



# DOLGEVILLE CENTRAL SCHOOL

38 Slawson Street, Dolgeville, NY 13329

Phone: 315-429-3155 Fax: 315-429-8473 www.dolgeville.org

*Sending Students into the World Well Prepared*

## AUTHORIZATION TO RELEASE INFORMATION TO DOLGEVILLE CENTRAL SCHOOL

- Scott Hongo II**  
President  
Board of Education
- Theresa Prestigiacom**  
Vice President  
Board of Education
- Julie Izzo**  
Board of Education
- Marie Huddleston**  
Board of Education
- Robert Maxwell**  
Board of Education
- James Schmid**  
Board of Education
- Jennifer Williams**  
Board of Education
- Lynn Rhone**  
Superintendent  
315.429.3155 x. 3500
- Jessica Radley**  
Business Administrator  
315.429.3155 x. 3002
- Ruth Leavitt**  
7-12 Principal  
315.429.3155 x. 2701
- Crystal Chrisman**  
PreK-6 Principal  
315.429.3155 x. 1701
- Michelle Primeau**  
Principal of Spec. Ed.  
315.429.3155 x. 2803
- Daniel Guenthner**  
HS Guidance Counselor  
315.429.3155 x. 2802
- Mirella Pazzaglia**  
MS Guidance Counselor  
315.429.3155 x. 2801
- Linda Hemmerich**  
PreK-6 Nurse  
315.429.3155 x. 1601
- Bethany Straney**  
7-12 School Nurse  
315.429.3155 x. 2601
- Joseph Stack**  
Busing Coordinator  
315.429.9388

I hereby authorize \_\_\_\_\_ to release the information  
(Previous School District)

In the file of my son/daughter, \_\_\_\_\_ who is now enrolled in  
(Student)

in Dolgeville Central School. Please sent the entire contents to Mirella Pazzaglia (Counselor for Grades 5-8) or Daniel Guenthner (Counselor for Grades 9-12). Please include all academic, social, medical, IEP and psychiatric records, so that we can develop a meaningful education program for this student.

I release the \_\_\_\_\_ from all legal responsibility and  
(Previous School District)

liability that may arise from the act I have hereby authorized. I understand the receiving agency will maintain the confidentiality of the information.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Parent or Legal Guardian)

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**DOLGEVILLE CENTRAL SCHOOL**

**ENTRANCE FORM**

(Please Print)

Child's Name \_\_\_\_\_ New \_\_\_\_\_ Re-enter \_\_\_\_\_  
Last First Middle Grade entering \_\_\_\_\_ M  F

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
city/state

Father: \_\_\_\_\_ Employer/Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Employer/Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child resides with: \_\_\_\_\_ Relationship: \_\_\_\_\_

**In the event the child does not reside with both parents, proof of custody is required.**

Email: \_\_\_\_\_

If we cannot reach you by phone, whom may we call? (a local person or relative who will assume responsibility for your child)

Name/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

	Name	Last (if different)	Grade	DOB	
Brothers and sisters in district:	_____	_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
	_____	_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>
	_____	_____	_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>

Previous School(s)

Name	Address	Phone	Dates:
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Name	Address	Phone	Dates:
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Grades repeated: \_\_\_\_\_ Does the student have an IEP? (individual education program) \_\_\_\_\_

Does the student receive remedial reading/math instruction? \_\_\_\_\_

Does the student have any physical, emotional, or intellectual disabilities that the school should be aware of?  
\_\_\_\_\_

Is the student in Chorus \_\_\_\_\_ Band \_\_\_\_\_ If yes, what instrument \_\_\_\_\_

I certify that the above student has had polio, diphtheria (DPT), measles, rubella, and mumps vaccines.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOLGEVILLE CENTRAL SCHOOL  
OFFICE OF TRANSPORTATION SERVICES**

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**NEW STUDENT BUS DATA FORM**

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Local ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address Mail Street: \_\_\_\_\_

911 Location if different from mail street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate person to contact: \_\_\_\_\_

Phone: \_\_\_\_\_

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Check one:  Student will ride a bus to and from HOME.

Student will ride a bus from alternate location.

Please indicate location

\_\_\_\_\_

Student will NOT ride a bus.

**FAX TO: 315-429-8791**

**DOLGEVILLE CENTRAL SCHOOL  
NATIVE LANGUAGE SURVEY**

<b>Student's Name:</b>	<b>Grade:</b>
<b>Mother's Name:</b>	<b>Home Phone Number:</b>
<b>Father's Name:</b>	<b>Cell Phone Number:</b>
<b>Address:</b>	<b>Mother's Work Phone Number:</b>
<b>Child's Date of Birth:</b>	<b>Father's Work Phone Number:</b>
<b>Today's Date:</b>	<b>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</b>

1. What language is spoken **at home**? Please be specific \_\_\_\_\_
2. What **country** do you and/or your child come from? \_\_\_\_\_
3. Was your child born in the United States? Yes No  
If not, in what country was your child born? \_\_\_\_\_
4. Does your **child speak English**? Yes, fluently Yes, a little No, not at all
5. Do you - **parent(s)/guardian(s) - speak English**? Yes, fluently Yes, a little No, not at all

