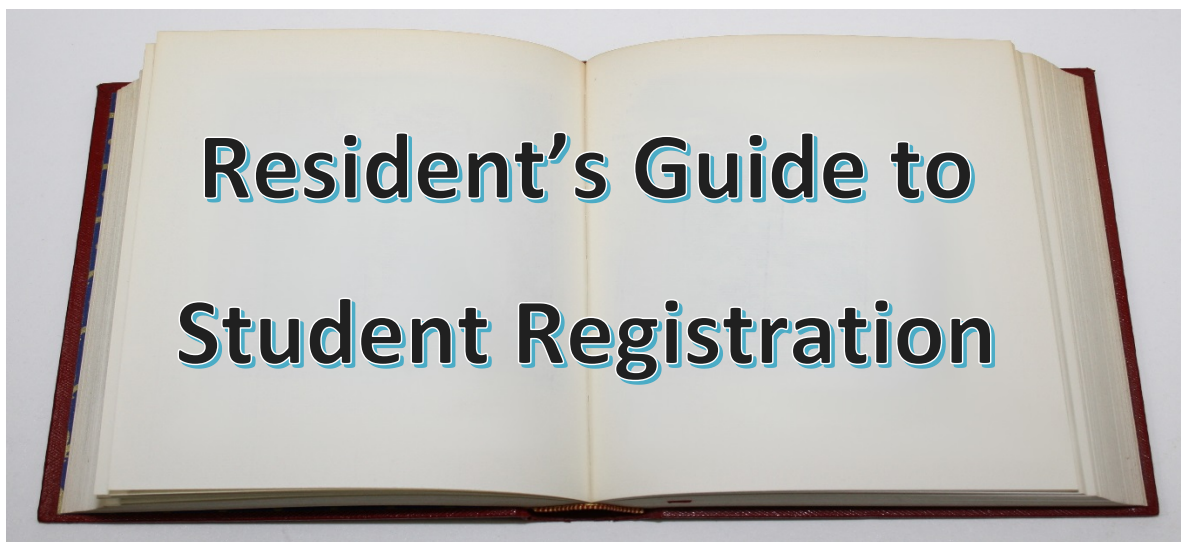


LEVITTOWN SCHOOL DISTRICT



OFFICE OF CENTRAL REGISTRATION

Arlene Mege - Registrar

MONDAY – FRIDAY – 8AM TO 4PM – 11:30AM TO 12:30PM CLOSED FOR LUNCH

150 Abbey Lane - Room 417 – Levittown – 516-434-7058 – Amege@levittownschoos.com

To request a registration package – please call Arlene Mege

*****Registration is by appointment only - once all paperwork is completely filled out*****

PLEASE REMEMBER TO BRING YOUR CHILD'S BIRTH CERTIFICATE, OR BAPTISMAL OR PASSPORT



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Central Registration
516-434-7058

**REGISTRATION INSTRUCTIONS FOR PARENTS/PERSON IN PARENTAL RELATION
SEEKING TO REGISTER A STUDENT IN LEVITTOWN PUBLIC SCHOOLS**

OFFICE OF CENTRAL REGISTRATION

Arlene Mege – Registrar

516-434-7058

150 Abbey Lane – Room 417 – Levittown – Amege@levittownschoools.com

MONDAY – FRIDAY – 8AM TO 4PM – 11:30AM TO 12:30PM CLOSED FOR LUNCH

These instructions will provide you with an understanding of the registration and enrollment process for Levittown Schools.

Prior to arriving at the Office of Central Registration, please refer to these instructions to ensure that you have all the information you need and the proper documentation to start and complete the registration process. The first person you will encounter at the office of Central Registration is a security aide who will assist you in signing in using an electronic system. You will provide your name, names of all children, address, time you arrived, purpose of your visit and time you leave. You will also be asked for photo identification. If you do not have photo identification, you will still be allowed to sign-in and proceed with the registration process. It is at that time you will be directed to the Registration Office.

You will then meet with Arlene Mege, the registrar for the district. If you do not speak English, a translator will be provided. Arlene will review your registration package for completeness and make copies of the required documentation.

The documents you will need to provide to the Office of Central Registration include:

A. Proof of Age

When available, a certified birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth will be used to determine a child's age. If either document is available, the District will not require any other document to determine a child's age. If these documents are not available a passport (including a foreign passport) may be used to determine a child's age as long as it is not expired.

