOT need to be reviewed for grades 5, 11 and 12.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 11 and 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3 and 4	Grade 5	Grades 6, 7, 8, 9 and 10	Grades 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older		3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ²	Not applicable			1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses			
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years			
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸	Not applicable			Grades 7, 8 and 9: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable			
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable			

Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

-
1. Patient's Name _____
 2. Patient's Date of Birth _____
 3. Patient's Address _____
 4. Name of Educational Institution _____
-

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.immunize.org/catg.d/p3072A.pdf>

Please indicate which vaccine(s) the medical exemption is referring to:

- | | |
|---|---|
| <input type="checkbox"/> Haemophilus Influenzae type b (Hib) | <input type="checkbox"/> Measles, Mumps, and Rubella (MMR) |
| <input type="checkbox"/> Polio (IPV or OPV) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B (Hep B) | <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) |
| <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap) | <input type="checkbox"/> Meningococcal Vaccine (MenACWY) |

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable) _____

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) _____ NYS Medical License # _____

Address _____

Telephone _____

Signature _____ Date _____

For Institution Use ONLY: Medical Exemption Status Accepted Not Accepted Date: _____



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PORT CHESTER PUBLIC SCHOOLS HEALTH CERTIFICATE/APPRaisal FORM

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

- Immunization record attached
 No immunizations given today – see attached
 Immunizations reported on NYSIIS
- Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Asthma: Intermittent Persistent
 Diabetes: Type 1 Type 2
 Seizures: Type _____ Concussion: _____
 Hyperlipidemia Hypertension

Significant Medical/Surgical History: _____

Allergies Non-life threatening Life Threatening Food: _____ Insect: _____ Latex: _____
 Seasonal: _____ Other: _____ Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Pulse _____ Date of Exam: _____

Referral

Body Mass Index: _____	Vision – without glasses/contact lense	R:	L:	
Weight Status Category (BMI Percentile): ___ less than 5 th ___ 5 th through 49 th ___ 50 th through 84 th ___ 85 th through 94 th ___ 95 th through 98 th ___ 99 th and higher	Vision-with glasses/contact lenses	R:	L:	
	Vision: Near Point	R:	L:	
	Vision One eye only	R:	L:	
	Hearing: ___ Pass 20db sc both ears	R:	L:	

EXAM ENTIRELY NORMAL Tanner: **I. II. III. IV. V.** Scoliosis: ___ Negative ___ Positive

Specify any abnormality _____

MEDICATIONS

Medications (list all): _____ None _____ Additional medications listed on reverse of form
 Name: _____ Dosage/Time: _____
 Name: _____ Dosage/Time: _____

PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK QUALIFICATION (WHERE APPROPRIATE)/CSE CONSIDERATION

- Free from contagions and physically qualified for all physical education, sports, playground, work and school activities OR only as checked:
 ___ Limited contact: cheerleading, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball
 ___ Non-contact: badminton, bowl, golf, swim, table-tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump
- Specify medical accommodations needed for school: _____ None
 Known or suspected disability: _____
 Restrictions: _____
 Protective equipment required: Hearing Aid/s Athletic Cup Sports goggles/impact resistant eyewear Insulin Pump/Pod/Sensor

Provider Signature: _____ Phone: _____

Provider's Name/Address: _____ Fax: _____

Provider Stamp

Port Chester-Rye Union Free School District

Dental Health Certificate

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. 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 nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex: Male Female Will this be your child's first visit to a dentist? Yes No
Month Day Year

School: Grade

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 _____ 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.

