Oneonta CITY SCHOOL DISTRICT
HOME OF THE YELLOWJACKETS

Dear Prospective Kindergarten Yellowjacket Family,

Welcome to Oneonta City School District!

We have enclosed the Oneonta City School District Kindergarten Registration packet. Parents or legal guardians will need to complete all appropriate forms by **April 15, 2024**.

Hours: Monday-Friday 8:00AM-11:30AM and 1:00PM-3:00PM

- ★ Once completed, please mail or deliver the following documentation to the **District Registrar** located at **31 Center Street, Oneonta, NY 13820** to complete the registration process:
  - Form A - District Registration Form
  - Form B - Student Residency Questionnaire
  - Form C - Home Language Questionnaire
  - Form D - Health History Form
  - Form E - Transportation Survey and Procedures
  - Child's Birth Certificate
  - Child's Immunization Record
  - Child's most recent physical
  - Proof of residency (one of the following):
    - Driver's license, vehicle registration, voter registration, tax return form stating residence, lease agreement or contract/closing documents to purchase a home.
  - Legal written custody agreement, if applicable
  - HIPPA Form – *optional, but recommended*
  - Migrant Questionnaire – *optional*

To register for Kindergarten, a student must be 5 years old by December 1st of the school year.

If you have any questions, please call the District Registrar, Jarrin Hayen at 607-433-8200 Ext. 1330. We look forward to meeting you and your child.

Respectfully,

Coleen M. Moore

Coleen M. Moore
Assistant Superintendent
Of Curriculum and Instruction

CMM/jrh

Oneonta CITY SCHOOL DISTRICT
HOME OF THE YELLOWJACKETS

KINDERGARTEN REGISTRATION

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____

IF YOUR CHILD HAS SIBLINGS CURRENTLY ENROLLED IN THE ONEONTA CITY SCHOOL DISTRICT, PLEASE INDICATE THEIR INFORMATION BELOW.

SIBLING'S NAME: _____

SCHOOL ATTENDING: _____

GRADE: _____

SIBLING'S NAME: _____

SCHOOL ATTENDING: _____

GRADE: _____

SIBLING'S NAME: _____

SCHOOL ATTENDING: _____

GRADE: _____

SIBLING'S NAME: _____

SCHOOL ATTENDING: _____

GRADE: _____

ONEONTA CITY SCHOOL DISTRICT Form A

PLEASE PRINT **REGISTRATION FORM** * PLEASE PRINT*

OFFICE USE ONLY
STUDENT ID# _____ PIN # _____ BLDG _____ SCHOOL YEAR _____
GRADE _____ ENTRY DATE _____ COUNSELOR _____ HRM _____

STUDENT NAME _____ NICKNAME _____
(First) (Middle) (Last) (Jr / Sr / III / IV)

STUDENT MAILING ADDRESS _____
(Street) (City) (State) (Zip Code)

911 ADDRESS _____
(Street) (City) (State) (Zip Code)

HOME PHONE (_____)_____ STUDENT CELL PHONE (_____)_____

BIRTH DATE _____ BIRTHPLACE _____ GENDER ☐ MALE ☐ FEMALE
(MM/DD/YYYY) (City, State, Country)

NAME OF LAST SCHOOL THIS STUDENT ATTENDED (INCLUDING Pre-K, Nursery or Day Care)

_____ _____
(School Name) (City, State)

HAS THIS STUDENT PREVIOUSLY ATTENDED AN ONEONTA CITY SCHOOL DISTRICT BUILDING (including pre-K program)?
☐ NO ☐ YES – indicate building / grade / yr _____

LANGUAGE SPOKEN AT HOME _____

Is this student Hispanic, Latino, or of Spanish Origin? (a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.) ☐NO, not Hispanic ☐YES, Hispanic

Please check (√) one or more races that apply to this student from the following racial groups:

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

PARENT/GUARDIAN INFORMATION	**Guardian #1 (primary contact)**	**Guardian #2 (secondary contact)**
Relationship to student (circle one)	Father Mother Step-parent Grandparent Other (specify) _____	Father Mother Step-parent Grandparent Other (specify) _____
Parent/Guardian Name (first, last)		
Home Phone		
Cell Phone		
Employer		
Work Telephone		
E-mail address		
Address and home phone same as student?	Yes No (if no, complete below)	Yes No (if no, complete below)
Street	_____	_____
City, State, Zip	_____	_____
Active Military?	Yes No	Yes No
National Guard or Reserves?	Yes No	Yes No
Is student living with this parent/guardian?	Yes No	Yes No
Should this parent/guardian receive mailings?	Yes No	Yes No

PLEASE TURN OVER AND COMPLETE BACK OF FORM **REV –2/12/18**

If both parents do not reside in the same household, please answer below and provide documentation of custody agreement.

