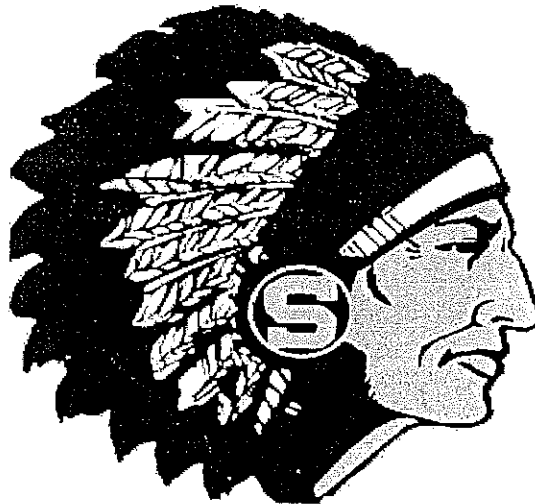


Stillwater Central School District

Enrollment/Registration

"To guide and prepare our students academically, socially, emotionally and physically to reach their full potential."



1068 Hudson Avenue

Stillwater, N.Y. 12170

(518) 373-6100

Registration Checklist

Name

Grade

<i>Enrollment/Registration</i>	<i>Date</i>	<i>Received/Approved by:</i>	<i>Other Notes</i>
Packet Given			
Proof of Age (Birth Certificate etc)			
Copy Of License			
Initial Proof of Residency			
Custody/Legal Documents			
Immunizations			
Physical			
Registration/Transportation Form			
Enrollment Status: Yes No			
Additional Information Needed:			
Homeless Questionnaire			
Academic Information Sheet (MS/HS Only)			
Records Request			
Health History Update			
Acceptable Use Policy			
HLQ			
Free/Reduced Lunch			
Sport/Physical Form (MS/HS only if applicable)			
Administrator Approval			
Transfer to Guidance (MS/HS Only)			
Transfer to Elementary			
Counselor's Meeting (MS/HS Only)			

New Student Registration



The information below is designed to answer frequently asked questions about the school registration process for new students.

Only children who are at least 5 years old as of December 1st of the year of enrollment, under 21 and do not possess a high school diploma may enroll. In addition, children seeking to enroll must be residents of the District. Generally, a student is resident of the place that his/her parent(s) reside.

Where is new student registration held?

Registration takes place in the Student Center (373-6100, ext 30040) for students that are currently enrolled in Kindergarten and Grades 1-12. Children entering kindergarten must be five years old by December 1 of the year they begin school. Registration for kindergarten is held at the elementary school during the month of April of the year prior to entrance.

To ensure someone is available to assist you, please call before visiting. Parents or guardians must accompany all new students.

What information is needed to register?

1. Proof of Age: Original documentation of birth, in the form of an original, state issued birth certificate, baptismal certificate or passport. Other forms of documentation may be offered if the above are not available.
2. Proof of Residency: Please provide a copy of the deed to the home in which you reside, a purchase contract, showing you are purchasing a home in the District, with a letter from your attorney stating the approximate date and time of closing, your Lease Agreement or statement from your landlord, home owner and /or Tenant from whom you lease or live with, or a statement from a third party establishing the physical presence of the parent(s)/ guardian(s) in the school district.
3. Official immunization record signed by a physician or clinic staff.
4. Health Appraisal Form, Dental Health Certificate (within 12 months of the year enrolled).
5. Custody papers, if applicable. If the student is not the biological child, documentation must be presented which proves a permanent and total transfer of custody and control has been achieved.

Helpful Information

Please register as early as possible. In cases where students are registered 2 days or less before school begins, they may be unable to begin school or have bus transportation on opening day.

Only documents using the student's legal name (the name that appears on the original birth certificate or name change document) will be included in the student's official record. The complete name and mailing address of the student's previous school must be provided to the registrar. Academic records, including transcripts or most recent report cards, should be presented to the school after registration is completed.

Stillwater Central School District Registration Guidelines

It is the duty of the administration of Stillwater Central Schools to establish clear guidelines for the registration of new students. In an effort to ensure that all students are properly placed, we ask that parents/guardians prove residency.

Parents/Guardians must provide the following for review:

Drivers License: with physical address of residence will also require 1 additional document.
(see list below)

OR

Drivers License: with PO Box will require 2 additional documents.
(see list below)

- Proof of residency within the school district should include the name and address of the legal parent/guardian.
- Utility bills must be no more than 30-days old and show current service address.
- Registration documentation can be subject to a final review by the building administrator.