“Success for Every Student”

SOCIAL/DEVELOPMENTAL HISTORY

Student Name: _____ Birth date: _____

Your name: _____ Today's date: _____

Relationship to student: _____

Current living situation:

Please list the names of persons living in the home with student:

Mother / Stepmother: _____ Father / Stepfather: _____

Siblings (include ages and schools attending): _____

Aunts / Uncles / Cousins: _____

Grandparents: _____

Others: (list ages and relationship): _____

Does the child live with his/her natural mother? Yes No

If not, due to: Divorce Never married Death

Adoption Other (explain) _____

Does the child live with his/her natural father? Yes No

If not, due to: Divorce Never married Death

Adoption Other (explain) _____

School History

Has the child ever attended preschool or day care? Yes No

If yes, where? _____

How long? _____ Adjustment: _____

Development and Health History:

How old was the mother when the child was born? _____

How old was the father when the child was born? _____

Did the mother take any medicines during pregnancy? Yes No

If yes, please list the medicines and the reason for taking them:

Did the mother smoke during the pregnancy? Yes No

If yes, how much? _____

Did the mother drink alcohol or take drugs during pregnancy? Yes No

If yes, describe? _____

Did the mother have any health problems during pregnancy (e.g., diabetes, toxemia, placenta previa, high blood pressure, etc. Yes No

If yes, please describe: _____

Was the child born at full term? Yes No

If child was premature, in what week of pregnancy was child born? _____

What was the child's weight at birth? _____

Did the child seem healthy at birth? Yes No

If no, please describe: _____

Were there any difficulties noted in infancy (e.g., feeding problems, sleep difficulties, seizures)? Yes No

If yes, please explain: _____

Who was the primary caretaker during the child's early years?

At what age did your child begin to walk? _____

Has your child ever experienced any significant illness or accidents or been hospitalized? Yes No

If yes, please give age of child and the specifics: _____

Has your child even been seen by a specialist (e.g., psychologist, neurologist, speech therapist)? Yes No

If yes, please describe: _____

Language Experiences:

At what age did your child begin to use words? _____

At what age did your child begin to use sentences? _____

What languages are spoken in the home?

English only Spanish only English & Spanish
 Other (please specify) _____

If other than English only, please answer the following questions:

What language did your child first begin speaking? _____

What language is used most often when the parents talk to each other? _____

What language is used most often when the parents speak to the child? _____

What language is used most often by the child at home? _____

What language does the child use at preschool? _____

Literacy Information

How often do you read to your child?

_____ Never _____ 1-2 times a week
_____ 3-5 times per week _____ Every night

Does your child enjoy being read to? _____ Yes _____ No

Do you enjoy reading to your child _____ Yes _____ Not really

What is your child's favorite book or story? _____

What are your hopes for your child's educational future? _____

Social/Emotional Development

How does your child get along with other children? _____

Do you feel your child is ready for a kindergarten program? _____ Yes _____ Not sure

If not sure, explain: _____

Do you have any concerns about your child? Is he/she overly shy, outgoing, fearful, quiet, talkative, active, etc.?

Comments

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

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

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 _____

Please send a copy to Kathy Sutherland at the Central Office.
Fax: 914-934-2429

LANDLORD'S STATEMENT

TO: Superintendent of Schools

RE: _____ (Family - Tenants)

FROM: _____ (Owner) _____ (Phone)

(Street Address)

(City, State, Zip)

RENTAL PROPERTY	TERM OF LEASE
_____ Street Address & Apt. _____ City, State, Zip	____ / ____ / ____ To ____ / ____ / ____ Start of Lease End of Lease _____ Tenant's Phone Number

I hereby state that the children seeking to enroll are my tenants at the rental property listed above:

_____ Parent	_____ Child
_____ Parent	_____ Child
_____ Child	_____ Child

The above information is requested to validate the residency of the above listed children.

Signature of Property Owner/Landlord Date

ACCEPTABLE USE POLICY FOR TECHNOLOGY AND THE INTERNET

– STUDENTS –

Introduction

Port Chester- Rye Union Free School District (“School District”) furnishes computers and provides access to the Internet in order to support learning and enhance instruction. By providing access to the Internet, a vast information highway connecting thousands of computers all over the world, the School District intends to promote educational excellence and to prepare students for an increasingly technological world. This use should facilitate resource sharing, research, innovation and communication.

