SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

REGISTRATION INFORMATION

Welcome to the Susquehanna Valley Central School District! You can register a new student using the SVCSD online registration system or print and complete the attached paperwork. A new student is defined as new to SVCSD and having never attended our district, or a previous SVCSD student that withdrew and is re-enrolling.

A parent or legal guardian must register the student. Anyone other than a parent listed on the birth certificate must provide court paperwork verifying the custody of said child. The student must be legally living with and registered by a parent or guardian who reside in the Susquehanna Valley Central School District. The building principal must approve all court papers regarding custody or guardianship prior to enrolling the child.

REQUIRED FOR ENROLLMENT IN SUSQUEHANNA VALLEY SCHOOLS:

- Official proof of age for the child - Birth Certificate or passport
- Immunization Records
- Proof of residency – **2 Forms** (deed, lease, tax bill, current utility bills)
- Photo identification for the parent/guardian (Government issued)
- Proof of custody (if applicable)
- Special Education requirements (if applicable)
- Foster Family Documentation (DSS-2999, if applicable)

Once complete, you can bring to the District Office or email required documentation listed above and the completed paperwork to **registrar@svsabers.org**.

NYS Health Examination Form - *NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Preschool Special education (CPSE). Please note that this form does not need to be submitted with registration paperwork, and can be submitted at a later date.*

SVCSD Health History Form - *Required prior to beginning attendance in a school building. Please note that this form does not need to be submitted with registration paperwork, and can be submitted at a later date.*

SVCSD District Office Phone: 607-775-0175 ~ Fax: 607-775-4575

New York State Housing Questionnaire

Identifying and serving students in temporary housing under the McKinney-Vento Act and NYS Ed Law §3209

This form is to be completed when a student first enrolls, and any time a change in housing status occurs. There are no wrong answers. This form may be filled out independently, or the McKinney-Vento Liaison can assist. To access a list of McKinney-Vento Liaisons, please visit https://www.nysteachs.org/liaisons

District or LEA	**School Name**

About this form and your rights

Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The **McKinney-Vento Homeless Assistance Act**, together with **New York State Education Law Section §3209**, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home.

Eligible students have the right to:

- ✓ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing.
- ✓ Immediately enroll in the local school where they are temporarily staying (the school of current location).
- ✓ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records.
- ✓ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles).
- ✓ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available.

This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. Please note that this information will not affect your immigration status, your child's enrollment, or your eligibility for other school services.

STUDENT INFORMATION:

Student Name (Last, First)	Student Grade Level (Preschool-12)
Student Gender ☐ M ☐ F ☐ X= Nonbinary	Student Date of Birth (Month/Day/Year)
Parent, Legal Guardian Name	
Phone Number	E-Mail Address
Address where the student is currently living	

Where is the student residing right now?

Under the McKinney-Vento Act, students are protected when their nighttime residence is not **fixed, regular, and adequate.** Check every box that describes where **the student** is residing right now.

☐ Permanent housing: you own, rent or lease a fixed, regular, and adequate home

☐ Doubled-up: staying with another family or person due to a loss of housing, economic hardship, eviction, or other similar reason

☐ In an emergency, transitional, or domestic violence shelter. Shelter or program name: _____

☐ In a hotel or motel because there is no other alternative, adequate place to stay

☐ In a car, park, campsite, bus/train station, abandoned building, or another place not meant for stable habitation or established dwelling

☐ In a place with no heat, running water, or electricity, or that is otherwise structurally unsafe or inadequate to reside in

☐ Displaced by a fire, flood, natural disaster, or other emergency

☐ Another temporary situation not listed here: _____

Is there anything else you would like us to know about your situation? (optional)

_____

Is the student an Unaccompanied Homeless Youth (UHY)?

The McKinney-Vento Act identifies students who are not living with a parent or legal guardian, and are not residing in permanent housing, as **Unaccompanied Homeless Youth (UHY)**. UHYs have the right to enroll in school and to complete and sign this form independently, without a parent or adult present. The McKinney-Vento Liaison can assist UHYs with this process.

