

23/24 School Year

All new Students PS-12 to the district must provide the following documents below.

In accordance with New York State Regulations, you **MUST** provide the following items to register your child:

- ☒ COPY OF CHILD'S BIRTH CERTIFICATE
- ☒ PROOF OF RESIDENCY (EXAMPLES: PAY STUB, INCOME TAX FORM, DEED OR LEASE AGREEMENT TO HOUSE OR APARTMENT, UTILITY OR OTHER BILLS SENT TO YOUR NEW HOME ADDRESS, OFFICIAL NYS DRIVERS LICENSE, STATE OR GOVERNMENT ISSUED I.D.)
- ☒ PROVIDER PROOF OF IMMUNIZATION RECORDS, THIS MEANS PROOF FROM YOUR DOCTORS OFFICE OR CLINIC, NOT JUST SCHOOL RECORDS. IF A STUDENT IS COMING FROM OUT OF NYS THEN THEY WILL ALSO NEED A NYS PHYSICAL.
- ☒ COPY OF CUSTODY PAPERS, COURT ORDERS, ORDERS OF PROTECTION (If applicable)
- ☐ FORM **DS 2999** FOR FOSTER CHILDREN (If applicable)

The District must have each of these items or your child **WILL NOT** be permitted to complete the registration process.

HORNELL CITY SCHOOL DISTRICT REGISTRAR (GRADES PK3-12): MRS. LIZ NORTON PUPIL PERSONNEL OFFICE, 120 Raider Rd., HORNELL, NY 14843. PHONE: 607-324-1303 EXT 1480, FAX: 607-324-1346, EMAIL: Elizabeth.norton@hornellcsd.org

September – June hours are 7:30AM to 3:30PM, Monday through Friday (Closed for lunch 1:00-2:00)

Summer office hours are 7:00AM to 3:15PM, Monday through Thursday (Closed for lunch 1:00-2:00)



HORNELL CITY SCHOOL DISTRICT

Central Registrar's Office
120 Raider Rd • Hornell • New York • 14843
Phone (607)324-1303 ext. 1480 • Fax (607)324-1346

Enter Date: _____ School Name: _____ Student ID#: _____

STUDENT REGISTRATION FORM

Student Name: _____ Grade Entering: _____ Gender: ☐ Male
Legal Last Name First MI ☐ Female

Street Address: _____
Street Name Apt. # City State Zip

Mailing Address: _____
Street Name Apt. # City State Zip

Home Phone: _____ Unlisted: ☐ (check if yes)

Birth Date: _____ Birth Place: _____
Month/Day/Year City & State (or Country)

Last School Attended: _____
Name, Mailing Address and Telephone Number

Attended Hornell Previously? School: _____

Is the Student a Citizen of the United States? ☐ Yes ☐ No

Hispanic/Latino Origin: ☐ Yes ☐ No

Race - Select one or more

- ☐ White (W)
☐ Asian (A)
☐ Black (B)
☐ Indian/Alaskan Native
American (I)
☐ Native Hawaiian/Other
Pacific Islander (P)

STUDENT EDUCATIONAL SERVICES

Does your child currently have an IEP? _____ Yes _____ No

Does your child currently have a 504 Plan? _____ Yes _____ No

Has your child ever repeated a grade in school? _____ Grade: _____ Yes _____ No

Check any services listed below that your child has received in the past school year:

- _____ Remedial Math _____ Occupational Therapy
_____ Remedial Reading _____ Physical Therapy
_____ Speech _____ School Counseling
_____ ESOL (English as a Second Language) _____ Counseling from an Outside Agency

PARENT/GUARDIAN INFORMATION

Student Lives with: _____ Both Parents _____ Father Only _____ Mother Only _____ Father/Stepmother _____ Mother/Stepfather
(Circle One) _____ Foster Parents _____ Guardian _____ Relative: _____ Other: _____

FAMILY STATUS

☐ Father ☐ Step-Father ☐ Legal Guardian ☐ Foster Parent

Name: _____

Living in Household: ☐ Yes ☐ No

Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Employer: _____

Work Phone: _____

FAMILY STATUS

☐ Mother ☐ Step-Mother ☐ Legal Guardian ☐ Foster Parent

Name: _____

Living in Household: ☐ Yes ☐ No

Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Employer: _____

Work Phone: _____

OTHERS LIVING IN HOUSEHOLD

Name	Relationship to Student	Sex	Age	School	Grade

Please print clearly and answer all questions completely.