However, the School District also recognizes that with this access comes the availability of material which is unrelated to scholarship, and which in many instances is inappropriate for places of learning and inappropriate for young people in particular.

For this reason, some resources such as e-mail and discussion groups are only to be used under directed supervision by faculty, and will be limited to teacher-directed projects. In addition, the School District, in cooperation with the Board of Cooperative Educational Services (BOCES), has taken precautions to restrict access to questionable materials, but students and parents need to know that it is impossible to control all materials.

Much of the responsibility for appropriate use of the Internet must rest on students themselves. Therefore, the School District requires that students act responsibly by reading and following its policies regarding Technology and the Internet. Copies of these policies are available to parents upon request.

Ultimately, we realize that the parents/guardians of minors are responsible for setting and conveying the standards that their students should follow. Likewise, parents and students must understand that the use of technology is a privilege, not a right and that, if procedures or policies are not followed, students will lose this privilege.

Applicability and General Principles

These policies apply to all students who gain access to the Internet via computer equipment and/or access lines located in the School District. This includes any remote access which students may gain from off-site, but which involves the use of School District sites, servers, intranet facilities, e-mail accounts or software.

All access to and use of the Internet must be for the purposes of education and research consistent with the educational goals of the School District. Students must make efficient, ethical and legal utilization of network resources. Students must be aware that material created, stored on, or transmitted from or via the system is not guaranteed to be private. In addition to the fact that the Internet is inherently insecure, School District network administrators may review the system at any time to ensure that the system is being used properly. For this reason, students should expect that e-mails, materials placed on personal Web pages, and other work that is created on the network may be viewed by a third party.

External access will be provided to authorized users by the assignment of unique log-in identification codes (“usernames” and passwords) and, where appropriate, with limited hard disk space on School District hardware, for their own individual use. Authorized users will be personally responsible for maintaining the integrity of the School District’s access policy, and may not permit other persons to use their usernames, passwords, accounts or disk space, or disclose their usernames, passwords or account information to any third party.

Usernames and passwords will be furnished subject to the provisions of this Policy, and such updates or modifications as may hereafter be promulgated.

Users must respect the integrity and security of the School District's systems and network, and the access privileges, privacy and reasonable preferences of other users. The School District reserves the right to limit access time and disk space in order to optimize an equitable allocation of resources among users.

The School District makes no warranties of any kind, whether express or implied, for the service it is providing. It is not responsible for any damages, including loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions, whether caused by the School District's negligence, or by a user's errors or omissions. Information obtained from the Internet is used at the user's (student's) own risk, and the School District specifically disclaims any responsibility for the accuracy or quality of information obtained by students via access provided by or through the School District.

The following policies are intentionally broad in scope and, therefore, may include references to resources, technology and uses not yet available.

Rules of Conduct and Compliance

Students who violate this Acceptable Use Policy may have their access privileges suspended or revoked by the network administrator. In addition, because the School District's information networks and systems are used as part of the educational program, the School District's Code of Conduct also applies to network activities. This Acceptable Use Policy is an extension of the Code of Conduct, and the disciplinary penalties set out in the Code of Conduct will apply if the student acts in violation of this Acceptable Use Policy.

Except as otherwise indicated below, all policies and prohibitions regarding users of the network also apply to users of individual School District computers.