**If answers to both questions 4 and 5 are "Yes, fluently", it is not necessary to complete the rest of the survey. If answers to either question 4 or 5 are "Yes, a little" or "No, not at all", please complete the rest of the survey.**

6. Has the child attended an **English-speaking PreK program**? Yes No If yes, how many years? \_\_\_\_\_
7. Has the child attended **English-speaking classes** outside of the United States? Yes No If yes, how many years? \_\_\_\_\_
8. Has the child attended an **English-speaking school in the United States** before coming to Dolgeville? Yes No If yes, how many years? \_\_\_\_\_
9. Was your child in an **ESL and/or Bilingual Program before**? ESL Bilingual Both Neither
10. **How many years** was the child in an ESL and/or bilingual program? \_\_\_\_\_
11. Name of **last school attended**. \_\_\_\_\_
12. Did your child **formally test out** of an ESL or bilingual program? Yes No
13. Do you - parent(s)/guardian(s) require a translator? Yes No  
If yes, what language must the translator be able to speak? Please be specific. \_\_\_\_\_
14. Do you - parent(s)/guardian(s) require materials written in your native language? Yes No
- ◆ This survey was completed by the parent(s)/guardian(s) enrolling the child. Yes No
- ◆ This survey was read to and completed by another person. Yes No  
If yes, what is the name of the person reading and completing the form? \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

### Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

### Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

### Confidentiality

**Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met.** To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

**However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.**

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

### Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

### **If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire**

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

### **Completing the Form**

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

### **Definitions of Temporary Housing Arrangements**

*"With another family or other person" (also referred to as "doubled-up")*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

*"Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

*"In permanent housing"*

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

### **Next Steps for LEAs with Students Living in Temporary Housing Arrangements**

**If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form.** If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: [http://nche.ed.gov/downloads/briefs/det\\_elig.pdf](http://nche.ed.gov/downloads/briefs/det_elig.pdf).

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

**DOLGEVILLE CENTRAL SCHOOL**  
**38 Slawson Street**  
**Dolgeville, NY 13329**

**ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE**

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_\_  
 Female                      *Month Day Year*                      *(preschool-12)*                      *(optional)*

Address: \_\_\_\_\_                      Phone: \_\_\_\_\_

**The answer you give below 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, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

**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): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
**Print name** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

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

\_\_\_\_\_  
**Date**

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

**DOLGEVILLE CENTRAL SCHOOL HEALTH OFFICE**  
**Bethany Straney RN**  
**High School Nurse**  
**38 Slawson St. Dolgeville, NY 13329**  
**Phone: 315-429-3155 ext. 2600 | Fax: 315-429-8473**  
**Email: bstraney@dolgeville.org**

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Dear Parents and Guardians:

Attached is important Health Officer paperwork for the upcoming school year.

**EMERGENCY SHEETS**

The Emergency Sheet must be completed by ALL students and brought to school on the first day. (Please note that seniors who do not return the Emergency Sheet on the first day will not be allowed to attend the opening day picnic.)

You are also receiving paperwork that allows your child to take his/her medication in school, if necessary. You are receiving this information prior to the opening of school so that you will be able to have the attached paperwork filled out by your child's Health Care Provider. It is your responsibility as a parent/guardian to make sure that this paperwork is completed and submitted to the Health Office on or before the first day of school.

**MEDICATIONS TO BE ADMINISTERED BY HEALTH OFFICE PERSONNEL**

A parent/guardian and the child's health care provider must complete the attached form: "Parent and Prescriber's Authorization for Administration of Medication in School". Return the form to the health office with the medication that has to be administered.

**MEDICATIONS TO BE CARRIED AND ADMINISTERED BY THE STUDENT**

A parent/guardian and the child's health care provider must complete the attached form: "Self-Carry Release Form for Students to Carry Medication". Return the form to the health office.

**SPECIFIC GUIDELINES FOR MEDICATIONS IN SCHOOL**

- Any medication taken orally must be brought to school in a properly labeled prescription bottle.
- EpiPens must be in the ORIGINAL BOX with the PRESCRIPTION LABEL on the box.
- For Diabetics:
  - Any and all insulin must be in its TRIGEMINAL CONTAINER with PRESCRIPTION LABEL on it.
  - All glucagon pens must be provided and PROPERLY LABELED.
  - Orders from the doctor with permission to test blood sugar, carry supplies, and have a snack should be included.
  - Juice and snacks should be provided by the parents.

Completed forms may be faxed to the attention of the Health Office at 315-429-8473.

Thank you!

**DOLGEVILLE CENTRAL SCHOOL HEALTH OFFICE**  
**Bethany Straney RN**  
**High School Nurse**  
**38 Slawson St. Dolgeville, NY 13329**  
**Phone: 315-429-3155 ext. 2600 | Fax: 315-429-8473**  
**Email: bstraney@dolgeville.org**

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Dear Parents and Guardians:

As of July 1, 2018 New York State law made changes which now require a health examination for all students **entering the school district for the first time and when entering Pre-K or K, 1st, 3rd, 5th, 7th, 9th, and 11th grade.**

The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner and on the approved NYSED Student Health Examination Form for School.