☐ **Please check the box if you believe the student identified above may meet the McKinney-Vento eligibility criteria described above.**

Additional Children within the Household?

To help us identify and support all eligible children and youth, please list every child who is currently living with you, regardless of age or school enrollment status. This includes infants, preschool-aged children, and school-aged children.

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Accuracy of Information and Signature

The person completing this form certifies that the information provided above is correct and accurate to the best of their ability.

Name (print): _____

Signature: _____ **Date:** _____

An unaccompanied homeless youth may sign on their own behalf.

Need help? Contact the McKinney-Vento Liaison listed at the top of this form or call the NYS-TEACHS Helpline at 800-388-2014. Visit nysteachs.org for more information.

OFFICIAL USE ONLY (School Staff)

Date received: _____ **Received by:** _____ Eligibility: ☐ Eligible ☐ Not Eligible ☐ Pending

Homeless Primary Nighttime Residence Code (SIRS):

☐ D = Doubled-up ☐ S = Shelter ☐ H = Hotel/Motel ☐ U = Unsheltered ☐ T = Transitional Housing

Unaccompanied Homeless Youth (UHY): ☐ Yes ☐ No

Designation Form: ☐ Yes ☐ N/A ☐ Coded in Student Information System (SIS)

Liaison notified (initials): _____ Date: _____ ☐ Family declined to provide information

Notes:

_____

_____

_____

_____

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

Student Registration

Date: _____

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	PLACE OF BIRTH	

STUDENT SCREEING QUESTIONS

1. What grade is the student currently enrolled in?		
2. What is the student's gender?		
3. Has the student ever attended Susquehanna Valley before?	Yes	No
4. Does the student have an IEP, 504 Plan, attend special class, OT, PT or Speech?	Yes	No
5. Is there a custody order on file regarding this student?	Yes	No
6. Is this student currently in Foster Care?	Yes	No
7. Is this student permanently housed?	Yes	No
8. Will the student be dropped off at home or a secondary location?	Home	Secondary
9. Is there a parent or guardian *not* living with the student? If yes, please put their information below & provide custodial paperwork.	Yes	No

RELATIONSHIP	FIRST NAME	LAST NAME
ADDRESS		LOT/APT#
CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE

EMPLOYER			EMAIL		
----Custody	----Lives With	----School Pickup	----May Contact	----Receives Mail	----Emergency Notification

LAST SCHOOL INFORMATION

DISTRICT NAME	BUILDING NAME
STREET	CITY, STATE, ZIPCODE

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

PARENT/GUARDIAN/HOUSEHOLD INFORMATION

*****PLEASE LIST PARENTS OR GUARDIANS WHO RESIDE IN THE PHYSICAL RESIDENCE*****

PARENT/GUARDIAN 1		
	LAST NAME	FIRST NAME
HOME PHONE	CELL PHONE	WORK PHONE
EMPLOYER	EMAIL ADDRESS	

Please verify the relationship status to the students you are enrolling.

Relationship	Student	Has Custody	Lives With	Receives Mail
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

PARENT/GUARDIAN 2		
	LAST NAME	FIRST NAME
HOME PHONE	CELL PHONE	WORK PHONE
EMPLOYER	EMAIL ADDRESS	

Please verify the relationship status to the students you are enrolling.

Relationship	Student	Has Custody	Lives With	Receives Mail
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

PARENT GUARDIAN/MISCELLANIOUS INFORMATION

ADDRESS INFORMATION		
PHYSICAL ADDRESS – This is the address where you physically reside.		
STREET ADDRESS		LOT/APT
CITY	STATE	ZIP CODE
MAILING ADDRESS		☐ Mailing address is the same
STREET ADDRESS		LOT/APT
CITY	STATE	ZIP CODE

Has your family ever applied for or are interested in free/reduced meals? ☐ Yes ☐ No

Listed below are the phone numbers that the Susquehanna Valley Central School District's automated notification system will contact in the event of an emergency notification. Please review the numbers to ensure their accuracy or please inform registration staff if you do not want to be contacted at a particular number.