Custody is: _____ Sole _____ Joint _____ Protection Order

Physical custody with _____ Legal custody with _____

OTHER CHILDREN IN THE FAMILY OR LIVING IN THE RESIDENCE

NAME _____ DOB _____ AT RESIDENCE ___Yes ___ No
(First) (Middle) (Last) (MM/DD/YYYY)

NAME _____ DOB _____ AT RESIDENCE ___Yes ___ No
(First) (Middle) (Last) (MM/DD/YYYY)

NAME _____ DOB _____ AT RESIDENCE ___Yes ___ No
(First) (Middle) (Last) (MM/DD/YYYY)

NAME _____ DOB _____ AT RESIDENCE ___Yes ___ No
(First) (Middle) (Last) (MM/DD/YYYY)

SCHOOL SERVICES

1. DOES THE STUDENT HAVE

AN INDIVIDUALIZED EDUCATION PLAN (IEP)? ___ YES ___ NO

504 PLAN ? ___ YES ___ NO

IF YES, PLEASE EXPLAIN: _____

2. DID THE STUDENT RECEIVE ANY OF THE FOLLOWING? CHECK ALL THAT APPLY:

_____ RESOURCE ROOM
_____ CONSULTANT TEACHER
_____ SPEECH/LANGUAGE SERVICES
_____ OCCUPATIONAL THERAPY
_____ PHYSICAL THERAPY
_____ SELF-CONTAINED CLASS
_____ ACADEMIC INTERVENTION SUPPORT (AIS)
_____ LEARNING CENTER
_____ COUNSELING
_____ OTHER

3. HAS THE STUDENT REPEATED A GRADE? ___ NO ___YES IF YES, WHICH GRADE? _____

FIELD TRIP PERMISSION

I give permission for my child to attend all field trips for the current school year. I understand that I will be informed of any field trips as they occur during the school year.

PERMISSION TO TREAT

In the event of an emergency requiring medical attention I hereby grant permission for treatment to a physician or other hospital personnel designated by the Oneonta City School District. I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken. I also give permission to the Oneonta City School District to share health information about my child with building staff and/or EMS personnel as needed.

Student's Physician_____ Physician's Phone_____

Insurance Coverage_____
(name and group number)

Please list any medical conditions that need emergency care (bee stings, etc.)_____

BRIEF MEDICAL HISTORY

Contact Lenses YES _____ NO _____ Allergies_____

Medications_____

Emergency Contact #1_____
Name Relationship Address Phone Number

Emergency Contact #2_____
Name Relationship Address Phone Number

Emergency Contact #3_____
Name Relationship Address Phone Number

I certify that all of the information on this registration form is true.

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

Signature of School Official who registered child _____ **Date** _____

Form B

ONEONTA CITY SCHOOL DISTRICT

Student Residency Questionnaire

Name of School _____

Name of Student _____ Sex:____Male_____Female

Birth Date_____/_____/_____ Age: _____

Month Day Year

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help to determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No

2. Is this temporary living arrangement due to loss of housing or economic hardship?_____Yes _____No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, stop and sign on the line below.

Where is the student presently living? (Check one box)

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

Name of Parent(s)/Legal Guardian(s)

_____.

Address _____

(House #) (Street) (City) (State) (Zip)

Phone Number: _____

(Primary Number) (Cell Phone)

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian:_____Date: _____

FOR OFFICE USE ONLY

Please send a copy of this form to the Business Office, or fax to: (607) 433-8290.