CUSTODY INFORMATION

- ☐ Two Parents in Home ☐ Custody/Placement Transfer ☐ Single Parent
☐ Joint Custody ☐ Separated ☐ Emancipated
☐ Sole Custody ☐ Foster Placement (DSS-2999/3424 must be provided)

RESTRICTIONS OF CONTACT & INFORMATION (Paperwork MUST be provided)

- ☐ Custody Papers Specify Restriction ☐ No Restrictions for Parents/Guardians ☐ Copy of Papers Provided

Restriction: _____

- ☐ Order of Protection Against: _____ Expires: _____

- ☐ Other Restriction: _____

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

1st Contact: _____ Phone: _____ Relation to Student: _____

Address: _____
Street Name Apt. # City State Zip

2nd Contact: _____ Phone: _____ Relation to Student: _____

Address: _____
Street Name Apt. # City State Zip

3rd Contact: _____ Phone: _____ Relation to Student: _____

Address: _____
Street Name Apt. # City State Zip

LANGUAGE INFORMATION

Primary Language Spoken at Home: _____ Student's Primary Language: _____

If language is other than English, does the student read/write/speak English? ☐ Yes ☐ No

(Circle all that apply)

IMMIGRANT INFORMATION

Date of Entry into U.S. _____ No. of Years In US Schools: _____

Country of Origin: _____

HOUSEHOLD/RESIDENCY STATUS

What is the current housing arrangement for the above named student(s)? Students who are in temporary housing may be protected by the McKinney-Vento Act.

Students who are protected under this act may be entitled to other services. The answers you give will help the district determine what services you or your child may be eligible to receive.

☐ Permanent (Check one below)

Residence Type: ☐ Lease ☐ Own ☐ Rent ☐ Trailer park/Condo Unit Move in Date: _____

☐ Temporary (Check one below)

☐ with another family/doubled up (due to economic hardship and not as a matter of convenience)

☐ In a shelter ☐ In a hotel/motel ☐ In an abandoned building

☐ In a car, park, bus, train, or campsite

☐ Other _____

Signature of Parent/Guardian

Date: _____

Please print clearly and answer all questions completely.



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

Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

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

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School

Address

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

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

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

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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

Student Residency Questionnaire*
Hornell City School District

* This questionnaire should be completed for each newly registering student as well as each time a student changes his or her address. Multiple students may go on one form as long as they are all in the same school building in Hornell and all students are residing in the same place.

*** MUST PROVIDE PROOF OF ADDRESS ANY TIME YOU CHANGE YOUR ADDRESS**

Check All That Apply: ☐ New Registrant ☐ Transferring From Another District ☐ Change Of Address

Name Of Student (Last, First, Middle)	Name Of Hornell School	Grade	Gender	Date Of Birth	If Transferring, Last District Attended

Current Address: _____

Former Address (required for change of address and transferring students): _____

Current Telephone Number(s): _____

What is the current housing arrangement for the above named student(s)?

- ☐ **Permanent** (You do not need to complete the rest of this form)
☐ **Temporary while we work out other arrangements** (please complete the remainder of this form)

Students who are in temporary housing may be protected by the McKinney-Vento Act. Students protected by the 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 certificates. Students who are protected under this act may also be entitled to other services. The answers you give below will help the district determine what services you or your child may be able to receive.

- ☐ In a shelter ☐ In a hotel/motel ☐ In a car, park, bus, train, or campsite
☐ **Temporarily** sharing housing of other persons due to loss of housing or economic hardship
☐ In other **temporary** housing situation, (please describe) _____

Name of Parent, Guardian, or Student (if unaccompanied, homeless youth):

_____ Printed Name	_____ Signature	_____ Date
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Guidance Office:

If the student lives in anything other than permanent housing, please send a copy of this form to the district's McKinney-Vento Liaison. If the student is living in temporary housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The district's liaison is required to assist the student in obtaining the necessary documents after the student has been enrolled.