1. The network may not be used to download, copy, or store any software, shareware, or freeware. In order to avoid copyright issues, this prohibition applies to any such downloading, copying or storage, regardless of copyright status, unless approved by a network administrator. Moreover, only the network administrator is authorized to consent to the terms of any software license with respect to downloaded programs.
2. No user may add any software or application to a School District computer or to the network without the prior approval of the appropriate faculty member/administrator (in the case of an individual computer) or the network administrator (in the case of the network).
3. The network may not be used for any commercial purposes, and users may not buy or sell products or services through the system.
4. The network may not be used for advertising, political campaigning, or political lobbying.
5. The network may not be used for any activity, or to transmit any material, that violates United States, New York State or local laws. This includes, but is not limited to, fraudulent acts, violations of copyright laws, and any threat or act of intimidation or harassment against another person.
6. The School District is a place of tolerance and good manners. Use of the network or any School District computer facilities for hate mail, defamatory statements, statements intended to injure or humiliate others by disclosure of personal information (whether true or false), personal attacks on others, and statements expressing animus towards any person or group by reason of race, color, religion, national origin, gender, sexual orientation or disability is prohibited.
7. Network users may not use vulgar, derogatory, or obscene language.
8. Network users may not post anonymous messages or forge e-mail or other messages. Users are strongly advised to use caution about revealing any information on the Internet which would enable others to exploit them or their identities: this includes last names, home addresses, Social Security numbers, passwords, credit card numbers or financial institution account information, and photographs. Under no circumstances should a user reveal such information about another person without that person's express or prior consent.

9. Network users may not log on to someone else's account, attempt to access another user's files, or permit anyone else to log on to their own accounts. Users may not try to gain unauthorized access ("hacking") to the files or computer systems of any other person or organization. However, students must be aware that any information stored on or communicated through the School District network may be susceptible to "hacking" by a third party.
10. Network users may not access Web sites, newsgroups, or chat areas that contain material that is obscene or that promotes illegal acts. If a user accidentally accesses this type of information, he or she should immediately notify a teacher, librarian, and/or network administrator. Likewise, use of the network to access or process pornographic material (whether visual or written), or material which contains dangerous recipes, formulas or instructions, is prohibited.
11. Each student shall access email only through the Google account (if any) assigned to such student except to the extent access to personal email is for legitimate school related purposes.
12. Users may not access newsgroups, chat rooms, list servers, or other services where they may communicate with people outside of the School District (specifically including e-mail) unless they are supervised by a teacher and have been given explicit approval to do so.
13. Users may not engage in "spamming" (sending irrelevant or inappropriate electronic communications individually or en masse) or participate in electronic chain letters other than for official school district purposes.
14. Users who maliciously access, alter, delete, damage or destroy any computer system, computer network, computer program, or data will be subject to criminal prosecution as well as to disciplinary action by the School District. This includes, but is not limited to, changing or deleting another user's account; changing the password of another user; using an unauthorized account; damaging any files; altering the system; using the system to make money illegally; destroying, modifying, vandalizing, defacing or abusing hardware, software, furniture or any School District property. Users may not develop programs that harass other users or infiltrate a computer or computer system and/or damage the software components of a computer or computer system (e.g., create viruses, worms) is prohibited.
15. Users may not intentionally disrupt information network traffic or crash the network and connected systems; they must not degrade or disrupt equipment or system performance. They must not download or save excessively large files without the express approval of the network administrator. Users may not add any software or applications to the School District's network or computers, or add to or modify any existing software or applications, without the express permission of the network administrator.
16. As is the case with all student work, users may not plagiarize, which is a serious academic offense. Plagiarism is "taking ideas or writings from another person and offering them as your own." Credit must always be given to the person who created the article or the idea. A student who, by cutting and pasting text or data, leads readers to believe that what they are reading is the student's original work when it is not, is guilty of plagiarism.
17. Users must comply with the "fair use" provisions of the United States Copyright Act of 1976. "Fair use" in this context means that the copyrighted materials of others may be used only for scholarly purposes, and that the use must be limited to brief excerpts. The School District's library professionals can assist students with fair use issues.
18. Users may not copy any copyrighted or licensed software from the Internet or from the network without the express permission of the copyright holder: software must be purchased or licensed before it can legally be used.
19. Users may not take data, equipment, software or supplies (paper, toner cartridges, disks, etc.) for their own personal use. Such taking will be treated as theft. Use of School District printers and paper must be reasonable.

20. Users must behave properly in any computer lab setting. Normal rules of classroom decorum and compliance with instructions from faculty and administrators will apply.
21. Port Chester- Rye Union Free School District assumes no responsibility for student, faculty or staff websites created and hosted outside of the district network.