A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time.

- A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school, and when your child starts K, 1st, 3rd, 5th, 7th, 9th, and 11th grades. If a copy is not given to the school within 30 days, the school will contact you.
- If your child has an appointment for an exam during the school year that is after the first 30 days of school, please notify the Health Office with the date.
- For your convenience, a physical exam form and dental certificate for your health care providers is enclosed.
- Communication between private and school health staff is important for safe and effective care at school. Your health care provider may not share health information with school health staff without your signed permission. Please talk to your provider about signing their consent form for the school at the time of your child's appointment for the examination.

We suggest you make copies of the completed forms for your own records before sending them to the school health office. Forms may also be faxed to 315-429-8473.

Thank you in advance for your help and cooperation.

**DOLGEVILLE CENTRAL SCHOOL HEALTH OFFICE**  
**Bethany Straney RN**  
**High School Nurse**  
**38 Slawson St. Dolgeville, NY 13329**  
**Phone: 315-429-3155 ext. 2600 | Fax: 315-429-8473**  
**Email: bstraney@dolgeville.org**

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**MEDICATION DELIVERY INFORMATION FOR PARENTS**

Dear Parents and Guardians:

Health care provider and parent permission is needed for all prescription and over the counter (OTC) medications used at school or school-sponsored activities. New forms must be signed every year by a health care provider and parent/guardian.

- Parents/guardians are responsible for having medications delivered to the school in a properly labeled original container by an adult, unless the student has a health care provider attestation (see below) to carry and use their medication independently on file in the nurse's office.
- Please bring all medication directly to the school health office in September.
- If your child's health care provider decides your child can carry and use their diabetes, asthma or epinephrine auto-injector medication independently and you wish them to do so, they must put in writing (attest) that your child can do so safely. We have a form they can use to provide this information if they wish.
- Please ask the pharmacist to give you a **second labeled container for prescription medications** so we can send this bottle on field trips.
- Sending **small containers of any OTC medications** makes it easier to send the correct amount needed on field trips and comply with New York State laws pertaining to medication storage.

Medication forms are enclosed. If you need additional forms, they may be obtained from the School Nurse's Office. Your physician may also use their own form if desired.

If you need to make special arrangements to drop off medication, please call in late August to make these arrangements before the start of the school year.

Thank you in advance for your cooperation.

Print Last Name

Print First Name

**DOLGEVILLE CENTRAL SCHOOL  
STUDENT EMERGENCY INFORMATION SHEET**

Date: \_\_\_\_\_

Please complete one form for each student in grades 7-12.

Student's Name	Birth Date	Grade

\*\*\*\*\*

Name of parent/guardians with whom the student currently live	
Complete address of residence (street name and number)	
Mailing address, if different from physical address (P.O. Box)	
Complete Home Telephone Number	
Complete Cell Phone Number and Name of Cell Phone User	
Complete E-Mail Address and Name of Account Holder	

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**IN CASE OF AN ACCIDENT, SUDDEN ILLNESS, OR OTHER EMERGENCY CONCERNING YOUR CHILD, AND YOU CANNOT BE REACHED AT YOUR HOME, WE WILL CALL YOUR PLACE OF EMPLOYMENT LISTED BELOW:**

	Mother/Guardian	Father/Guardian
Name		
Place of Employment		
Address of Employment		
Supervisor's Name		
Complete Phone #		
Complete Cell Phone #		

\*\*\*\*\*

**IN AN EMERGENCY, WE WILL ALWAYS ATTEMPT TO CONTACT PARENTS FIRST.** However, if we cannot contact you, we will try to reach one of the persons listed below. These persons must have a telephone number, must be able to pick up your child from school, and must be willing and able to assume temporary care of your child until you can be reached.

	Emergency Contact One	Emergency Contact Two
Name		
Complete Address		
Daytime Phone Number		
Relationship to Child		

**- - - PLEASE TURN OVER AND COMPLETE THE OTHER SIDE - - -**

Print Last Name

Print First Name

**HEALTH INFORMATION:**

**My child has/have the following medical conditions which require special handling in an emergency:**

<b>Child's Name</b>	
<b>Allergies and Any Allergy Medications Taken</b>	
<b>Medical Condition and Any Medications Taken for the Condition</b>	
<b>Name, Address, and Phone Number of Child's Doctor</b>	
<b>Name, Address, and Phone Number of Child's Dentist</b>	

I, the undersigned, do hereby authorize officials of the Dolgeville Central School District to contact directly the persons named on this information sheet, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health and safety of said child(ren). In the event parents, physicians, or other emergency contacts named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child(ren).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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To help us communicate with your child's brothers/sisters in our school (for example, to send home work or other information if your child is absent, or to help us contact family members in the event of an emergency), please complete the chart below. Please include names of brothers/sisters in Head Start, BOCES Pre-K, Elementary School, Middle School, and High School.