Is this family having difficulty obtaining documents? ☐ Yes ☐ No

Does this family wish to be contacted by the McKinney-Vento Liaison about possible services? ☐ Yes ☐ No

I certify the above named student(s) qualified for the Child Nutrition Program under the provisions of the McKinney-Vento Act. A STAC-02 form will be filed by my office.



HORNELL CITY SCHOOL DISTRICT

Jeremy P. Palotti, Superintendent

120 Raider Road Hornell, New York 14843
Phone 607.324.1302 ext. 1450 | Fax 607.324.1345

High School | 607.324.1303
Intermediate | 607.324.1304
N. Hornell | 607.324.0014
District Offices | 607.324.1302

STUDENT NAME: _____

MEDIA, WEB PHOTO AND INTERNET RELEASE:

MEDIA RELEASE

Local newspapers and occasionally TV stations attend school events or interview students about important issues. This may include artwork by your student, photographs, interviews and/or recording that may be published in newspaper, television informational material and/or the district website and BOCES publications. Please check the appropriate space granting or denying your permission.

_____ YES, PERMISSION GRANTED _____ NO, PERMISSION DENIED

WEB PAGE RELEASE

The school district website includes photographs of students. These children are not identified by name. Please check the appropriate space granting or denying your permission.

_____ YES, PERMISSION GRANTED _____ NO, PERMISSION DENIED

INTERNET ACCESS

The Hornell City School District uses a BOCES operated internet filtering service that prevents the display of content inappropriate for students. The content that students will be denied access to includes sexually explicit material, graphically violent material, material relating to hate groups and their message, profanity, chat sites, and sites that gather personal information. Material advocating illegal activity such as drug use, bomb making, underage drinking and gambling, information on committing murder or suicide and sites that promote plagiarism or cheating are also inaccessible to anyone using the district's network. While we are very satisfied with our filtering software, you should know that no solution is perfect. All filtering software may block innocent sites and allow some inappropriate sites to slip through. Using the internet is a privilege, not a right. The district expects your child to show respect for technology and use it appropriately or they will forfeit this opportunity.

As the parent or legal guardian of the minor named on this document, I am granting permission for my child to access the internet under adult supervision. I also understand that individuals and families may be held liable for violations and I am accepting responsibility for conveying standards for my child to follow when selecting, sharing or exploring information on the internet.

PARENT /GUARDIAN SIGNATURE

Date

6/28/2022



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CONSENT TO RELEASE AND ACQUIRE INFORMATION

To any treatment agency, I hereby authorize the release and discussion of records by the Hornell City School District.

I also authorize the Hornell City School District to acquire and discuss records including, but not limited to, psychological, psychiatric, medical, attendance, probation, discipline, court related, report cards, speech, counseling, occupational therapy and physical therapy, which pertain to the programming and placement of:

STUDENT NAME

Date of Birth

PARENT SIGNATURE

Date

Phone Number(s)



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Health Services Guidelines

1. **School Physicals:** A physical is necessary for all students entering into public school as mandated by New York State for the following: **All New Entrants, Pre-K/K, 1st, 3rd, 5th, 7th, 9th and 11th** grade students. If your child has had a physical within a year of the first day of entering please be sure to provide a copy to your school nurse. Physicals are to be done by a physician licensed to practice in New York State and shall include **BMI** (body mass index) and **WSC** (weight status category) information which will be reported to NYS without the use of names. Parents may opt out of having their child's WSC reported to NYS by signing an "opt out" request and returning it to the respective school health office.

Physicals are offered at school for newly enrolled students, students in the mandated years, playing sports (required annually) and for working papers.