Additional Acceptable Documents:

- Utility Bill-Gas, Electric, Waste, Cable, Landline(non-cell)
- STAR Exemption
- Assistance letter
- Voter Registration (most recent election)
- Automobile Insurance
- Mortgage statement (matching utility bill)
- Lease Agreement
- Homeowner's Insurance
- Renter's Insurance

Enrollment Acknowledgement

Name of Student (s):

I hereby acknowledge that I, _____ on _____ at
(Print Name of Parent/Guardian) (Date)

_____ a.m./p.m. has officially enrolled my child(ren) in the Stillwater Central School District.

(Time)

Signature of Parent/Guardian: _____

Signature of Individual Enrolling: _____

Ethnicity for Reporting Purposes (Please check appropriate line):

_____ American Indian/Alaskan Native

_____ Black

_____ White

_____ Hispanic

_____ Asian/Pacific Islander

Stillwater Central School District
Guidance Office

Transfer of Information – Request of Records

I give permission to the Stillwater Central School District to request information concerning my child,

_____ Grade _____

From:

Name of School: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

Signature of Parent

Date

As per the Buckley Amendment, reg. 9931, under the following conditions prior consent is not required to disclose information.

- (1) An educational agency or institution may disclose personally identifiable information from the education records of a student without the written consent of the parent of the student or the eligible student if the disclosure is...
- (2) To officials of another school or school system in which the student seeks or intends to enroll...

We are requesting:

- _____ Transcripts
- _____ Current Report Card
- _____ Standardized Test Scores
- _____ Regents Competency Test(s) (NY students only)
- _____ PSAT, ACT, ACH, AP Results
- _____ Health Records
- _____ Psychological Records
- _____ Special Education Records, including most recent I.E.P. (Please send directly to our special education office at the same address)
- _____ Science Labs (if applicable)
- _____ Exit grade up to the date this student left your district
- _____ Discipline Records

Stillwater Elementary School

1068 Hudson Avenue

Stillwater N.Y. 12170

Elementary Principal: Paul Morcone

Phone: (518) 373 - 6100

Fax: (518) 373 - 6194

Date: _____

Dear Principal:

_____ has enrolled in the Stillwater Elementary School District and has been assigned to a _____ grade classroom.

In order to serve the student in the most efficient manner, please forward the following documents to the Stillwater Central School District: copies of health and immunization records, academic records, results of standardized tests, psychological records, Rtl plans and any other information pertinent to this student

Thank you for this as we all work to make this transition as smooth as possible on the student's behalf.

Sincerely,

Paul Morcone
Elementary Principal

Authorization is hereby granted to the Stillwater Elementary School to request all health, academic and psychological records for the following student:

Student Name: _____

Student's Date of Birth: _____

Date of Authorization: _____

Signature of Parent/Guardian: _____

Stillwater Central School District Homeless Questionnaire

Name of LEA: Stillwater Central School District

Name of School: _____

Name of Student: _____

Gender: Male Female Date of Birth: ____/____/____ Grade: _____

Name of Student: _____

Gender: Male Female Date of Birth: ____/____/____ Grade: _____

Name of Student: _____

Gender: Male Female Date of Birth: ____/____/____ Grade: _____

Address: _____ Phone: (____) _____ - _____

(____) _____ - _____

Where is the student currently living? ** (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

Print Name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date: _____

**The answer you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, or birth certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

**STILLWATER CENTRAL SCHOOL
REGISTRATION/TRANSPORTATION SHEET**

Student's Name: _____ Grade: _____ Date: _____

Date of Birth: _____ Sex: Male Female Teacher: _____

Home Address (physical location): _____ _____ _____	Mailing Address, if different (i.e. PO Box #): _____ _____ _____
--	---

Describe the exact location of your residence using as many references as possible.