<b>Name of Brother/Sister</b>	<b>Grade (Head Start, BOCES PreK, or Grades K-12)</b>

**IT IS VERY IMPORTANT THAT YOU SUPPLY DOLGEVILLE CENTRAL SCHOOL WITH ALL THE ABOVE INFORMATION SO THAT WE MAY TOGETHER INSURE THAT YOUR CHILD STAYS SAFE AND HEALTHY. PLEASE READ THIS FORM OVER AND MAKE SURE THERE ARE NO BLANKS. ALSO, IF ANY INFORMATION ON THIS FORM CHANGES DURING THE YEAR, PLEASE CONTACT US WITH NEW INFORMATION.**

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**

**TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**

**Note:** 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 Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Anaphylaxis Care Plan Attached <input type="checkbox"/> Environmental
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<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
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<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
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<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
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**Risk Factors for Diabetes or Pre-Diabetes:**  
*Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.*

**BMI** \_\_\_\_\_ kg/m2 **Percentile (Weight Status Category):**  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

**Hyperlipidemia:**  No  Yes      **Hypertension:**  No  Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

Height:	Weight:	BP:	Pulse:	Respirations:
<b>TESTS</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Other Pertinent Medical Concerns</b>
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 10$ $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

**System Review and Exam Entirely Normal**

**Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities**

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:	DOB:
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**SCREENINGS**

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		

**Recommendations:**
**RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**

**Full Activity** without restrictions including Physical Education and Athletics.

**Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

**No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

**No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

**Other Restrictions:**

**Developmental Stage for Athletic Placement Process ONLY**  
 Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports  
 Student is at **Tanner Stage:**  I  II  III  IV  V

**Accommodations:** Use additional space below to explain

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:

\*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: \_\_\_\_\_

**MEDICATIONS**

**Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

**IMMUNIZATIONS**

Record Attached  Reported in NYSIIS Received Today:  Yes  No

**HEALTH CARE PROVIDER**

Medical Provider Signature:	<b>Date:</b>
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

**Please Return This Form To Your Child’s School When Entirely Completed.**

**DOLGEVILLE CENTRAL SCHOOL HEALTH OFFICE**  
**Bethany Straney RN**  
**High School Nurse**  
**38 Slawson St. Dolgeville, NY 13329**  
**Phone: 315-429-3155 ext. 2600 | Fax: 315-429-8473**  
**Email: bstraney@dolgeville.org**

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**PROVIDER AND PARENT PERMISSION TO ADMINISTER MEDICATION  
AT SCHOOL/SCHOOL SPONSORED EVENTS**

**To Be Completed By Parent**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ School: \_\_\_\_\_

I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications; trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff caring for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Where We Can Reach You  Check if Cell

**To Be Completed By Health Care Provider - Valid for 1 Year**

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time(s): \_\_\_\_\_

Recommendations: \_\_\_\_\_ ICD Code: \_\_\_\_\_

**Note:** Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

**Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)**

NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

\_\_\_\_\_  
Name/Title of Prescriber (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Stamp

**DOLGEVILLE CENTRAL SCHOOL HEALTH OFFICE**  
**Bethany Straney RN**  
**High School Nurse**  
**38 Slawson St. Dolgeville, NY 13329**  
**Phone: 315-429-3155 ext. 2600 | Fax: 315-429-8473**  
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**PROVIDER ATTESTATION AND PARENT PERMISSIONS  
REQUIRED FOR INDEPENDENT MEDICATION CARRY AND USE**

**Directions for the Health Care Provider:** This form may be used as an addendum to a medication order which does not contain the required diagnosis and attestation for a student to independently carry and use their medication as required by NYS law. A **provider order** and **parent/guardian permission** are needed in order for a student to carry and use medications that require rapid administration to prevent negative health outcomes. These medications should be identified by checking the appropriate boxes below.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Health Care Provider Permission for Independent Use and Carry**

I attest that this student has demonstrated to me that he or she can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This student is diagnosed with:

- Allergy and requires Epinephrine Auto-injector
- Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- \_\_\_\_\_ which requires rapid administration of \_\_\_\_\_  
(State Diagnosis) (Medication Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Permission for Independent Use and Carry**

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DOLGEVILLE CENTRAL SCHOOL

## DENTAL HEALTH CERTIFICATE

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. 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:     /     /       
Month   Day   Year     Sex:  Male      Female     Will this be your child's first oral health assessment?    Yes    No

School: Name \_\_\_\_\_ 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**

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*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 ½ 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.

**DOLGEVILLE CENTRAL SCHOOL  
STUDENT HEALTH HISTORY UPDATE**

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

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

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) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DOLGEVILLE CENTRAL SCHOOL

## POLICY FOR ACCEPTABLE USE OF DISTRICT TECHNOLOGY

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### GOALS OF TECHNOLOGY ACCESS

Students of Dolgeville Central School District have access at school to electronic telecommunications and District owned/provided hardware and software. The primary educational goals of this access are increasing the accessibility of information, improving communication, increasing the integration of technology into teaching and learning, and preparing students for full participation and citizenship in a technology dependent world.