2. **Immunization record:** An **official** immunization record from a physician's/public health office is required for entry in NYS schools. This record **must be produced within 14 calendar days of admission** to school, **30 days if coming from out of state.**

New York State Department of Health requires that each student comply with the following immunization requirements: HIB-Pre-K 1-4 doses, PCV- Pre-K 1-4 doses, DTP-Pre-K 4 doses, grades K-5- 5 doses or 4 if the 4th dose given at 4 years of age or older grades 6-12- 3 doses , Polio- Pre-K- 3 doses, grades K-11- 4 doses or 3 if the 3rd dose was given at 4 years or older, 12th grade 3 doses, MMR- Pre-K 1 dose, K-12- 2 doses , Hepatitis B Series- 3 doses, Varicella(chicken pox)- Pre-K and 12th- 1 dose, 2 doses for all others, TDAP- 1 dose for all students entering grades 6 - 12. **ALL STUDENTS ENTERING: 7th, 8th, 9th, 10th and 12th grades- MUST have the MENINGOCOCCAL VACCINE – THEY CAN NOT START SCHOOL WITHOUT IT.** Again if you have already provided proof of this to the school nurse thank you, nothing further needs to be done.

3. **Hearing, Vision and Scoliosis:** The school nurse will do vision screening for all new students as well as students in grades Pre-K/ K,1,3,5,7 ,11 and upon request. Scoliosis screenings will be done for girls in grades 5 & 7 and boys in grade 9, any abnormal finding will be reported to the students' parent/guardian.

4. **Physical Education Restrictions:** NYS requires that all students participate in physical education. If your child has an illness or injury which prevents them from performing normal activities, please ask their physician to document what they can do safely and bring the note to the nurse's office. When your child can return to normal activities a written release from the doctor is also required to be brought in.

5. **Medication:** Any medication that must be taken during school hours including over the counter medications, must be brought to the nurse's office in its original container with the label intact. A parent should bring the medication to school with a permission form signed by the physician and the parent. The medication will be kept in the nurse's office and administered at the proper time.

2023-24 School Year

New York State Immunization Requirements

for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the “[ACIP-Recommended Child and Adolescent Immunization Schedule](#).” Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must 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	Pre- Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 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 adolescent booster (Tdap)³	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		
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses		
Hepatitis B vaccine⁶	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) vaccine⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY)⁸	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	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		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.

c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 9: 10 years; minimum age for grades 10, 11, and 12: 7 years)

a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.

b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2023-2024, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 11, and 12.

c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)

a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.

c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.

d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)

a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine

a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute “dose 4” for “dose 3” in these calculations).

b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)

a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 10: 10 years; minimum age for grades 11 and 12: 6 weeks).

a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.

b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.

c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.

c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.

d. If dose 1 was received at 15 months or older, only 1 dose is required.

e. Hib vaccine is not required for children 5 years or older.

f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)

a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.

c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.

d. If one dose of vaccine was received at 24 months or older, no further doses are required.

e. PCV is not required for children 5 years or older.

f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)

For further information, contact:

**New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

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New York State Department of Health/Bureau of Immunization
health.ny.gov/immunization

05/23

Authorization for Use or Disclosure of Protected Health Information

In order to share protected health information with the school district, your healthcare provider may require completion of the form below to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Please complete, sign and give the form to your healthcare provider and/or to your school nurse to avoid delays in care for your child.

I, _____ authorize my child's healthcare provider(s) listed below:

Name _____	Phone _____	FAX _____
Name _____	Phone _____	FAX _____
Name _____	Phone _____	FAX _____

to release the medical records of my child, _____, DOB _____
 to the district's: ☐ Medical Director ☐ School Nurse ☐ Athletic Trainer (AT) ☐ Counselor ☐ Occupational Therapist (OT) ☐ Physical Therapist (PT) ☐ Psychologist ☐ Social Worker ☐ Speech Therapist (ST)
☐ other _____

The healthcare provider may disclose the following information: (Parent/School: check all that apply)

☐ Immunizations ☐ Health Appraisals ☐ Past/Current Medical Conditions and impact on attendance, athletics, or school programming or therapy ☐ Other _____

The Protected Health Information may be used, disclosed or received for the following purpose(s): (Parent/School: check all that apply)

- ☐ To develop care or therapy plans for routine and emergent school management
- ☐ To design appropriate educational, school, or athletic programs
- ☐ To assess the impact of the medical condition(s) on school programming and/or attendance
- ☐ To share school observations/concerns surrounding behavior
- ☐ To assess a medical basis for modification of transportation and/or home tutoring
- ☐ Medication delivery or therapy prescriptions
- ☐ At patient's request with no specified purpose
- ☐ Other _____

PARENT: Please select one.