If the above documents originate from a foreign country, the District may request verification from the appropriate foreign government or agency but that will not be your responsibility. It will not delay enrollment. The District will not demand that you translate any documents or verify proof of age, beyond providing the above documents.

PLEASE NOTE: If you cannot provide proof of age, your registration will not be delayed. However, documentation establishing the student's age must be provided to the Office of Central Registration within three (3) days of starting the registration process.

B. Proof of District Residency

To establish that the student you are registering resides in the Levittown School District, the following proof of residency shall be required:

1. Homeowners may provide:

- Signed and notarized Owner's Affidavit (from owner of home)
- Signed and notarized Affidavit of Residency (from you)
- A mortgage or closing statement, or a deed or tax bill to prove ownership

and any **two** of the following:

- Pay Stub
- Income Tax form
- Utility or other bills
- Membership documents (e.g. library cards) based on residency
- Telephone bill
- PSEG bill
- Water bill
- Oil Company bill
- Insurance bill
- Valid drivers license, learner's permit or non-driver identification.
- Bank statement
- Voter registration documents
- Department of Social Services Declaration (DSS)
- State or other government issued identification
- Other original documents evidencing residency

2. Renters must provide:

- Signed and notarized Owner's Affidavit (from owner of home)
- Signed and notarized Affidavit of Residency (from you)
- Lease (if applicable)
- and any **two** of the following:
 - Pay Stub
 - Income Tax form
 - Utility or other bills
 - Membership documents (e.g. library cards) based on residency
 - Nassau County tax bill
 - Telephone bill
 - PSE bill
 - Water bill
 - Oil Company bill
 - Insurance bill
 - Valid drivers license, learner's permit or non-driver identification.
 - Bank statement
 - Voter registration documents

- Department of Social Services Declaration (DSS)
- State or other government issued identification
- Other original documents evidencing residency

PLEASE NOTE: If you cannot provide proof of residency, your registration will not be delayed. However, documentation establishing district residency must be provided to the Office of Central Registration within Three (3) days of starting the registration process.

In addition to the above, a person other than a natural parent, but in parental relation, must present one of the following:

- Court issued legal guardianship papers
- Court order granting custody
- Court appointment as foster parent
- Person in Parental Relation Affidavit provided by the person in parental relationship assuming legal responsibility for the student. (signed and notarized)
- Parent Affidavit provided by parent giving legal responsibility to another person for the student. (signed and notarized)
- Documents issued by federal, state or local agencies (e.g. local social services agency, federal Office of Refugee Resettlement)

****Please note if the family is a divorced family, documentation, from the court, indicating residency for the student is necessary for registration.**

3. In addition to the above, students claiming emancipation shall be required to submit their own affidavit and an affidavit from their parent, where deemed appropriate, unless they have been deemed as an unaccompanied youth according to the stipulations under McKinney-Vento Act.
4. A copy of all proofs of residency provided for resident students shall be made part of the student's permanent record and a copy maintained in the student's file.

C. Health Records (Proof of Immunizations)

New York State Law Section 2164 requires certain immunizations to attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. Please bring proof of immunizations with you at the time of registration.

Proof of Immunizations must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider.
- Immunization Registry Report (NYSIIS or CIR from NYC) from your health care provider or your county health department.
- A blood test (titer) lab report that proves your child is immune to the diseases.
- For Varicella (chicken pox) a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

PLEASE NOTE: If you do not have a record of immunization, you must provide proof within fourteen (14) days of registration, unless the student is transferring from out-of-state or from another country and you can show a good faith effort toward obtaining the necessary certification or other evidence of immunizations. In such cases, the time to submit evidence of immunizations may be extended to no more than thirty (30) days from the date of registration. The failure to provide a record of immunizations shall not delay initial registration and/or initial enrollment.

D. School Records (If your child has already attended School)

- Signed Release of Records to prior school
- Official transcripts or other school records from previous schools.
- Most recent report card
- If student is in middle school - music and/or language choice

- Special Education students must provide most recent Individual Education Plan (IEP)
- Signed Release of Records to the Special Education Department of prior School District.
- Social History form filled out completely
- New student Intake Form

PLEASE NOTE: The failure to provide school records shall not delay registration and/or enrollment.