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ _____

(Date) (McKinney-Vento Liaison Signature)

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

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: *Month* *Day* *Year*

GENDER: ❑ Male ❑ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to Student*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ 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?	❑ Mother _____ *specify*	❑ Father _____ *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:
District Name (Number) & School *Address*

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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

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

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

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

10b. **If referred for an evaluation,* has your child ever ***received*** any special education services in the past?
❑ No ❑ Yes – Type of services received: _____

Age at which services received *(Please check all that apply):*
❑ Birth to 3 years (Early Intervention) ❑ 3 to 5 years (Special Education) ❑ 6 years or older (Special Education)

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

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

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

_____ 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: ❑ 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:

Oneonta City School District

STUDENT HEALTH HISTORY

Name:	DOB: Age: Grade:	Sex: ☐M ☐F 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/has allergies:	☐	☐	☐food ☐environmental ☐insect ☐medication ☐other
Been hospitalized	☐	☐	
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/has a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had/has a hearing problem or condition/ infections	☐	☐	☐ hearing aid ☐ cochlear implant
Dental injury, 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: (EXPLAIN BELOW)

☐ ADHD/ADD
☐ Asthma/trouble breathing
☐ Autism/Asperger
☐ Developmental disability
☐ Diabetes
☐ GI Conditions (ulcer, reflux, IBS)
☐ Headaches/migraines
☐ Heart Conditions
☐ High Blood Pressure
☐ Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)
☐ Neuromuscular disorder
☐ Scoliosis
☐ Seizure disorder
☐ Single Organ (☐kidney, ☐testicle)
☐ Skin Condition
☐ Speech Condition
☐ Urinary Condition

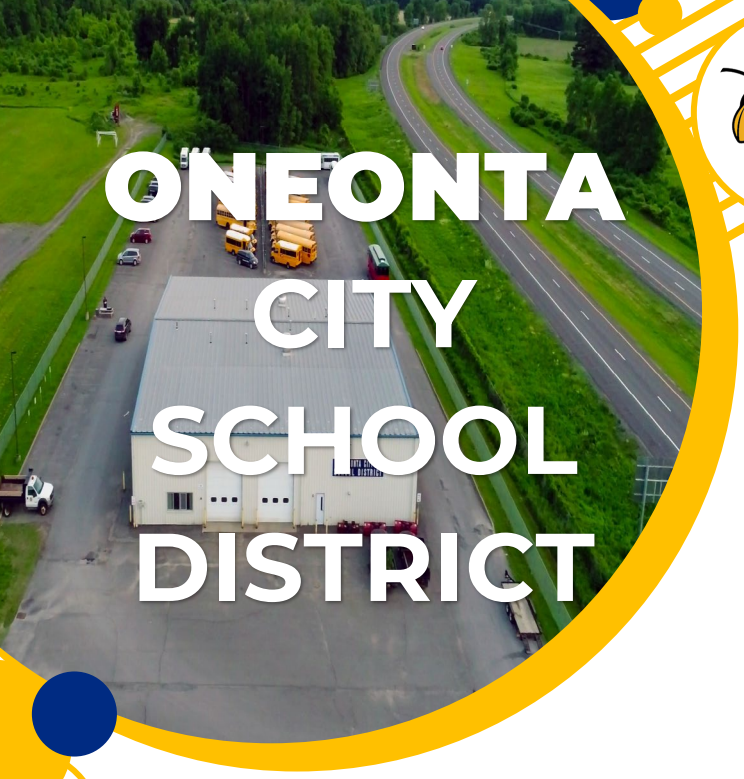
Please list any additional concerns: (use back of sheet if necessary) _____

_____

Is there any condition that would prevent your child from participating in physical education or sports?
☐ No ☐ Yes: _____ *must provide documentation from provider

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

Parent/Guardian Signature: _____ Date: _____



ONEONTA CITY SCHOOL DISTRICT

TRANSPORTATION
QUESTIONS AND ANSWERS

How is eligible transportation determined?

The Oneonta City School District Board of Education has established the following criteria regarding transportation eligibility as described in of the Oneonta City School District Policy Manual: "The Board of Education will provide transportation from Home to School and School to Home. Students in Kindergarten through Grade 8 living .8 miles or more and students in Grades 9 through 12 living 1.5 miles or more from the school which they attend, will be eligible for transportation. Distance will be measured following the nearest available roadway, from the school building property line to the residence property line."

What if my child leaves an item on the school bus?

The Oneonta City School District is not responsible for items left or lost on the school bus. As part of a post-check, a driver occasionally finds items on the bus and brings them either to the bus terminal office or back to the school's main office from where the passengers were transported. In any case, please call the OCSD transportation terminal at (607)433-8205 should your child be missing an item.

What do I need to do if I need my child to be transported somewhere else besides home?

The driver is not allowed to pick up or drop off from an address, not on record. While the District recognizes that emergencies occur, for the safety of your child, we cannot accept phone calls to change established transportation services. In addition, The Oneonta City School District Board of Education Policy is very clear that transportation of eligible students is from: "Home to School and School to Home."