### PRIVACY

Network and internet access are provided as educational tools. Dolgeville Central School District reserves the right to monitor, inspect, copy, review and store all usage of the computer network, internet, and data/information created, transmitted, or received during usage. All such files, data, and information shall be and remain the property of the Dolgeville Central School District and no user shall have any expectation of privacy regarding such materials.

### RIGHTS OF USE OF DISTRICT TECHNOLOGY

The use of electronic telecommunications is a privilege, not a right.

### INTERNET BLOCKING/FILTERING TECHNOLOGY

Dolgeville Central School District has installed and uses internet filtering software. This software is used both in compliance with the Federal Children's Internet Protection Act and the District's belief that we must do our best to support our students' learning in a manner that supports the District mission while providing a safe learning environment. Use of filtering software cannot guarantee that all inappropriate sites can never be accessed. However, it drastically reduces that possibility. Any attempt to bypass school filtering or security will result in disciplinary action.

### GUIDELINES GOVERNING USE OF DISTRICT TELECOMMUNICATIONS, HARDWARE, AND SOFTWARE

The following guidelines will govern an individual's privilege to utilize District telecommunications, hardware, and software. Any violation will jeopardize an individual's use of District technology and may result in other consequences.

1. Vandalism is not permitted. Vandalism includes:
  - Any malicious attempt to harm or destroy data of another user, internet, or other networks that are connected via electronic technology.
  - Uploading or creating computer viruses.
  - Damage to any hardware.
2. Users of District electronic technology will abide by the generally accepted rules of etiquette:
  - Be polite and respectful of others.
  - Use appropriate language and gestures.
  - Respect the privacy and intellectual property of others.
  - Use electronic technology with consideration and respect so that others can also make use of services.
  - Avoid all forms of cyber-bullying, including but not limited to language or images intended to embarrass, threaten, harass or intimidate others.
3. Accounts for utilization of electronic telecommunications and network access are established and paid by the School District. Permission to utilize these accounts is given by specific individuals. Students/employees may use only those accounts for which they have been authorized.
4. District electronic technology may not be used for any illegal activity, including the violation of copyright or other contracts.
5. District electronic technology may not be used for financial or commercial gain.
6. District electronic technology will not be used to gain unauthorized access to District resources or data.
7. Specifically forbidden is the transmission or receipt of any information in any media format which is pornographic, profane, obscene, explicitly sexual, violent, or which contain other material or media which lacks serious educational, literary, artistic, political or scientific value according to local community standards.

8. Students may not use the District's electronic technology to download and/or play non-educational games.
9. Students may not download or install any software on District computers without explicit permission from IT staff. (Updates are acceptable for Java, Windows, Adobe, and Smart software)
10. Students are strictly prohibited access to others files for the purpose of copying or moving files/folders. The only exception would be District employees with administrative rights.
11. It is the responsibility of students to inform District administrators if they have knowledge of or suspicions that a District student has been involved in any of the prohibited behaviors enumerated in the guidelines above.

**DISCIPLINARY ACTIONS MAY INCLUDE BUT ARE NOT LIMITED TO:**

1. Student restriction of use of District electronic technology.
2. Student loss of use of District electronic technology.
3. Additional disciplinary action of students determined at the building level pursuant to the Student Code of Conduct.
4. Additional disciplinary action of employees as determined by employees' supervisors and/or the Board of Education.
5. Involvement of law enforcement.
6. Involvement of BOCES District Superintendent and/or New York State Education Department.

**WARRANTIES AND INDEMNIFICATION**

By signing this policy:

- A user takes full responsibility for his or her use of any District electronic technology.
- The user who is 18 years or older, and the parent(s)/guardian(s) of users under the age of 18, agree to indemnify and hold harmless the Dolgeville Central School and District from any and all loss, costs, claims or damages resulting from the user's access to the District network and internet, including but not limited to any fees or charges incurred through the purchase of goods or services by the user.
- The user who is 18 years or older, and the parent(s)/guardian(s) of users under the age of 18, agree to cooperate with the District in the event of District's initiation of an investigation of a user's access of District electronic technology, whether that access occurred using District electronic technology or electronic technology outside of the District.
- Affirm that it is not reasonable that the District can directly supervise a user every minute he or she is using District electronic technology. Therefore, you agree that when the user is not directly supervised, he or she will obey all school computer use policies, as well as civil and criminal laws.

**POLICY MODIFICATIONS**

This is a living document and subject to revisions. The District may modify these rules and guidelines at any time by publishing modified rules in print and/or on the District website.

**SIGNATURES**

The signatures at the end of this document are legally binding and indicate that the parties have read the terms and conditions carefully, understand their significance, and agree to abide by established rules.

For All Students		
Student's Name, Printed	Student's Signature	Date
		___ / ___ / _____

For Parent/Guardian of Student Under 18 Years of Age		
Parent/Guardian's Name, Printed	Parent/Guardian's Signature	Date
		___ / ___ / _____

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please Print Clearly)

Standards of Conduct for  
***PUPILS RIDING SCHOOL BUSES***



Dolgeville Central School  
Office of Transportation Services

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Dear Student,

Please read the *Standards of Conduct for Pupils Riding School Buses*. It is very important that you understand the standards covering appropriate conduct while riding a Dolgeville Central school bus.