If the student requires testing for English proficiency or any other testing, at the time of registration, Mrs. Mege will ensure that the testing occurs as soon as practical (but usually not more than one to two school days from the time of registration.)

Once the registration process is complete, you will be given a start date and the person to meet at your student's new school including meeting with Guidance Counselor in Middle/High School.



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Residency Checklist

Preferred Proofs for Residency Verification

IF YOU OWN A HOME:	IF YOU RENT:
<p>MUST HAVE:</p> <p>A. Owners Affidavit signed/notarized by owner of home B. Affidavit of Residency signed/notarized by you</p> <p>AND</p> <p>Two (2) proofs of residency in your name</p>	<p>MUST HAVE:</p> <p>A. Lease/rental agreement B. Owners Affidavit signed/notarized by owner of home C. Affidavit of Residency signed/notarized by you</p> <p>AND</p> <p>Two (2) proofs of residency in your name</p>
<p>AND</p> <p>A copy of Residential Deed or Mortgage OR Tax statement or mortgage statement</p>	<p>AND</p> <p>A copy of Residential Deed or Mortgage from owner OR Tax statement or mortgage statement from owner</p>
<p style="text-align: center;">NON-EXHAUSTIVE LIST OF ACCEPTABLE PROOFS OF RESIDENCY (2 NEEDED) Must be received on later than Thirty (30) days from registration</p> <ul style="list-style-type: none">❖ Utility or other bill (electricity/gas bill, oil bill, water bill, medical car insurance, credit card account, cell phone bill, etc.)❖ Cancelled personal check with imprinted address❖ Bank statement❖ Valid Driver's license, learner's permit or non-driver identification❖ Voter registration document❖ Membership documents (e.g. library card) based on residency	

INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Purpose of the Enrollment Form - Residency Questionnaire

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. SED encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Model Enrollment Form - Residency Questionnaire attached here,
2. Update/modify the Model Enrollment Form - Residency 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 Enrollment Form - Residency Questionnaire?

A Enrollment Form - Residency 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 program for 3-5 year olds, such as pre-k, Head Start, or Even Start. The Form - 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 completed **Enrollment Form - Residency 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 generally **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 Enrollment Form - Residency Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Enrollment Form - Residency Questionnaire with Students and Families

In reviewing the Enrollment Form - Residency 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 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. Contacting a landlord or building superintendent may be a violation of FERPA, a federal law, and may put the family at risk of losing its housing. If the student is living in a doubled-up situation, it may also lead to loss of housing for the primary tenants.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Enrollment Form - Residency Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Enrollment Form - Residency 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: www.serve.org/nche/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.

LEVITTOWN PUBLIC SCHOOLS
LEVITTOWN, NEW YORK 11756
Central Registration 516-434-7058 Fax: 516-434-7102

REQUEST FOR RELEASE OF INFORMATION/RECORDS

Student Name _____ Date _____

Birthdate _____ Grade Attended _____

Last School Attended _____

Street _____

Town/State/Zip Code _____

Please send all academic, health, attendance, medical, psychiatric and psychological reports (if applicable) and all other evaluations concerning the above-named student. Please forward to the school checked below:

____ Abbey Lane Elementary School
239 Gardiners Avenue
Levittown, NY 11756
Fax: 516-520-8494

____ Northside School
35 Pelican Road
Levittown, NY 11756
Fax: 516-520-8394

____ Gardiners Avenue School
610 Gardiners Avenue
Levittown, NY 11756
Fax: 516-520-8490

____ East Broadway School
751 Seamans Neck Road
Seaford, NY 11783
Fax: 516-434-7710

____ Lee Road Elementary School
991 Lee Road
Wantagh, NY 11793
Fax: 516-783-5194

____ Summit Lane School
4 Summit Lane
Levittown, NY 11756
Fax: 516-520-8390

____ Guidance Department
Jonas E. Salk Middle School
3359 Old Jerusalem Road
Levittown, NY 11756
Fax: 516-520-8479

____ Guidance Dept.
Wisdom Lane Middle School
120 Center Lane
Levittown, NY 11756
Fax: 516-434-7332

____ Guidance Department
MacArthur High School
3369 Old Jerusalem Road
Levittown, NY 11756
Fax: 516-520-8459

____ Guidance Department
Division Avenue High School
120 Division Avenue
Levittown, NY 11756
Fax: 516-434-7213

Your prompt response is greatly appreciated.