Student lives with:

Mother & Father Mother Father Guardian/Other _____

Custody Papers on file? Yes No Duplicate Mailing? Yes No

Mother's Information or (Female Guardian):

Name: _____	Home Phone #: _____
Address: _____	Cell Phone #: _____
Place of Employment: _____	Work Phone #: _____
Email: _____	

Father's Information or (Male Guardian):

Name: _____	Home Phone #: _____
Address: _____	Cell Phone #: _____
Place of Employment: _____	Work Phone #: _____
Email: _____	

In accordance with Chapter 549 of the Education Law of 1986, I am providing the following list of people to whom my children, upon my written authorization, may be released from Stillwater Elementary School. These people may also be contacted in the event of an emergency and I cannot be reached:

Name: _____	Relationship to child: _____
Home Phone #: _____	Cell Phone #: _____
	Work Phone #: _____

Name: _____	Relationship to child: _____
Home Phone #: _____	Cell Phone #: _____
	Work Phone #: _____

Name: _____	Relationship to child: _____
Home Phone #: _____	Cell Phone #: _____
	Work Phone #: _____

Name: _____	Relationship to child: _____
Home Phone #: _____	Cell Phone #: _____
	Work Phone #: _____

If your child is going to be picked-up or dropped off at a location other than home, please fill in the following information. **Please remember that Kindergarten children need to be picked-up and dropped off at the same place every day.**

Sitter's Name: _____	Home Phone #: _____
Address: _____	Cell Phone #: _____
Place of Employment: _____	Work Phone #: _____

Name and address of previous school attended:

Name of School: _____	Phone #: _____
Address: _____	Fax #: _____

Does your child receive Special Education Services or have they in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have a current Section 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have any questions about the Special Education Program or process, please refer to the following link: http://www.p12.nysed.gov/specied/publications/policy/parentsguide.pdf or call the Pupil Personnel Services Director at (518) 373-6100 ext. 31180.	

Please list all children living with you now who are attending school or will in the future.

_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
Child's Name	Age	Date of Birth		Grade
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
Child's Name	Age	Date of Birth		Grade
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
Child's Name	Age	Date of Birth		Grade
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
Child's Name	Age	Date of Birth		Grade

RELEASE

If emergency treatment is required and the parents or legal guardian cannot be reached immediately your signature in the space provided below empowers the school authorities to exercise their own judgment to transport the child to a hospital emergency room. This release also allows school physical examinations as required by State Law. Likewise your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

For office use only:

Transportation _____ Nurse _____ Nutri-kids _____ /student # _____
--

Stillwater Central School District Academic History

Middle/High School Students ONLY

Has school personnel indicated that your child is having any school related difficulties?

Please explain _____

Describe your child's strengths _____

Describe areas of difficulty _____

Age your child entered school _____

Did your child attend preschool? _____

Has your child repeated any grades? _____ What grade? _____

Describe your child grades up until now (Low/Average/Superior)

Subjects your child has found difficult _____

Subjects/areas of special skills or talent _____

Has your child received tutoring or been in any special programs to help with schoolwork?

Please explain _____

List any other schools your child has attended and the approximate dates they attended

SCHOOL	Date Attended
_____	_____
_____	_____

Additional Comments: _____

Signature of person completing form

Date

STILLWATER CENTRAL SCHOOL - STUDENT HEALTH HISTORY UPDATE

Name:	DOB: Grade:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:	

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Been hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|--|---|---|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Asthma/trouble breathing
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)
<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Mental Health Condition
(depression, eating disorder,
anxiety, OCD, ODD, etc.) | <input type="checkbox"/> Scoliosis
<input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle)
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Speech Condition
<input type="checkbox"/> Urinary Condition |
|--|---|---|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

No Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

RELEASE

If emergency treatment is required and the parents or legal guardian cannot be reached immediately your signature in the space provided below empowers the school authorities to exercise their own judgment to transport the child to a hospital emergency room. This release also allows school physical examinations as required by State Law. Likewise your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian Signature: _____ Date: _____

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

Stillwater Central School
1068 Hudson Avenue
Stillwater NY 12170
HEALTH APPRAISAL FORM

Name: _____ Date of Birth: _____

School: Elementary/Middle/High School Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

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

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

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

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

(Stamp below)

Provider's Signature: _____ Phone: _____

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 10/3/07

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

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

Child's Name:			Last	First	Middle
Birth Date: / /	Sex: <input type="checkbox"/> Male	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Month	Day	Year	<input type="checkbox"/> Female		
School: <small>Name</small>					Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment)
 The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

--	--

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Stillwater Central School District
Computer Acceptable Use Policy July 1, 2016 - June 30, 2017

Purpose

The Board of Education provides access to various computerized information resources through the District's Computer System (DCS hereafter), consisting of software, hardware, computer networks and electronic communication systems. All use of the DCS, including off school premises, is subject to this policy, and such use must be in support of education and/or research consistent with the goals and purposes of Stillwater School District.