- ☐ This authorization is valid for the entire academic school year 20 - 20
- ☐ This authorization is valid for the duration of attendance within the school district
- ☐ This authorization shall expire on ____/____/____ (MO/DD/YR)

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building. I understand that the revocation of this authorization is not effective if the Healthcare Provider or District has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice. I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law. I understand that my child's treatment is not dependent on my agreement to release or withhold information. I acknowledge that the district will share relevant school information with my healthcare providers and when applicable with those governmental agencies as required for reimbursements. I give permission for the school representatives above to share and disclose information as indicated above with the health care provider listed.

Signature of Parent/Guardian or student if over 18	Relationship	Date
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YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

A SIGNED COPY OF THIS AUTHORIZATION MUST BE GIVEN TO THE ADULT PATIENT OR PARENT OF THE MINOR CHILD



HORNELL CITY SCHOOL DISTRICT

Jeremy P. Palotti, Superintendent

120 Raider Road Hornell, New York 14843
Phone 607.324.1302 ext. 1450 | Fax 607.324.1345

High School | 607.324.1303
Intermediate | 607.324.1304
N. Hornell | 607.324.0014
District Offices | 607.324.1302

MEDICAL INFORMATION & EMERGENCY FORM

Student/Minor Information:

Name (first, middle, last) _____

Address: _____

Student/Minor's Primary Physician:

Name (first, middle, last): _____ Phone (____) _____

Medical Conditions:

Please list any medical conditions of the student/minor (ex. asthma, diabetes, epilepsy, etc.) _____

List any allergies or allergic reactions to medications of the student/minor: _____

List any medications the student/minor is currently taking: _____

Other pertinent medical information: _____

Date of student/minor's most recent tetanus shot: _____

EMERGENCY CONTACTS:

Parent or Guardian

Name (first, middle, last) _____

Daytime phone: (____) _____ Cell Phone (____) _____ Evening phone: (____) _____

Relationship to student/minor: _____

Other contact

Name (first, middle, last) _____

Daytime phone: (____) _____ Cell Phone (____) _____ Evening phone: (____) _____

Relationship to student/minor: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the school. Should the need arise this information will be given to the proper medical authorities.

I, _____ (parent/guardian) understand that in the case of illness or injury to my child _____ (child's name), the school will try to notify me or the person I have listed on the other side of this form as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school to (1) arrange for transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and (2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of parent/guardian

Date



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Dear Parents and Caregivers:

As part of a required school health examination, a student is weighed and his/her height is measured. These numbers are used to figure out the student's body mass index or 'BMI'. The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low.

Recent changes to the New York State Education Law require that BMI and weight status group be included as part of the student's school health examination. A sample of school districts were selected to take part in a survey by the New York State Department of Health; our district has been selected and will be included in the survey. We will be reporting directly to New York State Department of Health information about our students' weight status groups. Only summary information will be sent; names or other personal information about individual students will not be included.

You may choose to have your child's information excluded from this survey report. If you decide you would like your child's information excluded please submit a written request to the Health Office.

Sincerely,

Karen Dgien, RN, North Hornell School
Sarah Fuller, RN, Hornell Intermediate School
Colleen Amidon, RN, Hornell High School



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Transportation Form for the 2023-2024 School Year

Dear Parent/Guardian,

The Hornell City School District requires that a bus transportation form be completed for each child in your household and be returned to the District Office at 120 Raider Drive, Hornell, NY 14843.

Please remember that the first few weeks of school are hectic and buses may not be on “schedule” so for students eligible to ride the bus, please be at the bus stop on time.

If a change needs to be made, please contact our office as soon as possible to complete a new form.

This can only happen once per semester. We understand that emergencies happen but please allow for up to 3 days to honor this request. We can be reached between 8:00 a.m. and 2:00 p.m. at 324-2633.