AUTHORIZATION FOR TRANSFER OF STUDENT RECORDS

I hereby give my permission to Levittown Public Schools to obtain all the information concerning:

Please print student's full name _____

Signature of Parent/Guardian _____ Date _____



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Ms. Debbie Rifkin Assistant Superintendent
Human Resources
516-434-7030

OWNER'S AFFIDAVIT
(To be signed and notarized by owner of home)

State of New York)
)ss:
County of)

_____ Student's Name (Print last name first)

_____ being duly sworn, deposes and says:
(Name of Owner)

1. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that _____ may be admitted to the schools of the Levittown Public School District.
(Name of Child)
2. I am the legal owner of _____
(Address of owner's property in district)
3. I reside at _____
(Address of Owner's Residence)
4. I have provided the district with a copy of a (Check One) ____current deed; ____closing statement; ____tax bill; ____mortgage statement
5. The above named property is the current residence of _____ and the above-named child.
(Name of Parent/Guardian/Custodian)
6. The lease agreement for the above-listed residence is set to expire on _____
(Lease expiration date)
7. The following names include ALL other persons living at this address:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

8. I further understand that if the above-named student is found **NOT** to be a legitimate resident of the Levittown Public School District, then **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE** to the first day of admission.
9. I also realize that theft of governmental service is a crime punishable under the State Penal Law, and that a false statement made in connection with this application will make me liable to criminal prosecution. I understand that the school district will make unannounced home visits to verify residence within the district.

(Signature of Owner/Lessor)

DATED _____

Sworn to before me this _____
Day of _____, 20 __

NOTARY PUBLIC _____



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Ms. Debbie Rifkin, Assistant Superintendent
Human Resources
516-434-7030

AFFIDAVIT OF RESIDENCY
(to be signed and notarized by student's parent)

State of New York)

)ss:

County of)

_____ Student Name

_____ being duly sworn, disposes and says:

1. I reside at _____ within the Levittown Public School District which is my actual and only place of residence.
2. I agree to advise the Levittown Public Schools immediately in the event that I change my residence.
3. I understand that in order for my child/children to attend the Levittown Public Schools I must be a resident of the Levittown Public School District. Therefore, I certify that I have actually taken up residency and domiciled at the above address. I further understand that if this certification is found to be false, my child/children will be disenrolled from the Levittown School District and I will be liable for payment of tuition from their date of enrollment through their date of termination, and that I will be subject to the penalties for perjury, a Class A misdemeanor. I attest that all information provided by me on this document is true.

(Signature)

PLEASE BE AWARE THAT THE DISTRICT MAINTAINS THE RIGHT TO VERIFY RESIDENCY THROUGH THE UTILIZATION OF A HOME VISIT. NEW REGISTRANTS AND/OR RESIDENTS MAY EXPECT TO BE CONTACTED BY OUR REPRESENTATIVES TO ARRANGE FOR SUCH A VISIT.

Sworn to before me this _____

Day of _____, 20 __

Notary Public

DATED _____

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

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

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached Date of last seizure:
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

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): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Not Done **Hypertension:** No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g}/\text{dL}$				

System Review and Abnormal Findings Listed Below

<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*
<input type="checkbox"/> Additional Information Attached	*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)		Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
		<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIIS	
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Central Registration
516-434-7058

CERTIFICATE OF IMMUNIZATION
(To be filled out and signed/stamped by a physician)

Student's Name	Birthday		Grade
	Date	Date	
DPT/DT * 3-5 Doses required			
Tdap 1 dose at 11 years			
POLIO** 3-4doses required			
MEASLES 2 doses required			MUMPS(2)
MMR 2 doses required			RUBELLA (1)
HIB 1-4 doses Pre-K			
HEPATITIS B 3 doses required			
Varicella*** 1-2 doses required			
Meningitis****			
Pevnar 1-4 doses – Pre-K			
other (please specify)			

*3-5 doses: If 4th dose after age 4 only 4 doses required – 3 doses required for grades 6 through 12.
 All others, 5 doses

