



Cazenovia Central School District

31 Emory Avenue, Cazenovia, NY 13035

Website: www.cazenovia.csd

Dear Parent/Guardian:

Welcome to Cazenovia Central School District!

Our school is broken down as follows: Burton Street Elementary School (Grades K-4), Cazenovia Middle School (Grades 5-7), and Cazenovia High School (Grades 8-12). New student registration takes place at each individual building, so please contact the respective building to register your student:

Burton Street Elementary School (Grades K-4):	(315) 655-1325
Cazenovia Middle School (Grades 5-7):	(315) 655-1324
Cazenovia High School (Grades 8-12):	(315) 655-5301

Please complete the student registration form and post enrollment information and bring these completed forms, in addition to the required documents noted below, with you when you register your student:

- **Proof of Student's Age:**
 - Birth certificate
 - Baptismal certificate
 - Where such documentation is unavailable, additional evidence may be used to determine a student's age. Evidence may include, but is not limited to, the following documents:
 - Passport
 - Official driver's license
 - State or other government issued identification
 - School photo identification with date of birth
- **Adequate Proof of Residency:**
 - Parent or person in parental relation to the student shall submit evidence establishing their physical presence and the child's presence in this District. Evidence may include, but is not limited to, the following documents:
 - Copy of residential lease or proof of ownership of a house/condominium, such as a mortgage statement or deed
 - Statement by a third-party landlord, owner or tenant from whom the parent or person in parental relation leases or with whom they share property within the District
 - Tax bill
 - Current utility bill
- **Identification of the Person, Person in Parental Relation or the Student:**
 - Driver's license
 - Passport
- **Immunization and Health Appraisal:** Student's most recent health appraisal and immunization document must be dated within the last calendar year at time of registration. If not, please plan to schedule a health exam within thirty days of entering our District.

** Please note, if any of the documents listed above are not readily available at the time of registration, please review with the registrar other acceptable forms that can be presented in lieu of the documents noted above.*

We look forward to meeting you and your student!

**CAZENOVIA SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

Student Name: _____ **Preferred Name:** _____
Last *First* *Middle*

Gender: ☐ Male ☐ Female **Birth Date:** ____/____/____ **Grade Entering:** _____

Proof of Age: ☐ Birth Certificate ☐ Other (Specify: Baptismal Certificate, Visa, etc.): _____

School Last Attended: _____ **Previous School Phone #:** _____

Previous School Address: _____
Street *City* *State* *Zip*

Student Information:

Address: _____
Street *City* *State* *Zip*

Mailing Address: _____
Street *City* *State* *Zip*

Telephone #: _____ **Town:** _____ **County:** _____

Parent/Guardian Information:

Parent/Guardian #1: ☐ Mother ☐ Father ☐ Step Parent ☐ Foster Parent ☐ Guardian ☐ Other

Name: _____ **Cell Phone #:** _____

Work Phone #: _____ **E-Mail:** _____

Address: _____
Street *City* *State* *Zip*

Parent/Guardian #2: ☐ Mother ☐ Father ☐ Step Parent ☐ Foster Parent ☐ Guardian ☐ Other

Name: _____ **Cell Phone #:** _____

Work Phone #: _____ **E-Mail:** _____

Address: _____
Street *City* *State* *Zip*

Student Resides With: _____

Parent Not Residing In Home:

Name: _____ **Cell Phone #:** _____

Work Phone #: _____ **E-Mail:** _____

Address: _____
Street *City* *State* *Zip*

Is there a custody agreement in place for the child: ☐ Yes ☐ No

If yes, which parent or person in parental relation has physical custody? ☐ Mother ☐ Father ☐ Other: _____

(If yes, please provide the District with a copy of the agreement.)