In accordance with this policy, and the Children's Internet Protection Act, it is the responsibility of all members of the Stillwater school district staff to educate students on proper awareness and response to cyber bullying, and how to avoid personal exploitation from use of social networking and chat room sites. All staff will supervise and monitor student access of the DCS for accessing the Internet.

The district is not responsible for inappropriate content accessed via a student's own personal technology or electronic device via an unfiltered Internet connection. Access to any computer resource in Stillwater school is a revocable privilege. District device and Internet access requires that the user has received a copy of this policy, and a district user account.

As authorized users students and staff have access to:

1. Electronic mail (Students have internal email only. Staff have worldwide communication available.) **All email transmissions are centrally archived and retrievable.**
2. Internal and external access to DCS network shared resources and may include: a public drive, home folder, network applications, and district approved educational software.
3. Internet browsing — monitored and filtered. **All internet user connections are recorded and retrievable.**

Responsibilities (Internet Etiquette)

ALL authorized DCS users will:

- Maintain confidentiality of their username and password.
- Protect privacy of other users' electronic data.
- Report intentional/unauthorized attempts to "hack" network security.
- Use appropriate language, and avoid forwarding inappropriate material to others.
- Not attempt to use proxy sites to bypass district firewalls.
- Desist from using personal operating systems contained on a flash or mobile drive.
- Use district technology for educational, school related matters only.
- Protect the network from viruses by scanning documents before introducing them into the network.
- Respect others' intellectual property and will refrain from plagiarizing.
- Work within the confines of the Internet web filter device.
- Post only web content that positively reflects district goals and culture.
- Obtain permission to use non-district digital resources (data storage devices are acceptable).

In addition, no student will attempt, use or access:

- Any electronic device during class until given explicit permission to do so.
- Verizon, AT&T, Sprint or other Internet provider for personal or shared Internet use on school grounds.
- Internet music streaming, non-educational games via CD, USB device, computer or web-browser.
- External social networking, or instant messaging sites [i.e., Facebook, MySpace, Meebo, Aim, etc.).
- Synchronizing of school iPods, iPads or Chrome books to personal or other iTunes accounts.
- Deleting or adding applications to school provided iPads, iPods, Chrome books, or any district computer.
- District mobile computing devices for home use without proper permission and signed paperwork.
- Cameras on mobile devices to take or store a picture of anyone, without first obtaining that person's explicit permission, and teacher's permission.
- Any electronic device to intimidate, harass or threaten others.

Enforcement /consequences

Any person using the DCS in violation of this policy may lose access to the DCS, and be subject to further discipline under the District Code of Conduct.

SIGNATURE OF UNDERSTANDING AND AGREEMENT

I have read and understand the Stillwater Central School Computer Acceptable Use Policy. By signing this document, I indicate my willingness to abide by the Computer Acceptable Use Policy. I further understand that any violation of the regulations of the policy may result in suspension of my privileges, and/or disciplinary action in accordance with the discipline process of the school district. I understand that school disciplinary and/or legal action may be taken.

In consideration for the privilege of using the Stillwater Central School network to access the Internet and internal resources, I hereby release and agree to indemnify and hold harmless Stillwater Central School District from any and all claims or damages arising from my access or use of the network.

Student Name (print) _____, _____ Grade _____
(2016-2017) _____
Student Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

This form must be renewed on an annual basis with the Stillwater Central School District before your son/daughter will be able to utilize the school DCS.

Photo/Video Dissent Form 2016-2017

At various times throughout the school year, students may be photographed/videotaped in classrooms, at special programs, or through their involvement in various activities. Pictures or videotapes may be used for orienting new parents to our school; for sharing special programs or projects with the school community; or informing others, outside of our school, about our programs. Individual children are not identified in any photos or videos released to the public.

If you prefer that your child not be photographed please indicate with your signature below.

I prefer my child not be photographed/videotaped while at school.

I prefer my child can be photographed/videotaped while at school.

Child's Name: _____

Parent's Signature _____ Date: _____

****If no box is checked, the default will be that your child can be photographed/videotaped.

****Let us sign you up for the Stillwater News Notifier! This service sends you up to date district and building news directly to your email inbox! Put your email in below, and stay up to date on all the latest Stillwater News!

Parent email: _____

Date Withdrew _____

Attachment Va F ___ R ___ D ___

2016-2017 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to (name/school). Call (phone number), if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name: _____ CASE # _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number: XXX-XX-__-__

I do not have a SS#

4. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

Sign up for SNN and receive news right in your email inbox!



Questions? Call the Communications Office at 373-6100, ext. 32418.