Relationship	**Home Phone**	**Cell Phone**	**Work Phone**

Please list three emergency contacts who will assume temporary care of your child if you cannot be reached. Please include daytime telephone numbers, cellphone numbers, or work numbers.

Name	**Relationship**	**Phone**	**Type**
☐ **Can pick up my child from school**	**Emergency Contact** ☐ 1 ☐ 2 ☐ 3		
Name	**Relationship**	**Phone**	**Type**
☐ **Can pick up my child from school**	Emergency Contact ☐ 1 ☐ 2 ☐ 3		
Name	**Relationship**	**Phone**	**Type**
☐ **Can pick up my child from school**	**Emergency Contact** ☐ 1 ☐ 2 ☐ 3		

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

CENSUS INFORMATION (Please Print)

Head of Household	***Address***	***Phone Number***

Person in Parental Relationship/Guardianship Status:

___Parents ___Foster Parent ___Related Guardian ___Adoptive Parent ___Other

Please include all children (birth to age of 18) living in the house. This would include those already attending Susquehanna Valley School District.

Name	***Date of Birth***	***Male/Female***	***Grade***	***Building*** *(if applicable)*

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

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

STUDENT INFORMATION (Please Print)

Last Name	First Name	Middle Initial/Name:
Date of Birth	Gender	Current Grade
City & State of Birth:		

PREVIOUS SCHOOL INFORMATION:

• Does the student have an IEP, 504 Plan, attend special class, receive OT (Occupational Therapy), PT (Physical Therapy), or Speech?	☐ Yes ☐ No
• Has the student ever attended the Susquehanna Valley School District in the past?	☐ Yes ☐ No
• **SV School Information:** Grade last attended ----- Building ------	
• Other: Name of Last School/Building Attended:	

RACIAL AND ETHNIC IDENTIFICATION:

1. Is this student Hispanic, Latino, or of Spanish origin? ☐ Yes ☐ No
   (NOTE: Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.)
2. Select one or more races from the following five racial groups:

☐ **AMERICAN INDIAN OR ALASKA NATIVE**
A person having origins in any of the original peoples of North American and who maintains cultural identification through tribal affiliation or community recognition, e.g., Cherokee, Mohawk, Inuit.

☐ **ASIAN:**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

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

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

☐ **WHITE**
A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

IMPORTANT: Required Copies of current legal documents (custodial, guardian, foster, etc.) Please list name/s and contact information for any agency that my legally obtain information regarding this child. This section should only be completed if you are working with an agency like CPS, DSS, Children's Home, etc. If no agency is involved, please leave blank.

	1st Agency	2nd Agency
Agency Name:		
Contact Name:		
Address:		
Phone:		
Email Address:		

Parent/Guardian or Caseworker Signature: _____ **Date:** _____

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

NEW YORK STATE
MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status.** This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years? Please check all that apply.

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)

If you answered YES to the above questionnaire, please provide your contact information below:

Parent/Guardian Name: _____

Home Address: _____

Telephone Number: (_____)-_____-_____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student Name: _____ Age: _____ Grade: _____

Student Name: _____ Age: _____ Grade: _____

Student Name: _____ Age: _____ Grade: _____

For District Office Use Only: To submit this referral fax to 607-436-3606 or send by mail to NYS Migrant Education Program Identification and Recruitment Office: 100 Saratoga Village Blvd Suite 41 Ballston Spa NY 12020

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

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

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

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

Home Language Questionnaire (HLQ)

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

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		**GENDER:**
		☐ Male
Month	*Day*	*Year* ☐ Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to*

HOME LANGUAGE CODE _____

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other	_____ *specify*
2. What was the first language your child learned?	☐ English	☐ Other	_____ *specify*
3. What is the Home Language of each parent/guardian?	☐ Parent (1) _____ *specify*	☐ Parent (2) _____ *specify*	☐ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	☐ English	☐ Other	_____ *specify*
5. What language(s) does your child speak?	☐ English	☐ Other _____ *specify*	☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other _____ *specify*	☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other _____ *specify*	☐ 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:
District Name (Number) & School: *Address:*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes ☐ ***No*** ☐ ***Not sure*** ☐ ***If yes,** please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat Severe ☐ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ☐ **No** ☐ **Yes*** **Please complete 10b below*

10b. *If referred for an evaluation, has your child ever *received* any special education services in the past?