Can non-custodial parent pick up student? ☐ Yes ☐ No Can non-custodial parent request educational info? ☐ Yes ☐ No

*** If there is no custody agreement in place, and parents reside at separate addresses, please provide the District with an affidavit acknowledging agreement by both parents as to which parent is designated as parent with residential custody.**

Sibling Information: *(Please list each child 0-21 years old)*

Name	Male/Female	Date of Birth	School Attending	Grade Level

CAZENOVIA SCHOOL DISTRICT
*** POST ENROLLMENT INFORMATION ***

Is student a US citizen: ☐ Yes ☐ No Primary language spoken at home: _____

Place of Birth: _____
City State Country

If student was not born in the US, from what country did he/she enter the US? _____ Date of Entry: _____

Ethnicity:

Hispanic / Latino / Spanish Origin ☐ Yes ☐ No

Race:

☐ Black or African American ☐ White ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

Has student attended Cazenovia Schools before? ☐ Yes ☐ No If so, what was the last grade they attended here? _____

Is the student currently enrolled in any type of support programs/services? ☐ Yes ☐ No

Please check: ☐ Reading Lab ☐ Math Lab ☐ Special Education ☐ Speech/Language ☐ ESOL ☐ Adaptive PE
☐ Occupational Therapy ☐ Physical Therapy ☐ Counseling ☐ Tutoring

Does the student have an IEP (Individualized Education Plan) as determined by a Committee on Special Education? ☐ Yes ☐ No

Does the student have a 504 Plan? ☐ Yes ☐ No

Emergency Contact Information

First Person to Contact (If parent cannot be reached):

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Which phone number shall we call first? _____

Second Person to Contact (If parent cannot be reached):

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Which phone number shall we call first? _____

Before / After School Care (If Applicable):

Name: _____

Home Phone: _____

Cell Phone: _____

Which phone number shall we call first? _____

Address: _____
Street City State Zip

CAZENOVIA SCHOOL DISTRICT
*** POST ENROLLMENT INFORMATION ***

Health History Information

Student's Full Name: _____ **Date of Birth:** _____

Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____

Name of Father/Stepfather/Guardian (please circle one): _____

Employer: _____ **Work Number:** _____

Cell Phone: _____

Name of Mother/Stepmother/Guardian (please circle one): _____

Employer: _____ **Work Number:** _____

Cell Phone: _____

Parental Status (please circle one): Married Separated Divorced Single

Physician to be called in emergency: _____ **Phone:** _____

Family Dentist: _____ **Phone:** _____

Date of Last Physical: _____

Has your child ever had any of the following:

____ Ear Infections	____ Hearing or Vision Problems	____ Allergies	____ Measles
____ Mumps	____ Tonsillectomy	____ German Measles	____ Rheumatic Fever
____ Serious Injury	____ Serious Illness	____ Whooping Cough	____ Chickenpox
____ Heart Murmur	____ Taking Daily Medications	____ Birth Defects	____ Seizure Disorder

*** Explanation may be written below or on reverse side of this sheet.**

Does your child require medication on a regular basis? ☐ Yes ☐ No

If so, does the medication affect his/her behavior? ☐ Yes ☐ No **If yes, how?** _____

Does your child have food or other allergies? _____

Name and phone number of relative/neighbor with transportation who will come for your child in an emergency, if parent/guardian cannot be reached: _____

Is there anything concerning the physical, mental, or emotional health of this child that the school should be aware of? _____

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

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

Asthma <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

Seizures <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:

Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K		Date		<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Additional Information Attached		

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9	Negative	Positive	Referral	
And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Brace*/Orthotic</div> <div><input type="checkbox"/> Colostomy Appliance*</div> <div><input type="checkbox"/> Hearing Aids</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div><input type="checkbox"/> Medical/Prosthetic Device*</div> <div><input type="checkbox"/> Pacemaker/Defibrillator*</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Protective Equipment</div> <div><input type="checkbox"/> Sport Safety Goggles</div> <div><input type="checkbox"/> Other:</div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Record Attached</div> <div><input type="checkbox"/> Reported in NYSIS</div> <div>Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>				
HEALTH CARE PROVIDER				
Medical Provider Signature:			Date:	
Provider Name: <i>(please print)</i>			Stamp:	
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				

Confidential Health History to be completed by parent:

Name _____

The health of children greatly influences their ability to learn. Please complete each item below and take this form to your physician at the time of your child's exam.