**SIGN THIS FORM AND RETURN THE ORIGINAL TO THE TEACHER.** They will give it to our office that will retain it on file.

**Just a reminder: If you drive a car, please stop for school buses loading and unloading students. Thank you for your cooperation.**

**GENERAL**

Dolgeville Central School transports all pupils living more than one mile from school who reside within our district. Pupils in Head Start, kindergarten, and first grade are eligible for transportation within one mile from school provided we have enough seats available on buses for them. Door to door transportation is not a requirement of the New York State Department of Education. Pupils may walk up to one mile to their designated bus stop.

**STANDARDS**

Acceptable classroom standards of conduct shall be expected of bus passengers, and drivers shall ensure that pupils observe regulations at all times. Students shall not be allowed to smoke, yell, scream, swear, push, fight, or take advantage of smaller children; extend hands, arms, or head from bus windows; carry on the bus any drugs, weapons, water pistols, live reptiles, animals, insects, or oversize items (including school instruments), that would block the aisle, cause loss of passenger seat space, obstruct the driver's view, or create a safety hazard.

**DISCIPLINE**

A driver may recommend suspension of bus transportation for a pupil who will not heed the driver's warning as to behavior. The principal shall take final action in such cases. During a period of suspension, the School Board shall not be responsible for transporting the pupil to school. A driver may not remove a child from the bus or refuse transportation to a child on a bus without proper authorization by the principal, except in cases where the safety of pupils is jeopardized. The principal shall be notified of such extreme cases immediately. Drivers shall report all disciplinary cases to school principals on forms provided by the district. Vandalism of the bus can be cause for disciplinary action. Video cameras may be in use.

**MEETING THE BUS**

Pupils Must:

- Be at their bus stop at least five minutes before the regular pick up time. Remain at the stop until the bus arrives. Be picked up and released at their designated (assigned) bus stop.
- Not stand on the traveled portion of the roadway or parking lot while waiting for the bus nor engage in play or other activities that will endanger themselves or their companions while waiting beside the road.

- Not run alongside a moving bus. Wait to cross a traveled portion of the roadway, to board a bus, until the bus is stopped and other vehicles approaching or following the bus have stopped. The bus driver will signal the students to cross the roadway when it is safe to do so.
- Report any illness or injury sustained on or around the bus immediately to the driver.

**CONDUCT ON THE BUS**

Pupils Must:

- Recognize that the driver is the authority on the bus and obey and be respectful and courteous to him or her and fellow students.
- Go directly to assigned seat and remain seated unless otherwise directed by the driver.
- Not tamper with the emergency doors or windows.
- Not throw objects about the bus or from a window. Do not shout at pedestrians or other vehicles.
- Carry onto the bus only **unbreakable** objects that can be safely held in pupil's lap. (Musical instruments, for which there is no space available on the bus, will not be transported.)
- Not share, sell, or consume food or beverages.
- Have written requests from parent(s), subject to approval of the principal's office staff, to go home on an alternate route.

**LEAVING THE BUS**

Pupils Must:

- Remain seated until the bus comes to a full stop.
- Exit the bus in an orderly manner.
- Leave the bus stop area only when safety permits, i.e., when crossing the roadway, cross at a distance of approximately ten feet from the front of the bus *after* the driver signals it is safe to do so.

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I have read and understand the *Standards of Conduct for Pupils Riding School Buses* and agree to assume responsibility for my conduct on buses.

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**Student Signature**

**Date**

**DOLGEVILLE CENTRAL SCHOOL**  
**PERMISSION TO USE PHOTOGRAPHS/VIDEO**

On occasion, Dolgeville students may be photographed or video taped as participants in school or classroom activities, or in recognition for an award that they have received. In an effort to increase the recognition our students receive for their accomplishments, these photographs or video images may be submitted to our local newspapers and television stations for publication. These images may also be used in classroom displays or posted on our district website, this use of photographs is at the parent's discretion, so we ask that you complete and return the form below to your child's Blok 5 teacher.

**PLEASE CHECK ONE:**

\_\_\_\_\_ I give consent for my child's photograph/video image to be published in local newspapers, shown on local television channels, posted on the district website, or used in classroom displays.

\_\_\_\_\_ I do **NOT** give consent for my child's photograph/video image to be published in local newspapers, shown on local television channels, posted on the district website, or used in classroom displays.