Oneonta CITY SCHOOL DISTRICT

"TRANSPORTING OUR FUTURE"

Do students have to wear seat belts while on OCSD transportation?

School buses are required to have belts, but kids are not required to wear them unless the BOE adopts a district policy (N.Y. Educ. 3635-a (1).

What if I relocate from one OCSD address to another?

All parents/guardians should notify their child's school of any changes to address or telephone numbers. However, if you relocate within the OCSD and will continue to need transportation for your child AND you are still outside of the Board established walking distance, please let the person at your child's school know that you have a different address AND that your child will need transportation from the new residence. That person will make the necessary changes as well as notify the Bus Terminal Manager of the transportation change as well. PLEASE NOTE: At the elementary level, relocation within the OCSD may require/result in a change of schools should transportation continue to be needed. **Please allow 48 hours of processing time for the transportation changes to take effect.**

Who should I call if the bus does not arrive on time?

1. If applicable, refer to the Bus Tracker App to determine the location of the bus.
2. In the event your bus does not arrive as scheduled, please allow 15 minutes before you call the OCSD transportation terminal at (607) 433-8205. In the event that you do not reach anyone at the bus terminal, please call your child's school:

GP - (607) 433-8272

RS - (607) 433-8273

VV - (607) 433-8252

OMS - (607) 433-8262

OHS - (607) 433-8243

What do I need to do to arrange transportation?

If your child is a returning student in the OCSD, is transportation eligible, and was bused in the previous school year, there is nothing more that you need to do. If your child is now in the OCSD, you should have received a "Transportation Survey and Procedure for a Medical Emergency while being Transported" form in your registration packet. Please complete and return with the packet contents.

What transportation is provided for students with special needs?

Transportation requirements for students with special needs are dictated by their IEP (Individualized Education Plan). The Committee on Special Education reviews this plan yearly, and appropriate transportation is determined. The Transportation Department must adhere to the transportation requirements set forth in the IEP. If a parent feels transportation does not fit the child's needs, the parent must go before the Committee on Special Education to request a change to the IEP.

Is there a bus monitor/ attendant on every bus?

No. Bus monitors are assigned based on specified needs as determined by an Individualized Education Plan or by behavior. Otherwise, there is no New York State requirement that bus monitors be placed on our buses.

Oneonta CITY SCHOOL DISTRICT
HOME OF THE YELLOWJACKETS

TRANSPORTATION SURVEY AND PROCEDURES FOR A MEDICAL EMERGENCY WHILE BEING TRANSPORTED

Dear Parent/Guardian,

In an attempt to better serve your child in the event of a medical emergency while on school transportation and to establish the most efficient bus routes possible, we would like to ask that you complete the form below and return it with the completed registration packet. **If your child is at a greater risk for a medical emergency (existing medical condition) while being transported, complete all sections of this form.**

Section 1:

Name of Student: _____
FIRST M.I. LAST

Address if Student: _____

School: ☐ Greater Plains ☐ Riverside ☐ Valleyview ☐ Middle School ☐ High School

Please mark the appropriate transportation need for your student:

1. ☐ My child will **NOT** need bus transportation to and from school.
2. ☐ My child **WILL** need bus transportation to and from school and they do **NOT** have a medical condition that the bus driver should be aware of.
3. ☐ My child **WILL** need bus transportation to and from school and they **DO** have a medical condition that the bus driver should be aware of.

(IF #1 ABOVE IS CHECKED, PLEASE SIGN AND RETURN. IF #2 ABOVE IS CHECKED PLEASE COMPLETE SECTIONS 2 AND 4. IF #3 ABOVE IS CHECKED PLEASE COMPLETE THE REST OF THIS FORM.)

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

Section 2:

EMERGENCY TELEPHONE NUMBERS

(SOMEONE MUST BE PRESENT AT ONE OF THE NUMBERS LISTED BELOW DURING THE TIME OF TRANSPORTATION TO AND FORM HOME IF APPLICABLE.)

Parent/Guardian Phone Number(s):

_____ _____ _____
NAME HOME CELL

NAME	HOME	CELL
NAME	HOME	CELL

Section 3: Complete only if there are special concerns relative to your child's health.