Has your child EVER had: (Please check, explain and date if yes)	No	Yes	Explanation
Allergies (food, medications, hay fever)			
Anemia (low blood iron)			
Arthritis			
Asthma			
Bladder/Kidney problem or injury			
Blood Pressure Problem (High or Low)			
Bee Sting Allergy			
Chicken Pox			
Congenital Defect			
Convulsions/Seizures/Epilepsy			
Diabetes			
Ear Problems/Hearing Loss			
Encephalitis			
Eye Problems/Vision Loss/Glasses/Contacts			
Fainting Spells			
Head Injury/Concussion			
Headaches/Migraines			
Heart Problem/Murmur/Chest Pains			
Hernia			
Injury to the spleen or other organs			
Infectious Mono/Hepatitis			
Fracture-dislocation bones/joints			
Joint sprain/ligament tear/muscle pull			
Loss of a paired organ			
Meningitis			
Menstrual cycle (normal)			
Nose fracture/nose bleeds (frequent or severe)			
Pneumonia			
Rheumatic Fever			
Scarlet Fever			
Stomach Ulcer			
Tuberculosis			
Whooping Cough			
Illness lasting more than one week			
Hospitalized overnight			
Medications on a daily or prn basis at home			
Medications/inhalers during school hours/sports			
Surgery/operation			
Presently under a doctor's care for any reason			

Has any family member under 50 years of age died of a heart problem? Please Explain _____

Are there any special problems related to his/her health? _____

I acknowledge that the above information is correct: _____

Parent Signature

Date

CAZENOVIA SCHOOL DISTRICT
*** POST ENROLLMENT INFORMATION ***

Residency Questionnaire

Name of School: _____

Name of Student: _____
*Last**First**Middle*

Gender: ☐ Male ☐ Female **Date of Birth:** ____/____/____ **Grade:** _____ **ID#:** _____
Month *Day* *Year**(Pre-School – 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 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: _____



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

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

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"/> Parent 1	<input type="checkbox"/> Parent 2	_____
	<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: ☐ Parent ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME:

POSITION:

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME:

POSITION:

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO.

DAY

YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐ ADMINISTER NYSITELL

☐ ENGLISH PROFICIENT

☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME:

POSITION:

DATE OF NYSITELL
ADMINISTRATION:

MO.

DAY

YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING

☐ EMERGING

☐ TRANSITIONING

☐ EXPANDING

☐ COMMANDING

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

**Cazenovia Central School District
Committee on Special Education
Special Education Office
31 Emory Avenue
Cazenovia, NY 13035**

Written Notification Regarding Use of Public Benefits or Insurance to Pay for Certain Special Education and Related Services

INTRODUCTION: You are receiving this written notification to give you information about your rights and protections under the federal Individuals with Disabilities Education Act (IDEA), so that you can make an informed decision about whether you should give your written consent to allow your school district to use your or your child's public benefits or insurance to pay for special education and related services that your school district is required to provide at no cost to you and your child under IDEA. Funds from a public benefits or insurance program (for example, Medicaid funds) may be used by your school district to help pay for special education and related services, but only if you choose to provide your consent, as explained below.

Before your school district can ask you to provide your consent to access your/your child's public benefits or insurance for the first time, it must provide you with this notification of the rights and protections available to you under IDEA. This notification is intended to help you understand these rights and protections, including the type of consent your school district will ask you to provide. If you choose not to provide your consent, or later decide to withdraw your consent, your school district has a continuing responsibility to ensure that your child is provided all required special education and related services under IDEA at no charge to you or your child.

Parental Consent: Beginning on **July 3, 2013**, before your school district can use your or your child's public benefits or insurance for the first time to pay for special education and related services under IDEA, it must obtain your signed and dated written consent. Your school district is only required to obtain your consent one time. This consent requirement has two parts.

1. Consent to share records about your child: Your school district is required to obtain your written consent before disclosing [sharing] personally identifiable information about your child (such as your child's name, address, social security number, Individualized Education program (IEP), and evaluation results) from your child's education records. In asking for your consent, the district will (1) identify the records [or information] about your child that will need to be shared (for example, about the services that may be provided to your child); (2) tell you the purpose of sharing the records (for example, billing for special education and related services); and (3) identify the agency to which your school district may disclose the information (for example, the Medicaid agency).

2. Consent to bill your public insurance program (for example, Medicaid): Your consent must include a statement specifying that you understand and agree that your school district may use your or your child's public benefits or insurance (e.g., Medicaid) to pay for some of your child's special education services.