***Students must be 4 years old to ride the bus.**

Sincerely,

Steve Sleight

HCSD Director of Transportation

Transportation Form

This form needs to be completed for each of your children, **even if your child does not need transportation**. When completing this form, note that we will not transport students to any other address other than the one included on this form and cannot make bus changes to a different address for playdates/social dates.

Child's Information

First Name _____ Last Name: _____ Grade: _____

Transportation Request

_____ My child does **NOT** require transportation by the district(Skip to Signature)

_____ My child **DOES** require transportation by the district

Students in grades 4PK-6 are eligible to ride the bus if they live .7 miles or more from their school building while students in grades 7-12 are eligible to ride the bus if they live 1.5 miles or more from the high school.

Morning Pick-Up Location

You may choose one option.

Option 1: Home Address

Please pick my child up at my home address.

Home Address: _____

OR: Option 2: Daycare or Alternate Address

Please pick my child up at this Daycare/Alternate address.

Daycare or Contact Name: _____ Phone _____

Address: _____

Afternoon Drop-Off Location

You may choose one option.

Option 1: Home Address

Please drop off my child at my home address.

Home Address: _____

OR: Option 2: Daycare or Alternate Address

Please drop off my child at the Daycare/Alternate address.

Daycare or Contact Name: _____ Phone _____

Address: _____

Parent/Guardian Contact Information:

Home Phone: _____ Cell Phone: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Acceptable Use Policy for School Chromebooks

The focus of the one-to-one (1:1) Chromebook program at the Hornell City School District is to prepare students for their future in a world of digital technology and information. The 21st Century Skills in Education requires that technology be integrated throughout the curriculum. Technology encourages problem-solving and critical thinking skills, yet does not diminish the teacher from facilitating learning. The Hornell CSD, following the Children's Internet Protection Act (CIPA) requirements and NYS Education Law 2D, has safety policies and technology protection in place to filter and monitor the online activities of our students.

Students in grades 5-12 will be issued a Chromebook and be allowed to take the device back and forth from school to home. Students in grades 4pk-4 will have access to classroom sets of devices. Students in grades 5-12 will be issued a Chromebook once this agreement has been signed and returned. Stickers or personal markings are not to be applied to the devices. Upon receipt of a Chromebook, the agreement between the Hornell City School District (HCSD), the student, and his/her parent or legal guardian is in effect for the duration of the student's time in the district. The student and parent(s), in consideration of being provided with a Chromebook and related materials for use while a student at HCSD, agree to the following:

Equipment and Accessories:

HCSD has the sole right of possession of the Chromebook and any related equipment and gives the student permission to use the device and accessories according to the guidelines stated in this document. The HCSD administrative staff retains the right to collect and/or inspect the device at any time, including by remote access, and to add, delete or change installed software and hardware. HCSD administration may deny, revoke, suspend, or limit a student's network account at any time without prior notification.

HCSD will retain records of serial numbers of the Chromebooks and to whom they are assigned. HCSD will stock a limited number of Chromebooks that may be loaned out if the assigned device becomes inoperable; however, HCSD cannot guarantee a loaner may be available at all times. Students may not keep a broken Chromebook or avoid using a Chromebook due to loss or damage. If a student forgets to bring the device or power adapter to school, a substitute may or may not be provided.

Students in 5th-12th grades are solely responsible for bringing the fully charged Chromebook to school each day. Students are solely responsible for any data stored on the Chromebook. It is the responsibility of the student to backup data as necessary to Google Drive. There is no guarantee that data saved directly to the device can be recovered.

Additional files such as music files, video files, and applications not related to schoolwork may be deleted without notice upon discovery and may result in a violation of the Internet Acceptable Use Policy. HCSD Chromebooks are not to be used for personal profit or nonprofit purposes such as advertising, rentals, selling or buying, soliciting for charity, or other similar uses.

Chromebooks will be treated in the same manner as other school-owned educational tools. Therefore, all Hornell City School District policies, rules, handbooks, contracts, directives, including disciplinary measures apply to the Chromebook use.