\_\_\_\_\_  
Student's Name

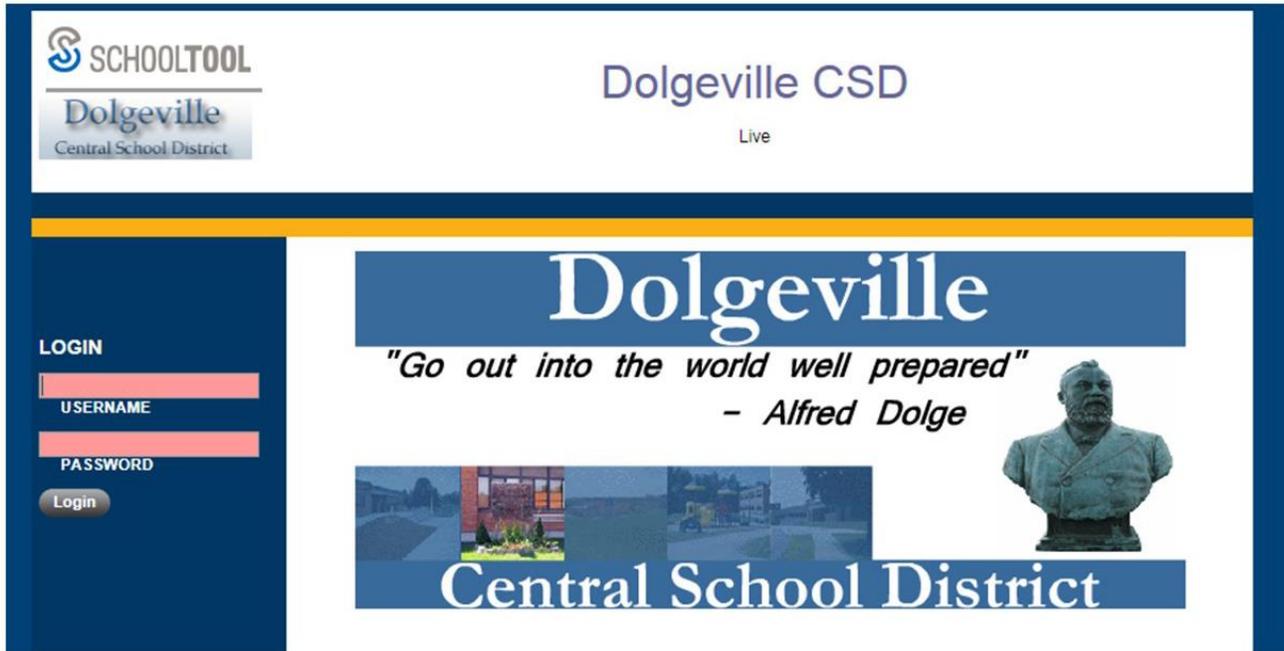
\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of parent/guardian

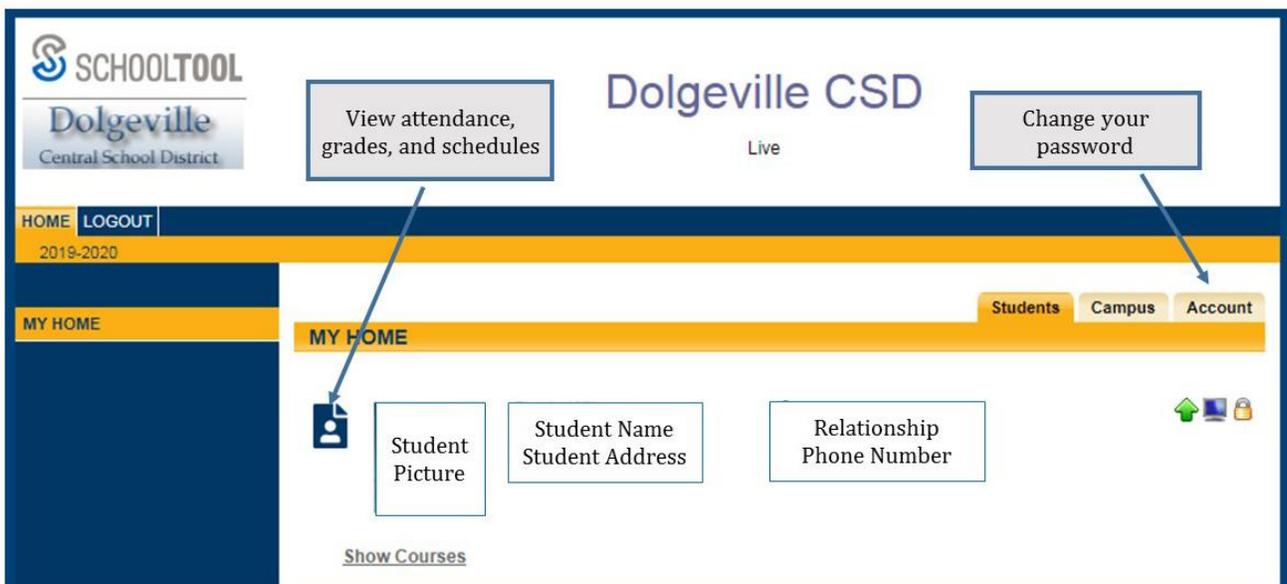
\_\_\_\_\_  
Date

**DOLGEVILLE CENTRAL SCHOOL**  
38 Slawson Street  
Dolgeville, New York 13329  
Main Office: 315-429-3155  
www.dolgeville.org

- Login with your complete email address and the password provided in the email.
- Students can login with their DCS username and password.
- See image below.



- After you have signed in to SchoolTool you can click on the account tab to reset your password or the student icon to view attendance, grades, and schedules.
- See image below.



