

24/25 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. Vicki Flaitz, 120 Raider Rd., HORNELL, NY 14843.
PHONE: 607-324-1303 EXT 1525, FAX: 607-324-1346,
EMAIL: vicki.flaitz@hornellcsd.org

September – June hours are 7:15AM to 3:15PM, Monday through Friday (Closed for lunch 1:00-2:00)

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

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

Race - Select one or more

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

Attended Hornell Previously? School: _____

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

Hispanic/Latino Origin: Yes No

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.



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

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> 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	_____	<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father	_____
	<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
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not write

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

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
<i>District Name (Number) & School</i>	<i>Address</i>

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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/>
*If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i>	
10b. <i>*If referred for an evaluation</i> , has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received <i>(Please check all that apply)</i> :	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? <i>(e.g., special talents, health concerns, etc.)</i>	
12. In what language(s) would you like to receive information from the school? _____	

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ:	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>Mo. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>Mo. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> 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):

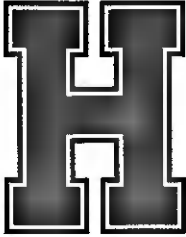
_____ _____ _____
 Printed Name Signature Date

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

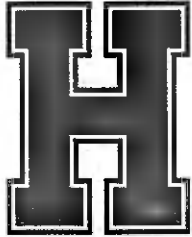
INTERNET ACCESS

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



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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:

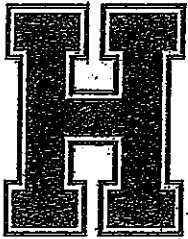
STUDENT NAME

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: **Ali 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.

2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in New York State. 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)	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) ¹		Not applicable		1 dose
Polio vaccine (IPV/OPV) ²	3 doses		4 doses or 3 doses if the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) ³	1 dose		2 doses	
Hepatitis B vaccine ⁴	3 doses		3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine ⁵	1 dose		2 doses	
Meningococcal conjugate vaccine (MenACWY) ⁶		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) ⁷	1 to 4 doses			Not applicable
Pneumococcal Conjugate vaccine (PCV) ⁸	1 to 4 doses			Not applicable



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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

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.

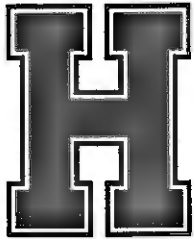
- This authorization is valid for the entire academic school year 20 - 20
- This authorization is valid for the duration of attendance within the school district
- This authorization shall expire on ___/___/___ (MO/DD/YR)

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

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



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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

**HORNELL CITY SCHOOL DISTRICT
2024-25 CALENDAR**

*Board approved
on 2/07/2023
update proposed
6/12/2024*

SEPTEMBER					OCTOBER					NOVEMBER					DECEMBER																																													
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F																																									
2 Labor Day	3 SCD	4 SCD	5	6		1	2	3	4					1	2	3	4	5	6																																									
9	10	11	12	13	7	8	9	10	11**	4	5	6	7	8	9	10	11	12	13																																									
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MAY					JUNE					<p align="center"><u>SHADED AREA INDICATES NO SCHOOL FOR STUDENTS.</u></p> <table border="0"> <thead> <tr> <th></th> <th align="center"><u>Staff</u></th> <th align="center"><u>Students</u></th> </tr> </thead> <tbody> <tr> <td>September</td> <td align="center">20</td> <td align="center">18</td> </tr> <tr> <td>October</td> <td align="center">22</td> <td align="center">22</td> </tr> <tr> <td>November</td> <td align="center">17</td> <td align="center">17</td> </tr> <tr> <td>December</td> <td align="center">15</td> <td align="center">15</td> </tr> <tr> <td>January</td> <td align="center">18</td> <td align="center">18</td> </tr> <tr> <td>February</td> <td align="center">15</td> <td align="center">15</td> </tr> <tr> <td>March</td> <td align="center">21</td> <td align="center">19</td> </tr> <tr> <td>April</td> <td align="center">17</td> <td align="center">17</td> </tr> <tr> <td>May</td> <td align="center">21</td> <td align="center">20</td> </tr> <tr> <td>June</td> <td align="center">19</td> <td align="center">19</td> </tr> <tr> <td></td> <td align="center">185</td> <td align="center">180</td> </tr> </tbody> </table> <p>ED* = Early dismissal for teaching staff and students. PTC = Parent Teacher Conference (dates vary by building) ** = Will be emergency early release day. Students Dismissed 15 minutes early. SCD=Superintendent's Conference Day</p>																<u>Staff</u>	<u>Students</u>	September	20	18	October	22	22	November	17	17	December	15	15	January	18	18	February	15	15	March	21	19	April	17	17	May	21	20	June	19	19		185	180
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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.

HCS D does not guarantee that content stored on Chromebooks or Google's server will be private. HCS D 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 HCS D 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 HCS D 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 HCS D 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 Read and Initial 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: _____

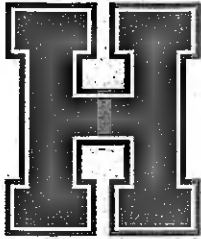
Date: _____

Parent/Guardian Name: _____
(print clearly)

Relation to student: _____

Parent Signature: _____

Date: _____



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

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: _____