HCSD does not guarantee that content stored on Chromebooks or Google's server will be private. HCSD reserves the right to monitor using a variety of methods or access school Google accounts and Chromebooks if it suspects or is advised of possible breaches of security, harassment, or other violations of school policy, rules, regulations, or law, or if there is evidence of data or other intellectual property that belongs to another person.

Student unenrollment from HCSD requires the Chromebook be returned promptly, and any applicable damage fee/s be paid. All Chromebooks will be collected before the end of the school year for maintenance and repair. Students will retain their original Chromebook each year while enrolled through grades 5-8 and 9-12 to align with the life-cycle of the device and will receive the same computer when school reconvenes in the fall when at all possible. To protect the HCSD asset, the administration retains the right to assign probationary privileges to students in the following circumstances, including but not limited to: newly arriving student to the district, students with poor attendance records, students who have violated the Acceptable Use Policy, students whose parent/guardian requests the student not take the Chromebook home.

Students on the probationary list will be required to turn in their Chromebook to the library or main office at the end of each day. The equipment will be secured for the night and the student will be allowed to check it back out on a daily basis. Disciplinary actions will be handled on a case-by-case basis at the discretion of the building administration.

Students are solely responsible for reasonable care and use to ensure the Chromebook is not damaged. Treat this Chromebook with as much care as if it were your own. If damage is caused by negligence, as determined by the administration, the student and parent or guardian will be billed a fee on a case by case basis.

Examples of gross negligence include, but are not limited to: leaving the computer unattended and unlocked resulting in loss or damage, lending equipment to others, using the computer in an unsafe environment, or using the computer in an unsafe manner. All repairs and service must be processed through the Hornell school technology department. Do not attempt to repair the Chromebook on your own or to contact the equipment manufacturer.

Using the Chromebook at School

Students are responsible for the ethical and educational use of technology resources at the Hornell City School District. Access to these resources is a privilege, not a right. Each employee, student, and/or parent or legal guardian will be required to follow the Acceptable Use Policy. Transmission of any material that is in violation of any federal or state law is prohibited. This includes, but is not limited to the following: confidential information, copyrighted material, threatening or obscene material, cyberbullying, and computer viruses.

Inappropriate media may not be used as a screensaver or background. The presence of guns, weapons, pornographic materials, inappropriate language, alcohol, drugs, gang-related symbols or pictures may result in disciplinary action. Students may choose a Google account password. This password should be kept private and secure.

Only school-approved applications are to be loaded on the Chromebook. Students must not intentionally interfere with the functioning of a HCSD Chromebook. File sharing, file-sharing programs, or the installation and/or use of any Internet-based file-sharing tools are prohibited. The use of virtual private networks (VPN) is prohibited.

Accessing Internet Away From School

Students are allowed to access other Wi-Fi networks on their Chromebooks, however, school personnel will not provide support for network issues away from school. Internet filtering and monitoring will still apply, regardless of where the Wi-Fi is being obtained from.

Violations of the Acceptable Use Policy or Digital Citizenship Responsibilities may result in disciplinary action or loss of Chromebook and network privileges. The HCSD network and Chromebook may NOT be used for the following, but not limited to: illegal activity, access or transmitting offensive materials, hate mail, material advocating violence or discrimination, obtaining obscene or pornographic material, creating or forwarding inappropriate (mean-spirited, racist, pornographic, false, etc.) material, using another person's account (with or without his or her permission), accessing or modifying other users' accounts, files, or passwords, or any action that deliberately disrupts network service or damages equipment or data. HCSD empowers the HCSD faculty to set boundaries within their classrooms. Individual teachers may set further restrictions for their classrooms.