☐ No ☐ Yes – Type of services received: _____

Age at which services received *(Please check all that apply):*

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

X _____ Month: Day: Year:

Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ☐ **Parent** ☐ **Other:** _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: Christina Radicchi **POSITION:** Registrar

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

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

NAME: Aaron Kaminsky **POSITION:** CSE Director

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:

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

Susquehanna Valley Central School District
Special Services Office
1040 Conklin Rd Conklin NY 13748
PO Box 200 Conklin NY 13748
Telephone: (607) 775-9111
Fax: (607) 775-9110

AUTHORIZATION TO RELEASE INFORMATION

DATE: _____

STUDENT'S NAME: _____ **DOB:** _____

PREVIOUS SCHOOL NAME: _____

ADDRESS: _____

_____

The above named student has registered in the Susquehanna Valley Central School District. Please forward his/her most recent records as soon as possible to the school or department listed on the bottom of the records request.

I give my permission for you to discuss my child and release all records pertinent to educational planning and programming, including an individual education play (IEP), 504 Plan, related services reports (O.T., P.T., Speech) , psychological, psychiatric, social & medical reports.

RELEASE INFORMATION TO:

Susquehanna Valley Central School District
Special Services Office
1040 Conklin Rd Conklin NY 13748
PO Box 200 Conklin NY 13748
Telephone: (607) 775-9111
Fax: (607) 775-9110

Parent/Legal Guardian Signature: _____

Relationship to Student: _____

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

Susquehanna Valley Central School District
1040 Conklin Rd Conklin NY 13748
PO Box 200 Conklin NY 13748
Telephone: (607) 775-0175

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

DATE: _____

STUDENT'S NAME: _____ **DOB:** _____

PREVIOUS SCHOOL NAME: _____

ADDRESS: _____

_____

The above named student has registered in the Susquehanna Valley Central School District. Please forward his/her most recent records as soon as possible to the school or department listed on the bottom of the records request.

I give my permission for you to discuss my child and release all records pertinent to educational planning and programming, including an individual education plan (IEP), 504 Plan, related services reports (OT, PT, Speech), Response to Intervention (RTI) & Academic Intervention Services (AID), psychological or psychiatric testing, social & medical reports.

Please include the following records:

- ☐ **Scholastic Records**
- ☐ **Standardized/SAT Scores**
- ☐ **Attendance Records**
- ☐ **Latest Report Card**
- ☐ **Transcripts/Exit Grades**
- ☐ **Other Pertinent Information**

Please mail or fax records as soon as possible to the following school:

☐ **Brookside Elementary School**
3849 Saddlemire Rd
Binghamton NY 13903
Phone: (607) 775-7513
Fax: (607) 775-7516

☐ **Donnelly Elementary School**
PO Box 250
Conklin NY 13748
Phone: (607) 775-0176
Fax (607) 821-0199

☐ **Richard T. Stank Middle School**
PO Box 225
Conklin NY 13748
Phone: (607) 775-9132
Fax: (607) 775-9142

☐ **Susquehanna Valley High School**
PO Box 275
Conklin NY 13748
Phone: (607) 775-9115
Fax: (607) 775-9126

Parent/Legal Guardian Signature: _____

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

Susquehanna Valley Central School District
1040 Conklin Rd Conklin NY 13748
PO Box 200 Conklin NY 13748
Telephone: (607) 775-0175

AUTHORIZATION TO RELEASE HEALTH RECORDS

DATE: _____

STUDENT'S NAME: _____ **DOB:** _____

PREVIOUS SCHOOL NAME: _____

ADDRESS: _____

_____

The above named student has registered in the Susquehanna Valley Central School District. Please forward his/her most recent records as soon as possible to the school or department listed on the bottom of the records request.