If your school district has on file your consent that you provided before July 3, 2013 to release your child's records and to use your or your child's public benefits or insurance to pay for special education and related services, your school district is required to request a new consent from you only when there is

a change in any of the following: the type of services to be provided to your child (for example, physical therapy or speech therapy), the amount of services to be provided to your child (for example, hours per week lasting for the school year), or the cost of services (that is, the amount charged to the public benefits or insurance program).

If any of these changes occur, your school district must obtain from you a new one-time consent. Before you provide your school district the new, one-time consent, your school district must provide you with this notification. Once you provide this one-time consent, you will not be required to provide your school district with any additional consent in order for it to access your/your child's public benefits or insurance even if your child's services change in the future. However, your school district must continue to provide you with this notification annually.

You have the right to withdraw your consent at any time. If you withdraw your consent, the school district must still provide all of your child's IEP special education and related services at no cost to you. To withdraw your consent, you will need to submit your request in writing to your child's school district.

NO COST PROVISIONS: The IDEA "no cost" protections regarding the use of public benefits or insurance are as follows:

1. Your school district may not require you to sign up for, or enroll in, a public benefits or insurance program in order for your child to receive a free appropriate public education.
2. Your school district may not require you to pay any out-of-pocket expenses, such as the payment of a deductible or co-pay amount for filing a claim for services that your school district is otherwise required to provide your child without charge.
3. Your school district may not use your or your child's public benefits or insurance if using those benefits or insurance would:
 - Decrease your available lifetime coverage or any other insured benefit, such as a decrease in your plan's allowable number of physical therapy sessions available to your child or a decrease in your plan's allowable number of sessions for mental health services;
 - Cause you to pay for services that would otherwise be covered by your public benefits or insurance program because your child also requires those services outside of the time your child is in school;
 - Increase your premium or lead to the cancellation of your public benefits or insurance; or
 - Cause you to risk the loss of your child's eligibility for home and community-based waivers that are based on your total health-related expenditures.

We hope this information is helpful to you in making an informed decision regarding whether to allow your school district to use your or your child's public benefits or insurance to pay for special education and related services under IDEA. Contact information: For additional information and guidance on the requirements governing the use of public benefits or insurance to pay for special education and related services see: <http://www2.ed.gov/policy/speced/reg/idea/part-b/part-b-parental-consent.html>.

**Cazenovia Central School District
Committee on Special Education
Special Education Office
31 Emory Avenue
Cazenovia, NY 13035 (315 655-1361)**

Medicaid Consent

Client Identification Number (CIN): _____

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP).

This consent allows the school district to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____, have received a written notification from the school district that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District may access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid;
- I have the right to withdraw consent at any time; and
- The school district must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)	
IEP	Medication Administration Report
Written Order/Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable Information
Session Notes	Any Other Specific Records Pertaining to the Student's Services or Program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Medicaid CIN # ☐☐☐☐☐☐☐☐☐☐ **Or Initial here: _____ My Child is NOT Eligible for Medicaid.**

Parent/Guardian Signature: _____

Print Name: _____

Date: _____



NEW STUDENT ATHLETIC PARTICIPATION FORM

Student: _____ Date: _____

Entering Grade: _____ Male/Female _____ Date of Birth: _____ Age _____

Date of last Health Examination (Physical) _____

Attached documentation

New Address: _____

Parents' Name: _____ Telephone: _____

With Whom Are You Living in This District: _____

***** PREVIOUS SCHOOL INFORMATION *****

Previous School: _____

Sports Played in Previous School		Level & Number of Years Played		
Fall	Sport _____	_____ Modified	_____ JV	_____ Varsity
Winter	Sport _____	_____ Modified	_____ JV	_____ Varsity
Spring	Sport _____	_____ Modified	_____ JV	_____ Varsity

Previous Address: _____

With Whom Did You Live: _____

Reason For Leaving Previous School: _____

Were you subject to the APP Process as a 7th or 8th grader? _____ Yes _____ No

***** ACADEMIC INFORMATION *****

Year Entered 9th Grade: _____ Verification: _____

Counselor's Initials

Have You Repeated a Grade in JR High or High School: _____ Yes _____ No

If Yes, which grade: _____

Date of the student's registration accepted: _____

Guidance Department should forward this form to the Director of Athletics when student has been accepted for registration. Please list any other high school attended on back.