Fee Structure for Loss and/or Malicious or Intentional Damage:

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

It is not HCSD's intent to levy unnecessary fines for damaged or lost technology. Accidental damage will be covered by HCSD and a replacement Chromebook will be provided. If your Chromebook and/or AC power adaptor shows signs of extreme misuse or damage beyond the normal wear of a device that has been handled safely and responsibly, families may be fined for repairs or replacements. Families may also be charged for replacements if Chromebooks are lost or stolen due to students leaving them unattended or unsecured. We understand that damage may occur accidentally and that theft is possible, even under a watchful eye; in either case, students should notify teachers or administration as soon as possible so an investigation may take place. In the event, a device is stolen outside of school property the parents/guardians are responsible for filing a police report and sharing that with the district within 5 business days. If no police report is provided then parents/guardians will be responsible for the full replacement cost of the device.

If a student Chromebook is not returned at the end of the school year, or upon transferring out of the district, the administration will work with parents/guardians to ensure this equipment is returned in a timely manner. If the administration is not successful, this matter may be turned over to local law enforcement. Please note that the Chromebooks are equipped with theft-recovery capabilities. In addition, they are only to be used by authorized hornellcsd.org users.

- Screen (\$45)
- AC adapter/charger (\$25)
- Top Cover (\$35)
- Bottom Cover (\$50)
- Total Replacement (\$300)

ACCEPTABLE USE POLICY AGREEMENT FORM

Sign and return this page only. Do not return the entire policy.

Hornell City School District Please <u>Read</u> and <u>Initial</u> For Each Item Below:	Student Initial	Parent Initial
1- I will not loan my Chromebook out to anyone, or leave it unattended unless it is locked in a secure place. My family may be responsible for the cost of a replacement (\$300) should my laptop become lost or stolen due to "gross negligence".		
2- I will report any damage immediately to my teacher. In the event of theft or damage by fire, I will file a police report within 5 days of the incident. My family is responsible for the cost of a replacement or repair fees should the administration determine that damage or loss was caused by my vandalism or "gross negligence."		
3- As a 5 th – 12th-grade student, I'll charge my Chromebook each night and bring only my Chromebook to school every day. I understand that I am not to put stickers or markings on the device assigned to me.		
4- I understand that I have no expectation of privacy on the Chromebook and that my use and content is monitored. I also understand that my Chromebook will be filtered and managed at home and at school and I will not try to access inappropriate material.		
5- I have read and understand our School District Code of Conduct and Acceptable Use Policy as approved by our Board of Education and agree to follow them at all times.		
6- I will not attempt to go around existing security measures such as internet filters.		
7- I agree to be a good digital citizen and not harass, bully, or be insensitive to others when I am online. This includes protecting my identity and passwords and not placing myself or others at risk by sharing personal information online.		
8- I understand that I will need to return the Chromebook and AC adaptor at the end of every school year and that I will receive the same Chromebook back the following school year to the best of the district's ability.		

Student Name: _____
(print clearly)

Grade Level: _____

Student Signature: _____

Date: _____

Parent/Guardian Name: _____
(print clearly)

Relation to student: _____

Parent Signature: _____

Date: _____

*Board approved
March 1, 2023*

SEPTEMBER					OCTOBER					NOVEMBER					DECEMBER																																													
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MAY					JUNE					<div>SHADED AREA INDICATES NO SCHOOL FOR STUDENTS.</div> <table><thead><tr><th></th><th>Staff</th><th>Students</th></tr></thead><tbody><tr><td>September</td><td>19</td><td>17</td></tr><tr><td>October</td><td>21</td><td>21</td></tr><tr><td>November</td><td>18</td><td>16</td></tr><tr><td>December</td><td>15</td><td>15</td></tr><tr><td>January</td><td>21</td><td>21</td></tr><tr><td>February</td><td>16</td><td>16</td></tr><tr><td>March</td><td>20</td><td>20</td></tr><tr><td>April</td><td>16</td><td>16</td></tr><tr><td>May</td><td>22</td><td>22</td></tr><tr><td>June</td><td>17</td><td>17</td></tr><tr><td></td><td>185</td><td>181</td></tr></tbody></table> <div>ED* = Early dismissal for teaching staff and students. PTC = Parent Teacher Conference ** = Will be emergency early release day. Students Dismissed 15 minutes early.</div>																Staff	Students	September	19	17	October	21	21	November	18	16	December	15	15	January	21	21	February	16	16	March	20	20	April	16	16	May	22	22	June	17	17		185	181
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