** 3-4 doses: If 3rd dose after age 4 only 3 doses required

***2 doses: Required of all children entering Kindergarten 1,2,3,4,6,7,8,9,10. All others one dose

****One dose required by the 7th grade. 2 doses required by 12th grade. 1 dose required if received at age 16 or older.

Date

Physician's Signature

Physician's Stamp

**LEVITTOWN PUBLIC SCHOOLS
HEALTH SERVICES**

**MEDICAL HISTORY
(MUST BE COMPLETED BY PARENT/GUARDIAN)**

Student's Name	Birthdate	Grade
-----------------------	------------------	--------------

If your child has a history of, or is being treated for the following conditions, please indicate below:

Frequent colds: _____ Frequent sore throats: _____

Ear Conditions: _____ Hearing Loss: _____

Heart Disease: _____

Asthma: _____

Vision Problem: _____ Wears Glasses ___ Yes ___ No

Operations/Date: _____

Serious Injury/Date: _____

Hospitalization/Reason/Date: _____

Orthopedic Problem: _____

Seizure Disorder/Date of last seizure: _____

Allergies: Latex _____ Bee Sting _____ Environmental _____

Food Allergies (List) _____

Medication Allergies: _____

What happens when exposed to allergen? _____

Medications received on regular basis: _____

Speech evaluation/therapy: _____

Please specify any other health information you feel will be helpful in meeting your child's needs: _____

Date: _____

Signature of Parent/Guardian: _____



Lisette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.		
STUDENT NAME:		

First	Middle	Last
_____	_____	_____
DATE OF BIRTH:		GENDER:
Month	Day	Year
_____	_____	_____
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		

_____	_____	_____
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	
		<i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<input type="checkbox"/> Does not write
			<i>specify</i>

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

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

_____ <i>Signature of Parent or of Person in Parental Relation</i>	_____ Month:	_____ Day:	_____ Year:
_____ Date			
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			

OFFICIAL ENTRY ONLY - NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ MO. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ MO. DAY YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Central Registration
516-434-7058

LANGUAGE OF PREFERENCE

Student Name _____

Grade _____

Primary Language spoken at home _____

Language preferred by parents/Guardian when communicating with Levittown School District

Do you require an interpreter for parent/guardian/teacher conferences? _____ Yes _____ No

(Parent/Guardian Signature)

Date: _____



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Central Registration
 516-434-7058

Dear Parents,

The Board of Education has included Publications as one of its goals. We have a public relations process in place that calls for the ongoing submissions of articles to the local papers. Sometimes photographs are submitted with articles. Television coverage of special events is also a possibility.

The Levittown Public School District is striving to maintain a high level of security for your child regarding web site development. We wish to use individual photos or group photos on our website. The photograph would be in the context of a school-related activity such as a class project, award or honor, sport, club or student government activity. No personal information such as home address or phone number will be published.

Student Name _____

School _____

My child _____ **Can be** Photographed and/or picture placed on Levittown School's website

My child _____ **Can Not be** Photographed and/or picture placed on Levittown School's website

*Please note your child's name generally does not appear.

 Parent/Guardian Signature

 Date

As the parent or legal guardian of the student signing above, I have read the District's Networks and Internet Acceptable Use Policy and grant permission for my son/daughter to access the Internet. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for Levittown School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations. Furthermore, I accept full responsibility for supervision of and when my child's use is not in a school setting.

 Parent/Guardian Signature

 Date

If at any time, in the future, you wish to withdraw this consent, you may do so via written notification to your child's building principal.



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Central Registration
516-434-7058

Dear Parents/Guardian,

The Levittown School District would like to remind you of the district's networks and Internet services for its students. As you may already know, the Internet consists of millions of computer users in nearly every country on the globe, connecting to thousands of computers located at organizations throughout the world, creating a large and diverse electronic network.

Part of our responsibility in preparing students for the 21st Century is to provide them access to the tools they will be using as adults. We believe that use of this global information network is one of these tools. The Internet represents a unique opportunity for our students to begin to explore the incredible wealth of information that will enhance their learning. Among other advantages, your child will be able to communicate with other schools, colleges, organizations, databases, and individuals around the world.

With this educational opportunity also comes responsibility. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of computer privileges and other disciplinary action if necessary.

Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child should never let anyone else use his/her password to access the network. Your child is responsible for any activity that happens in his/her account.

Staff will supervise your student's use of the Internet and we will be using filtering software managed by the Internet Service Provider to limit access to inappropriate material. Please be aware, however, that there is unacceptable and controversial material and communications on the Internet that your child could access despite all our precautions. It is not possible for us to always provide direct supervision of all students, nor can we filter material posted on network-connected computers all over the world. We encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the enclosed form.