A. **Child's Medical Condition:**

B. **What might the driver/monitor observe in the event of a medical concern/emergency with your child on the bus/van?**

C. **Protocol: In the event of a medical emergency occurring on school transportation, 9-1-1 will be contacted immediately. Durham School Services will contact you and/or your child's home school as quickly as possible. As such, it is imperative that you include emergency contact numbers. <u>It is also extremely important to contact your child's home school if the emergency information that you have provided changes.</u> Durham drivers and monitors do not render first aid and therefore must have accurate contact information in the event that 9-1-1 needs to be contacted.**

Section 4:

<u>ADDITIONAL EMERGENCY TELEPHONE NUMBERS</u>

(PLEASE ADD ANY ADDITIONAL CONTACT THAT YOU WOULD WISH CONTACTED SHOULD WE NOT BE ABLE TO REACH ANY OF THOSE LISTED IN SECTION 2.)

NAME	HOME	CELL
NAME	HOME	CELL
NAME	HOME	CELL
NAME	HOME	CELL

I give my permission to distribute a copy of this completed form to the Durham School Services personnel.

SIGNATURE OF PARENT/GUARDIAN	DATE

Oneonta CITY SCHOOL DISTRICT
HOME OF THE YELLOWJACKETS

HOME/SCHOOL COMPACT FOR LEARNING

The Oneonta City School District is committed to a strong home-school partnership. These compact outlines how the school, parents and students will share the responsibility for academic success.

Oneonta City School District Responsibilities:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment which will enable all students to meet loc al and State performance standards.
- Maintain open communication and reasonable access through: parent-teacher conferences, reports to parents on their child' s progress, and opportunities for parents to volunteer and participate in, and observe their child 's classroom activities.
- Ensure that information relating to school and parental activities is sent to parents in a format and to the extent practicable, in a language the parents can understand.
- Provide an annual meeting for parents of children participating in Title I programs to inform them of the school's educational programs and of their right to be involved.
- Offer meetings at a variety of times in order to help parents become more involved. Home visits may be arranged for parents who cannot attend a regular school meeting.
- Involve parents in evaluating and improving the educational plan of the school and the parental involvement policy.
- Provide materials, resources and strategies, such as literacy training and the use of technology, to help parents work with their children at home.

Parent Responsibilities:

- Participate in my child 's education by taking part in the life of the school to the best of my ability.
- Support my child's learning by monitoring attendance at school, homework completion, and free time.
- Stay informed about my child's education by promptly reading all notices received from the school or school district, and responding appropriately.
- Read to and/or with my child on a daily basis.
- Attend school meetings, conferences and programs whenever possible.
- Share the responsibility for improved student achievement.
- Communicate my child's educational needs to the school.
- Ask for information or strategies to use at home that will help my child be more successful at school.
- Attend parent workshops on child development as appropriate to my family's needs.

Student Responsibilities:

- Respect myself, all others and school property.
- Attend school every day, on time and ready to learn.
- Complete and return all homework assignments on time.
- Give all information received at school each day to my parents/guardians.
- Ask for help when I need it – at school and at home.
- Be responsible for my own behavior and choices by obeying school and classroom rules.

ONEONTA CITY SCHOOL DISTRICT
SPECIAL EDUCATION OFFICE
31 Center St., Room 217
Oneonta, New York 13820
607-433-8225 / 607-433-3642 fax

Education Law amendment now requires parents to be notified of their rights to a referral and evaluation of their child

(2/8/15) Section 4402 of the Education Law has been amended by adding a new subdivision, effective July 1, 2015, requiring public schools to notify every parent of their rights regarding referral and evaluation of their child for the purposes of special education services or programs upon their child's enrollment in public school.

This amendment requires school districts to notify every parent or person in parental relation of their rights regarding the referral and evaluation of their child for the purposes of special education services or programs. This notification shall be provided to the parents of all students in the district (with and without disabilities) upon their child's entry into public school.

This field advisory (PDF) provides information on this change which includes the legal citation(s), a summary of the changes, an effective date, and the corresponding statutory language. The requirement has been included in A Parent's Guide to Special Education in NYS (PDF) located on the NYSED website.

Your request for an evaluation can be sent to:

Attn: CSE Chairperson
31 Center Street
Oneonta, NY 13820

or the Principal of your child's school of attendance.