Cazenovia Central Schools

31 Emory Ave
Cazenovia, NY 13035

Agreement for Computer Technology Use • Grades 5-12

Student's Name: _____

Graduation Year: _____

I have read the entire Student Acceptable Use Agreement and understand that the District computer technology, hardware, software and Internet access are intended for bona fide educational use directly connected to curricular programs at Cazenovia Central. I agree to abide by Cazenovia District Policy and Administrative regulations, and I understand that violation of these policies and regulations may result in disciplinary action and revocation of computer technology and computer system privileges.

Student's Signature

Date

I have read the entire Student Acceptable Use Agreement and have discussed with my child the importance of following Cazenovia District Policy and Administrative Regulations regarding District Computer Technology use. We agree to abide by these District policies and regulations.

In consideration for the privilege of using the District Computer Technology and network systems, and in consideration for having access to the public network, I hereby release the District, its officers, administrators and operators and any institutions with which they are affiliated, from any and all claims and damage of any nature arising from my child's use, or inability to use, the system including without limitation, the type of damages identified in the District's policy and regulation.

Choose one of the following options:

- ☐ I do not give permission for my child to use the District's computer technology and Internet access.
- ☐ I give permission for my child, _____ to use the District's computer technology and have Internet access.
- ☐ I give permission for my child, _____ to use the District's computer technology and software programs provided by the school, but do not give permission for my child to have Internet access.

Parent Name - Please Print

Parent Signature

Date

Ver. 2003 5/23/03



Cazenovia Central School District

COMPUTER NETWORK AND INTERNET ACCEPTABLE USE AGREEMENT

- Student Use Agreement
- Appropriate Uses of Network & Internet
- Inappropriate Use of the Network & Internet
- School Monitoring of Computer Activities
- Results of Violations of Agreement
- Board of Education Policy



NETWORK AND INTERNET USE

Student Acceptable Use Agreement

Dear Parent and Student:

The Cazenovia Central School District provides access to networked computers and the Internet so that students can meet the district's educational goals and objectives. This includes many software applications, databases, and internet services from all over the world. This access is for instructional purposes only. Use of electronic mail accounts and Instant Messaging by students will not be permitted unless students are participating in a special, authorized, teacher supervised, project.

It is important that you and your child read and understand the District's Network and Internet use policy as described below. Please read this information and discuss it with your child. Complete the attached consent card and return it to your homeroom teacher.

When used appropriately, networked computers and the Internet are crucial resources for our students and staff. The local area network allows students to access their files and information from any computer in the district. The Internet allows a student the opportunity to reach out to many other people to share information, learn concepts, and research subjects electronically.

However, in spite of the District's efforts to establish regulations and procedures for the District's computer network, a determined user may be able to gain access to inappropriate or unauthorized services on the network and Internet. It is possible that students may gain access to information or communications that they (or their parents) find inaccurate, inappropriate, offensive or controversial. Parents and guardians assume this risk when they consent to allow their student access to use of networked computers and the Internet. Parents should discuss the presence of inappropriate material on the Internet with their child and give them guidance in this matter. If inappropriate material is inadvertently accessed by a student, they should immediately notify their teacher so that action can be taken to block access to that Internet site.

All users should understand that they should not have an expectation of privacy or

confidentiality with regard to their use of District owned or leased computer hardware, software, e-mail, Internet use, or other instructional technologies.

Inappropriate use of District computer technology, e-mail, or Internet access may result in suspension from school and/or loss of the privilege to use this educational tool. Should a student violate any State or Federal laws, the student and his or her parents assume full personal responsibility and liability, both civil and criminal, for the use of the Internet not authorized by District Policy or Administrative Regulation.

► ***Appropriate uses of the network & Internet***

The following are some appropriate uses of the network and the Internet:

- Using software, completion of class assignments, or conducting research as directed by a teacher.
- Using the Internet to communicate with people outside the district for educational purposes.
- Preparing documents or multimedia using computers, the network or the Internet.
- Gaining access to information and news from Internet sources such as the US government, commercial media, universities or other educational sources.
- Using computers to learn more about the operation of computers, programming, networks and the Internet.



► ***Inappropriate use of the network and the Internet***

The following are prohibited actions concerning use of the District's computer network.