**DOLGEVILLE CENTRAL SCHOOL**  
**38 Slawson Street**  
**Dolgeville, New York 13329**  
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**REQUEST FOR PERMISSION TO ACCESS THE DCS SCHOOLTOOL PARENT PORTAL**

I am the parent/guardian, or the person in parental relation, of a student in grades 5-12 in Dolgeville Central School District listed below:

Student First Name	Student Last Name

I request that the DCS District provide me with a login/password that will allow me to access information about my student's school performance, which could include classes, teacher names, attendance, grades, and other information housed in the District's Student Management database. I understand that this information is maintained and stored in the DCS SchoolTool database information system.

I agree to and understand the following terms:

- I will maintain a valid e-mail address that DCS may use to send me pertinent information concerning my Parent Portal Account.
- I will only attempt to view information about the student(s) listed above. I will not attempt to "hack", manipulate, or otherwise try to evade the security measures to access information regarding any other person.
- I will not intentionally transfer any virus, Trojan horse, or other malicious computer code.
- If granted the ability to enter data into my child's account record, I will only enter accurate information.
- I will keep confidential any personally-identifiable information, including educational records.
- I understand that all information stored in the database remains the property of the District, and may be accessed, examined, or modified by the District or its vendors at any time.
- I understand that the database may record and retain information about when and how I use SchoolTool through the Parent Portal, and that this information is the property of the DCSD and subject to review.
- I agree that I will not disclose my login password to any other person, not even other people in my family or household. I accept responsibility for all actions that are performed by anyone gaining access to the DCS database using the login password assigned to me.
- I understand that the District retains the discretion to block my access to SchoolTool whenever it has reasonable suspicion to believe that I have violated any of the terms of this agreement.

Parent/Guardian/Person in Parental Relation

(Print Full Name) \_\_\_\_\_ Date: \_\_\_\_\_

(Sign Full Name) \_\_\_\_\_

My valid e-mail address is: \_\_\_\_\_

## DOLGEVILLE CENTRAL SCHOOL CAFETERIA EXPECTATIONS

While faculty and staff of DCS recognize that lunch is an opportunity for students to relax and socialize with friends, it is also important that the cafeteria environment be orderly, safe, and healthy.

Procedures and expectations for the cafeteria are listed below:

- At the conclusion of classes just prior to students' scheduled lunches, students are expected to put their books in their lockers and pass directly to the cafeteria. Books/materials required for the completion of work are permitted in the cafeteria.
- Students are expected to arrive at the cafeteria on time.
- All students will remain in the cafeteria unless permission to leave is granted by a supervising staff member.
- Students who wish to leave the cafeteria to go to the library or meet with a teacher MUST have a pre-signed pass from the faculty/staff member who will be supervising them.
- Responsible cell phone use is allowed in the cafeteria for games and music. At no time should students be talking on their phones.
- All paper/plastic products and uneaten food/drinks are to be emptied into the appropriate garbage receptacles.
- Each student is responsible for returning his/her own tray and silverware as well as picking up after himself/herself.
- It is expected that students will select a seat and remain seated during the lunch period, except for when going through the serving line, returning trays, speaking to a staff member, or using rest rooms.
- Conversation in the cafeteria should be limited to "indoor voice" volume. Please refrain from talking loudly, yelling, shouting, whistling, or making noises.
- The only rest rooms students may use during lunch are those next to the guidance office.
- For purposes of health and safety, if a student spills food or drink, it is the student's responsibility to either clean up the spill or to alert a staff member so that the spill can be cleaned up.
- Throwing food or other items in the cafeteria is strictly prohibited and will result in disciplinary action.
- All other rules/procedures outlined in the Code of Conduct apply.

## DOLGEVILLE CENTRAL SCHOOL STUDY HALL EXPECTATIONS

Procedures and expectations for study halls are listed below:

- All students will arrive at study hall with work to complete.
- **PRESIGNED PASSES ARE REQUIRED** for students to leave study hall or the monitor may use the phone to call the teacher to see if they are available.
- Students who need computers to complete assignments should obtain a **PRESIGNED PASS** to go to an area with computer accessibility during study hall if computers are not present/available in the study hall room.
- Students in study hall will use the rest rooms next to the assigned study hall room, one at a time.
- Students are not allowed to leave the room in pairs or groups unless a teacher specifically asks for them.
- Students are expected to work quietly.
- Students may request to work together quietly as a small group. It is the monitor's decision if students will be allowed to work together, and also the monitor's decision to disband the group if it becomes disruptive.
- If students have no work to do, the following are acceptable activities: puzzles (crosswords, Sudoku, Rubik's Cube), drawing and reading books or magazines. Other activities may be approved by the monitor on a case-by-case basis.
- Electronic devices such as iPods, MP3 players, and cell phones may be used in study hall at the discretion of the monitor.
- Students who need assistance with work are expected to ask the monitor for help. If the monitor cannot help, he/she will attempt to find additional assistance for the student.
- Students are expected to be cooperative with the study hall monitor and follow his/her directions without comment or argument.
- Students are not to sit in the hall. Students are not to sit on desks/tables.
- Students may not sign out of study hall to go to the cafeteria.
- All other rules/procedures outlined in the Code of Conduct are in effect during study hall.