Oneonta CITY SCHOOL DISTRICT
HOME OF THE YELLOWJACKETS
www.oneontacsd.org

Authorization for Release of Student Information Pursuant with HIPAA

Student Name	M.I.	Date of Birth _ _/ _ _/ _ _ _ _
Student Complete Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE**, **MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 8(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 8(b), I specifically authorize release of such information to the person(s) indicated in Item 7.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED BELOW.**

7. Name and address of health provider(s) or entity(ies) to exchange information with Oneonta City School District, 31 Center Street, Oneonta NY 13820

1._____

2._____

3._____

4._____

Oneonta CITY SCHOOL DISTRICT
HOME OF THE YELLOWJACKETS
www.oneontacsd.org

8. (a) Specific information to be released and/received:

____Medical Information

____Educational Records

____Any relevant information to assist with educational planning

Include:

____Alcohol/Drug Treatment

____Mental Health Information (Initials _____)

____HIV-Related Information

____Other _____

8.(b) Authorization to Discuss Health and/or relevant information:

By initialing here (initial)_____ I authorize the above health providers and/or entities to discuss my health information with the Oneonta City School District

9. Reason for release of information:	**10. Date or event on which this authorization will expire:**
____Assessment and coordination of services for educational planning ____At the request of individual ____At the request of OCSD	Upon High School Graduation, transfer to another district, or at the request of the parent/guardian

All items on this form have been completed and my questions about this form answered. In addition, I will be provided a copy of this form.

Signature of individual or representative **Authority as Representative** **Date**

Survey:
Is anyone in your family eligible for Migrant Education Services?

☐ Has anyone in your family moved from one school district to another school district within the past three (3) years?

☐ Has anyone in your family worked, or looked for work in agriculture or farm work, logging or food processing?

For example:

Dairy Hay Poultry
Fruit or vegetable crops
Nursery/greenhouse
Timber growing
Timber harvesting
Packing apples or vegetables
Fish Farming

If your answer is "YES", then your family may be eligible for these free services.

Please provide your contact information below if you want a recruiter to visit you to find out if your family qualifies:

Parent/Guardian Name:_____

_____

Child(ren)'s Name(s):_____

_____

Address:_____

_____

_____

Phone:_____

The Cortland Migrant Education Outreach Program

is a federally funded program that provides a variety of services to families who have changed school districts and have worked in agriculture. This program is free to all eligible families.

Migrant Education Services *include eligibility for free lunch, tutoring, assistance with medical expenses and special activities all year round.*

If you have any questions please contact the Cortland Migrant Education Outreach Program

B-105 Van Hoesen Hall
SUNY at Cortland, PO Box 2000
Cortland, New York 13045
Phone: (607) 753-4706
Toll Free: (877) 717-1945
Fax: (607) 753-4822

Or visit the Cortland MEOP website at www.cortland.edu/meop

Encuesta:
Hay alguien en su familia elegible para Servicios de Educación Migrante?

☐ Se ha movido alguien en su familia de un distrito escolar a otro distrito dentro de los pasados tres (3) años?

☐ Alguien en su familia ha trabajado o buscado trabajo en agricultura o en una granja, tala de árboles o procesadora de alimentos?

Por ejemplo:

Lechería Heno Avicultura
Cosechas de frutas y vegetales
Vivero/Invernadero
Crecimiento de Madera
Extracción de Madera
Empaque de manzanas o vegetales
Piscicultura

Si su respuesta es "SI", entonces su familia puede ser elegible para estos servicios gratis.

Por favor provea su información de contacto abajo si usted quiere que un reclutador lo visite para saber si su familia califica:

Padre/Guardián
Nombre:_____

_____

Niño(s)
Nombre(s):_____

_____

Dirección:_____

_____

_____

Teléfono:_____

El Programa de Educación Migrante de Cortland

Es un programa presupuestado federalmente que provee una variedad de servicios a las familias que han cambiado de distritos escolares y han trabajado en agricultura. Este programa es gratis para todas las familias elegibles.

Los Servicios de Educación Migrante *incluyen elegibilidad para almuerzo gratis, tutoría, asistencia con gastos médicos y actividades especiales todo el año.*

Si usted tiene algunas preguntas por favor contacte El Programa de Educación Migrante de Cortland

B-105 Van Hoesen Hall
SUNY en Cortland, PO Box 2000
Cortland, New York 13045
Teléfono: (607) 753-4706
Teléfono gratis: (877) 717-1945
Fax: (607) 753-4822

O visite la página de internet del MEOP de Cortland
www.cortland.edu/meop