Violations and Consequences

Consequences of violations include but are not limited to:

- Suspension or revocation of information network access;
- Suspension or revocation of network privileges;
- Suspension or revocation of computer access;
- Suspension from school;
- Expulsion from school;
- Criminal prosecution.

In addition, the School District will seek monetary compensation for damages in appropriate cases.

Repeated or severe violations will result in more serious penalties than one-time or minor infractions.

This Acceptable Use Policy is subject to change. The School District reserves the right to restrict or terminate information network access at any time for any reason. The School District further reserves the right to monitor network activity as it sees fit in order to maintain the integrity of the network and to monitor acceptable use. School and District-wide administrators will make final determination as to what constitutes unacceptable use.

Disciplinary penalties involving possible suspension or expulsion from school will be determined in accordance with the School District's Code of Conduct. However, suspension or revocation of access privileges will be determined by the network administrator, acting in consultation with school and District-wide administrators.

ACCEPTABLE USE POLICY FOR TECHNOLOGY
AND THE INTERNET AGREEMENT

I have read, understand, and agree to the terms and conditions of the
Port Chester Rye Union Free School District ACCEPTABLE USE POLICY FOR
TECHNOLOGY AND THE INTERNET.

I understand that I have no right to privacy when I use the District's Computer Network
and Internet. I understand District staff may monitor all Network and Internet
communications and activities.

I further understand that my violation of the provisions may result in suspension or
revocation of the access and related privileges on the Network, other disciplinary actions,
as appropriate, and possible legal action.

Student name (please print)

Date

Student signature

Parent/Guardian name (please print)

Date

Parent/Guardian signature

Port Chester-Rye Union Free School District
PO Box 246, Port Chester, New York 10573

STUDENT VIDEO RELEASE FORM

As the parent or legal guardian of the child named below, I grant permission to the Port Chester-Rye Union Free School District and its representatives to videotape, record and edit the voice, image, name and likeness of my child, for the purpose of creating instructional, promotional, or recreational programming about the Port Chester-Rye Union Free School District.

In addition, I give the Port Chester-Rye Union Free School District permission to broadcast these videotape recordings on Education Access Cable Channel or to exhibit, display, distribute or broadcast the material contained in these recordings in additional setting venues, or media, in accordance with appropriate community standards of good taste.

Child's Name: _____

Class or Grade: _____

Parent/Guardian
Signature _____

Date: _____

**THE FOLLOWING AFFIDAVITS ARE TO BE COMPLETED
ONLY IF APPLICABLE**

AFFIDAVIT OF LEGAL RESPONSIBILITY
(TO BE USED BY PARENTS WHO ARE SURRENDERING LEGAL CUSTODY)

AFFIDAVIT OF LEGAL RESPONSIBILITY
(TO BE USED BY CUSTODIAL PERSON OR PERSONS)

THIRD PARTY AFFIDAVIT REGARDING RESIDENCY

AFFIDAVIT OF EMANCIPATION
(TO BE COMPLETED BY STUDENT)

5. The reason(s) for relinquishing all parental rights and responsibilities for my (our) child is (are) as follows:

6. My (Our) child's current address and living arrangement is:

7. Please explain the initial duration of this living arrangement, as well as expected duration:

8. Please describe any other location(s) where your child lives, including the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

9. I (We) provide and will continue to provide the following support for the above-named child:

- | | |
|---|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Automobile Insurance |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Food |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Other (specify)_____ |

10. Please provide any other relevant facts:

I (We) affirm that we will remove the above-named child from my(our) federal and state income tax, which is subject to confirmation by the District.

I(We) understand that the responsibility for parent conferences, discipline, truancy, money owed, emergency medical treatment and other legal matters is being given to the District resident accepting custody.