All members of the Stillwater community are encouraged to sign up for "School News Notifier" (SNN)—a system designed to help keep parents, students, grandparents, taxpayers and others more in touch with what is happening in our schools.

You can choose to receive one or more of the following notifications: District News (includes information about board meetings, budget and the district's e-newsletter), Elementary School News, Middle School News, High School News, and Special Education News.

To sign up, go to www.scsd.org and click on the SNN logo as shown at left. Or, go directly to <https://snn.neric.org/stillwater> to register.



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? English Other _____
specify
2. What language(s) are spoken most of the time to the student, in the home or residence? English Other _____
specify
3. What language(s) does the student understand? English Other _____
specify
4. What language(s) does the student speak? English Other _____
specify
5. What language(s) does the student read? English Other _____ Does Not Read
specify
6. What language(s) does the student write? English Other _____ Does Not Write
specify

7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other _____

Date _____

Month: _____ Day: _____ Year: _____



TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to:

UPON RECEIPT OF PART ONE IN THE SECTION OFFICE, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.

Please check one: **(The required supporting documentation must be attached.)**

 Waiver Request *Financial: Requires documented proof of a significant loss of income or a significant increase in expenses. OR Health & Safety: Written documentation from the Superintendent of Schools or HS Principal of the sending school indicating the specific circumstances which necessitated the transfer.*

 School District of Residence (SDR) (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.

 Divorced/Legally Separated Parents *A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge. (proof required)*

 Homeless Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].

 Other: Refer to By-Law #30 and state applicable exemption. _____

 Residency Change *NYSPHSAA transfer/residency policy states: Refer to By-Law & Eligibility Standards #30. (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency. The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPHSAA regulations.*

By signing this document I attest that our previous residence has been abandoned by the immediate family and our current residence has been established through action and intent. I attest that the immediate family will be physically residing at our current address as inhabitants and intend to remain indefinitely. I attest that the student has transferred without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Parent Signature: _____ Date: _____

PART ONE TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL

Receiving School: _____ Student's Name: _____

Date of Transfer: _____ Date of Birth: _____ Grade Level: _____ Date Entered 9th Grade: _____

Student/Family Previous Address: _____

Student/Family Present Address: _____

Parent's Names and Current Address(es)
(Parent #1's name & address) _____

(Parent #2's name & address) _____

Name of Sending School _____

Did student participate in athletics at sending school? Yes No

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's signature _____ Date _____

Principal's signature _____ Date _____

Athletic Director's signature _____ Date _____

**PART TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED
AND RETURNED TO STUDENT'S PRESENT SCHOOL**

Name of Student _____ Date entered 9th grade _____

Did student repeat any grades? _____ If yes, which ones? _____

Name of School(s) Attended Prior to Transfer _____

Date of entrance to this school _____ Date of withdrawal from this school _____

Student's address while attending the above school _____

With whom did student reside at this address (name)? _____

Relationship of this (these) person(s)? _____

PART THREE - TRANSFER STUDENT SPORT HISTORY (Please include all sports student participated in.)

	Year	Sport	Level	APP'd (Sel. Class.)		School
				Yes	No	
7th Grade	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
8th Grade	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
	_____	_____	_____	Yes	No	_____
9th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____
10th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____
11th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____
12th Grade	_____	_____	_____			_____
	_____	_____	_____			_____
	_____	_____	_____			_____

The undersigned have no knowledge that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Superintendent's signature _____ Date _____

Principal's signature _____ Date _____

Athletic Director's signature _____ Date _____

2016-17 SCHOOL CALENDAR STILLWATER CENTRAL SCHOOL

SEPTEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

September 5	Labor Day
September 6	Superintendent's Conference Day
September 7	Superintendent's Conference Day
September 8	Classes Begin
October 10	Columbus Day
October 11	Superintendent's Conference Day
November 10	Emergency Release Day
November 11	Veterans' Day
November 23, 24, 25	Thanksgiving Recess
December 23	Holiday Recess Begins
January 2	Professional Development Day
January 3	Classes Resume
January 16	Martin Luther King, Jr. Day
January 24-27	Regents Testing Week
February 20-24	Mid-Winter Recess
March 20	Superintendent's Conference Day
April 14	Good Friday
April 17-21	Spring Recess
May 29	Memorial Day
June 14-23	Regents Testing
June 24	Graduation

Total Staff Days: 186

VACATION DAYS ARE TENTATIVE
AND DEPENDENT UPON
POSSIBLE EMERGENCY NEEDS