Please include the following records:

- ☐ **Immunization Records**
- ☐ **Latest Physical**
- ☐ **Health History**
- ☐ **Emergency Information**

Please fax/mail records as soon as possible to the following school:

☐ **Brookside Elementary School**
3849 Saddlemire Rd
Binghamton NY 13903
Phone: (607) 775-7515
Fax: (607) 775-7502

☐ **Donnelly Elementary School**
PO Box 250
Conklin NY 13748
Phone: (607) 775-0176
Fax (607) 821-0199

☐ **Richard T. Stank Middle School**
PO Box 225
Conklin NY 13748
Phone: (607) 775-9136
Fax: (607) 775-9136

☐ **Susquehanna Valley High School**
PO Box 275
Conklin NY 13748
Phone: (607) 775-9119
Fax: (607) 775-9119

Parent/Legal Guardian Signature: _____

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT TRANSPORTATION DEPARMENT

REGULATIONS FOR BUSING TO ALTERNATIVE SITES

**<u>You must submit a new request for alternative transportation every year, even if there are no changes from last year, or your child will be picked up and dropped off to/from the home address on file.</u>

To ensure the safe and proper delivery of each student being transported, the Susquehanna Valley Central School District cannot accommodate daily transportation schedule changes for students.

All changes to transportation pick up and drop off locations must be submitted in writing seven (7) days in advance of the effective date change.

Students assigned to Donnelly Elementary School cannot be transported to a Brookside Elementary School address for an alternate site: Brookside Elementary School students cannot be transported to a Donnelly elementary School address for an alternate site.

If your student has an alternating or rotating schedule, a note must be submitted to your student's school on Monday every week, detailing which locations transportation is requested.

Safety is our top priority! We appreciate your assistance in communicating the individual needs of your family, so we can continue to provide accurate transportation to all of our students.

<u>Changes are subject to bus space availability</u>

Any transportation questions, comments or concerns may be directed to:

Phone: 607-775-9153 / Fax: 607-775-9162

SVCSD Transportation Department
PO Box 200 1040 Conklin Rd
Conklin, NY 13748

SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT
ALTERNATE TRANSPORTATION FORM

SCHOOL (check): ☐ **Donnelly** ☐ **Brookside** ☐ **RTS** ☐ **H.S.**
GRADE: _____

STUDENT NAME:

DATE OF REQUEST:

PARENT NAME:

STUDENT HOME ADDRESS:

PARENT PHONE NUMBER:

PARENT SIGNATURE:

REQUEST FOR: (check) ENTIRE SCHOOL YEAR ☐ **OR** ☐ **TEMPORARY-Date range:**

AM Pick Up

My student will not be picked up at home on these days.
(Place an X in the boxes below for which days an alternate site pick up location is requested)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please pick him/her up at
Alternate Site Address:

Alternate Site Contact Name: Phone #:

Is this person related to your student? If Yes, how: Yes

PM Drop Off

My student will not be dropped off at home on these days.
(Place an X in the boxes below for which days an alternate site drop off location is requested)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please drop him/her off at
Alternate Site Address:

Alternate Site Contact Name: Phone #:

Is this person related to your student? If Yes, how Yes

Return Completed Forms to your student's school, the District Office or Transportation (7) seven days prior to effective date.

TO BE COMPLETED BY TRANSPORTATION DEPARTMENT.		
HOME BUS #	**Alt. AM BUS #**	**Alt. PM BUS #**
AM Pick Up Time:	AM Pick Up Time:	PM Drop Off Time:
PM Drop Off Time:	Days Requested:	Days Requested:
Parent contacted:		

Susquehanna Valley
Central School District

Publicity/Public Information
Opt-Out Form

Please sign and return this form ONLY if you you DO NOT want your child to be photographed or recorded for the district website or other publicity/public information purposes.