There may also be additional kinds of material on the Internet that are not in accord with your family values. We would like to encourage you to use this as an opportunity to have a discussion with your child about your family values and your expectation about how these values should guide your child's activities while they are on the Internet.

Please contact us if you have any questions or concerns.

**DISTRICT'S NETWORKS AND INTERNET ACCEPTABLE USE
STUDENT AGREEMENT AND PARENT PERMISSION FORM**

1. STUDENT SECTION

Student's Name (please print) _____ Grade _____

School _____ Homeroom/Class _____

I have read the District's Networks and Internet Acceptable Use Policy. I understand and agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be suspended or cancelled and I may face other disciplinary actions, which may include expulsion, and/or appropriate legal action.

Student's Signature _____ Date _____

2. PARENT OR GUARDIAN SECTION

As the parent or legal guardian of the student signing above, I have read the District's Networks and Internet Acceptable Use Policy and grant permission for my son/daughter to access the Internet. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for Levittown School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations. Furthermore, I accept full responsibility for supervision of and when my child's use is not in a school setting.

Parent/Guardian's Name (please print) _____

Home Address _____

Phone _____

Parent/Guardian's Signature _____ Date _____

Levittown Public Schools

REGISTRATION FORM

Child's Name: (Last) _____ (First) _____ (Middle) _____

Address _____ Town _____ Zip Code _____

Child's Birth date _____ Child's Age _____ Child's Sex _____

Home Phone No. _____ Name of person Registering Student: _____ Relation to student: _____

Parent/Guardian #1 Name _____ Parent/Guardian #2 Name _____

Parent/Guardian #1 Cell Phone _____ Parent/Guardian #2 Cell Phone _____

Parent/Guardian #1 Email _____ Parent/Guardian #2 Email _____

Parent/Guardian #1 Work Phone _____ Parent/Guardian #2 Work Phone _____

Who has Legal Custody? Name: _____ Child is Living with: Name: _____

Parent/Guardian #1 on Active in the Armed Forces? ___ Yes ___ No Parent/Guardian #2 on Active in the Armed Forces? ___ Yes ___ No

Ethnicity: _____ **Race:** (can choose more than one) () White () Black or African American

() Hispanic/Latino () Not Hispanic () American Indian () Native Hawaiian or Pacific Island () Asian

Language(s) spoken at home _____ Language(s) spoken by Child _____

Physician's Name _____ Physician's Phone Number _____

Physician's Address _____

OTHER CHILDREN IN THE FAMILY:

Name	Birth Date	Address (if different)	School/Grade

Last Attended School (Name)

(Address)

List of other Schools Attended

Name	Address	Grade

Emergency Contact(s) other than the parents/guardian #1 and #2

1. Name	Relation to student	Home Phone	Cell Phone
2. Name	Relation to student	Home Phone	Cell Phone



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Mr. Todd F. Connell
Director/IT Manager, Computer & Media Services
516-434-7105

2020-2021

Dear Parents,

Levittown Public Schools understands the expanding role of technology during this unprecedented time. We have been planning and preparing for all students to have the necessary technology during this challenging time. Therefore, students in grades K-8 will be provided with a Chromebook for use in both school and at home.

The District is excited to be offering Chromebooks for all K-8 students. The device is small and rugged with a full keyboard as well as touchscreen capabilities. The device will come with a charger. Chromebooks work well with Google Classroom which will be the primary online platform for students. Chromebooks provide the flexibility to support all digital resources in use in our District allowing students to easily work on class projects either in school or remotely.

We ask that you support this initiative by signing, the Device User Agreement. This Agreement must be signed in order to receive a device. **(Please sign the last page of the agreement and return it to school with your student or mail it to your child's home school. Note that students who do not return the form will not receive a device).**

Distribution information will be shared from the school building as the schedule is finalized.

The Chromebooks remain the property Levittown Schools. As such, do not personalize the device in any way (no engraving, stickers, decals, name tags, etc.).

Please note that if your family borrowed a laptop during the school closure due to Covid-19, the laptop must be returned in order for your student to receive a Chromebook. Returns for remote students can be done at the same time the Chromebook is picked up.

Thank you in advance for your cooperation as we look forward to a successful school year.