- Sharing of passwords or security codes.
- Gaining or attempting to gain unauthorized access to systems and network resources.
- Tampering with, modification of or misuse of the computer system in a way which could be viewed as a security violation or vandalism.
- Attempting to read, delete, copy or modify electronic files or e-mail of other system users.
- Deliberate interference with the operation of the network.
- Attempting to install software or load files onto the District's computers or network without authorization.
- Connecting personal computers or peripherals not owned by the District to the network without authorization.
- Changing, exceeding or evading resource quotas as set by the system administrator.
- Misleading staff about the reason for or nature of Internet and computer use.
- Use of District owned computer equipment for non-instructional purposes, financial gain or profit.
- Attempts to harm or destroy District owned equipment, materials and/or data belonging to the District or any authorized users of the network, or other networks connected to the Internet.
- Uploading or creating computer viruses.
- Duplication of software in violation of licensing and copyright laws.
- Use of software not owned, licensed or authorized by the District.

The following are prohibited actions when using the Internet.

- Harassing, insulting, threatening or attacking others via electronic means.
- Downloading, storing, displaying, viewing, sending or printing files or messages considered obscene, profane, violent, racist or dangerous.
- Accessing web sites encouraging the use of tobacco, alcohol, controlled substances or otherwise

promoting activity prohibited by District policy, State, or Federal law.

- Initiating or forwarding chain letters or viruses.
- Unauthorized use of e-mail or Instant Messaging.
- Posting personal contact information about yourself or others on the Internet.
- Violations of the copyright law.
- Downloading software from the Internet & installing it on District owned equipment.
- Posting inappropriate material or creating links to inappropriate sites when designing web pages or web based resources.
- Use of District provided Internet access for financial gain or profit.

► ***School monitoring of Computer Activity***

- You should expect no privacy of the contents of your personal files on the district's system. Routine monitoring and maintenance of the network may lead to the discovery of violations of this policy, District regulations, State or Federal law.
- Filtering software will be used to filter out inappropriate sites. Attempts to access inappropriate sites will be recorded along with user information.
- Computers and student records may be monitored to determine Internet sites visited.
- Students will be monitored by teachers & support staff while using computers & the Internet.
- Other monitoring means may be used to check the system for violations.

► ***Results of violations***

Violations of this agreement may include one or more of the following disciplinary actions:

- written or verbal warning
- loss of access to district computer facilities
- loss of other school privileges
- detention
- in school or out-of-school suspension
- restitution for property damage
- report to authorities of unlawful activity
- other disciplinary action in accordance with the School Code of Conduct



COMPUTER TECHNOLOGY AND COMPUTER NETWORK FOR EDUCATIONAL USE

Board of Education Policy 4526

The use of computer and Internet technology in the school environment requires careful regulation. The Board of Education has adopted the following general policy statement. Additional regulations and policies relating to computer technology are available in the building principal's office and the District Offices.

“The Board of Education is committed to the optimization of student learning and teaching. The Board considers the use of computers, educational technology and computer networks to be a valuable tool for education, and encourages the use of computers and computer-related technology in District classrooms.

The Board encourages computer technology and network use as an integral part of the curriculum. Through software applications, online databases, bulletin boards and electronic mail, the network will significantly enhance educational experiences and provide statewide, national and global communications opportunities for staff and students.

The Board directs the Superintendent of Schools to designate a Instructional Technology Coordinator to oversee the use of District computer resources. The Instructional Technology Coordinator will prepare inservice programs for the training and development of District staff in computer skills, and for the incorporation of computer use in appropriate subject areas.

The Superintendent, working in conjunction with the School Business Manager, the Instructional Technology Coordinator and building level personnel, will be responsible for the purchase and distribution of computer software and hardware throughout District schools. They shall prepare a technology plan which shall be revised as necessary to reflect changing technology and/or District needs.

Individual requests by teachers for computer hardware and software will be submitted in writing along with justification for the request. A building level committee in each school shall review these requests before making recommendations for approval to the District's Instructional Technology Coordinator and the School Business Official.

The Superintendent shall establish rules and regulations governing the use and security of the District's computer network. Failure to comply with District policy and regulations for use of the network by students or school personnel may result in disciplinary action as well as suspension and/or revocation of computer access privileges.”

Adopted February, 1997