I **DECLINE** permission for the Susquehanna Valley CSD to photograph or obtain video and/or audio recordings of my children for publicity/public information purposes, including, but not limited to, the district website, Facebook page, news releases, multi-media presentations, newspaper, radio or television news stories or advertisements.

PLEASE PRINT YOUR NAME: _____

PLEASE PRINT YOUR CHILDREN'S NAMES AND THE SCHOOL THEY ATTEND:

_____

_____

_____

_____

_____ _____

Signature *Date*

Susquehanna Valley Central School District
P.O. Box 200, 1040 Conklin Road, Conklin, NY 13748

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT
COMPUTER USAGE AND INTERNET SAFETY POLICY USER AGREEMENT

STUDENT: _____ **CURRENT GRADE:** _____
Last name, first name (print)

I understand and will abide by the Computer Usage and Internet Safety Policy. I further understand that any violation of the regulations below is prohibited and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken.

User Signature: _____ Date: _____

PARENT OR GUARDIAN
(If the student is under the age of eighteen (18), a parent or guardian must also read and sign this agreement).

As the parent or guardian of this student, I have read the Computer Usage and Internet Safety Policy. I understand that this access is designed for educational purposes. Susquehanna Valley Central School District has taken precautions to eliminate inappropriate material; however, I also recognize it is impossible for the Susquehanna Valley Central School District to restrict and or monitor access to all controversial materials and I will not hold them responsible for materials acquired via the network. Further, I accept full responsibility for supervision if and when my child's use of the school network is not in a school setting. I hereby give permission for my child to have access to the internet through the Susquehanna Valley Central School District's computer networks and for the District to issue an account for my child and certify that the information contained on this form is correct. This acknowledgement shall be continuing and valid throughout the time my child is a student at Susquehanna Valley Central School District.

Parent or Guardian's Name (print): _____

Signature: _____ Date: _____

The Susquehanna Valley Central School District Computer Usage and Internet Safety Policy can be found on the District Website. If you would like a copy of this policy, please contact the District Office.

SUSQUEHANNA VALLEY
CENTRAL SCHOOL DISTRICT

STUDENT HEALTH HISTORY UPDATE

Name:	DOB: Age: Grade:	Gender: ☐M ☐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	☐	☐	
Seen a medical specialist	☐	☐	
Had allergies:	☐	☐	☐food environmental☐insect ☐medication☐other
Been hospitalization	☐	☐	
Had an operation	☐	☐	
Had an injury requiring an Emergency Room visit	☐	☐	
Missed 5 days of school in a row due to illness/injury	☐	☐	
Had a bone/muscle injury	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a convulsion/seizure	☐	☐	
Had a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had a hearing problem or condition	☐	☐	☐ hearing aid ☐cochlear implant
Worn dental bridge, braces or mouthpiece	☐	☐	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

CHECK ALL THAT APPLY TO YOUR CHILD:

- ☐ ADHD
- ☐ Asthma/trouble breathing
- ☐ Autism/Asperger
- ☐ Dental Injuries
- ☐ Diabetes
- ☐ Ear Infections
- ☐ Conditions (ulcer, reflux, IBS)
- ☐ Headaches/migraines
- ☐ Heart Conditions
- ☐ High Blood Pressure
- ☐ Mental Health Condition
- ☐ (Depression, eating disorder, anxiety, OCD, ODD, etc.)
- ☐ Scoliosis
- ☐ Single Organ (☐kidney,☐testicle)
- ☐ Skin Condition
- ☐ Speech Condition
- ☐ Urinary Condition

CURRENT MEDICATIONS	**YES**	**NO**	**Please list name, dose, time(s)**
Given at school	☐	☐	
Taken at home	☐	☐	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	☐	☐	☐ crutches ☐ walker ☐ wheelchair ☐ other:
TREATMENTS	**YES**	**NO**	
During or outside of school	☐	☐	☐ insulin/blood glucose monitoring ☐ inhaler/nebulizer/peak flow monitoring ☐ 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) _____

_____

Parent/Guardian Signature: _____ Date: _____