I(We) affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury so that my child(ren) may be admitted to the Schools of the Port Chester-Rye Union Free School District. I(We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

Subscribed and sworn to before me
this ___ day of _____, 20____

NOTARY PUBLIC

PORT CHESTER-RYE UNION FREE SCHOOL DISTRICT

**AFFIDAVIT OF LEGAL RESPONSIBILITY
(TO BE USED BY CUSTODIAL PERSON OR PERSONS)**

STATE OF NEW YORK)
) SS.:
COUNTY OF _____)

I (We), _____, a resident(s) of the Port Chester-Rye Union Free School District, being duly sworn, say:

1. I (We) reside at: _____
_____ Telephone No.: _____

2. _____ is my _____
(Full Name of Child) (Relationship to Child)

and he/she has been living with me(us) since _____.
(Date)

3. I (We) expect the duration of this living arrangement to be:

4. The reason(s) that the above-named child lives with me (us) is:

5. Does the above-named child live at any other location? _____
If so, please indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

6. Please indicate who provides the support for the above-named child (e.g., room, food, clothing, health and dental insurance, other insurance, other necessities):

7. Please provide any other relevant facts and attach any relevant documents:

I(We) hereby affirm that I(we) accept and assume full parental rights and responsibilities (care, custody and control) for the above-named child, including but not limited to full responsibility for all matters relating to the child's education (parent conferences, discipline, truancy, vandalism) and medical care.

I(We) will be financially responsible for damage, defacement and/or destruction of school buildings and property and any other legal matters that may arise pertaining to this child.

I(We) affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury. I(We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Custodian)

(Signature of Custodian)

Subscribed and sworn to before me
this ___ day of _____, 20___

NOTARY PUBLIC

PORT CHESTER-RYE SCHOOL DISTRICT SCHOOL DISTRICT
THIRD PARTY AFFIDAVIT REGARDING RESIDENCY

STATE OF NEW YORK)
) SS.:
COUNTY OF _____)

I, _____, a resident of the Port Chester-Rye Union Free School District, being duly sworn, say:

1. I reside at: _____

2. I know _____ and understand that s/he[they] (Name[s] of Parent[s] or Guardian[s])

wish[es] to enroll the following child[ren] in the Port Chester-Rye School District:

3. I know _____ and the above-named children to (Name[s] of Parent[s] or Guardian[s])

reside at _____, an address

within the Port Chester-Rye School District.

4. The basis of my knowledge is:

I affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury. I understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Third Party Resident)

Subscribed and sworn to before me
this ____ day of _____, 20____

NOTARY PUBLIC

PORT CHESTER-RYE UNION FREE SCHOOL DISTRICT

**AFFIDAVIT OF EMANCIPATION
(TO BE COMPLETED BY STUDENT)**

STATE OF NEW YORK)
) SS.:
COUNTY OF _____)

I, _____, being duly sworn, say:
 (Name of Student)

1. I was born on _____ and am over the age of sixteen.
 (Date of Birth)

(Please attach a copy of your birth certificate or other proof of age, if a new enrollee.)

2. I currently reside at: _____

 Telephone No. _____

(Please attach a rent stub or statement from person with whom you are living.)

3. I am not currently living with my parent(s)/legal guardian(s) because:

4. Name, Address and Telephone Number of parent(s)/legal guardian(s):

5. Please describe your current relationship with you parent(s)/legal guardian(s),
e.g., when last seen, contacted, knowledge of whereabouts, etc.):

6. My means of support is:

(Please attach a copy of your pay stub or other proof of means of support.)

7. I am receiving the following financial assistance from my parent(s)/legal guardian(s) (e.g., health insurance, dental insurance, car insurance, monthly checks, clothes, food, etc.):

8. Please provide any other relevant facts regarding your status as an emancipated minor:

I affirm that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury. I understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement.

I(We) further understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me to collect tuition and/or seek to seek criminal action against me for filing a false legal document.

(Signature of Student)

Subscribed and sworn to before me
this ___ day of _____, _____

NOTARY PUBLIC