Sincerely,

Todd F. Connell
Director/IT Manager Computer & Media Services

DEVICE USER AGREEMENT FOR GRADES K-5

Levittown Public Schools ("District") hereby loans to the undersigned Student one device for the Student's use throughout their school career in connection with school-related work, subject to the following terms and conditions.

Student Use of Equipment:

All District-issued devices are treated as school computers under the District's Computer Network and Acceptable Use Policy and are to be used, while in school, solely for school-related work according to your teacher's instructions and the guidelines set forth below. The District retains sole title and right of possession to the equipment. The District also retains the right to collect and/or inspect the device at any time and to alter, add or delete installed software.

Student Responsibilities:

1. You must adhere to the District's Computer Network Agreement and the Computer Network and Acceptable Use Policy, as well as all other District Policies, when using the device.
2. You may not alter, add, or delete files, applications, filters or system preferences on the device without your teacher's permission. All authorized apps must remain on the device.
3. Device's must be brought to school fully-charged every day of the school week or as required by the student's teachers and instructors.
4. When using your device on the District's wireless network, you must login using your school-issued user ID and password. Do not share your passwords with anyone.
5. You are responsible for taking proper care of your device, both at school and at home. The device should be properly secured at all times.
6. Keep the equipment clean and keep away from liquids and/or food. Do not personalize or otherwise permanently alter the device with markers, stickers, engravings etc.
7. Do not remove any identification or serial numbers.
8. Do not let anyone use your device, other than your parents or guardians.
9. Report any problems, damage or theft immediately to a teacher or staff member.
10. Do not download and/or take pictures, videos unless authorized by the student's teacher.
11. Devices are to be used for educational, school-related activities only.
12. Do not attempt to download apps that have not been authorized by the student's teachers.

District Responsibilities: The District reserves the right to:

1. Monitor device activity, including internet access or intranet access on the school's file servers.
2. Make determinations on whether specific uses of devices are consistent with the District's policies.
3. Suspend the student's access to the District's network and/or use of the device if at any time it is determined that the student is engaged in unauthorized activity or is violating District policies.
4. Violation of the District's Computer Network and Acceptable Use Policy while using the device may result in disciplinary action pursuant to the District's Code of Conduct.

Damage or Loss of Equipment:

1. In the event of any damage, theft, or loss, the student's family will be responsible for up to the full cost of reimbursement to the District. All damaged equipment remains the property of the District.
2. Upon graduation or leaving the District, the device must be returned. The full replacement cost of the equipment will be charged to the student's family if the device and all related equipment are not returned immediately upon leaving the District.
3. It is the Student/Parent's responsibility to return the device and all related equipment on the specified date and in the same condition issued, with normal wear and tear excepted as determined by the District.

Breach of the above rules may result in loss of the privilege of using the equipment.

DEVICE USER AGREEMENT FOR GRADES K-5

**STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES (ACCEPTABLE USE POLICY) (#7315)
INFORMATION FOR PARENTS:**

As the parent or guardian of this student, I have read the Student Use of Computerized Information Resources (Acceptable Use Policy) (#7315) and agree to the terms and conditions contained in the policy.

I understand further that any financial obligation incurred by me or my account will be my responsibility and not the responsibility of the District.

***PLEASE ACKNOWLEDGE YOUR AGREEMENT TO THE FOREGOING
TERMS AND CONDITIONS BY SIGNING AND RETURNING THE NEXT PAGE***

DEVICE USER AGREEMENT SIGNATURE PAGE FOR GRADES K-5

Parent/Guardian sign below after reviewing all information

Student Name: (Please Print)

Name: _____ School: _____

Grade: _____

I am the parent or legal guardian of the Student. I consent to my child's use of the school-issued device at school or at home, and agree to the foregoing terms and conditions applicable to such use. I have read, understand and agree to all of the conditions set forth in the Device User Agreement, the District's Computer Network and Acceptable Use Policy, and all other District policies, when my child is using the device at school or at home:

Parent/Guardian Name: (Please Print)

Name: _____ Signature: _____ Date: _____

PLEASE RETURN THIS PAGE OF THE AGREEMENT ONLY
KEEP PAGES 1 & 2 FOR YOUR RECORDS



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Mr. Todd F. Connell
Director/IT Manager, Computer & Media Services
516-434-7105

2020-2021

Dear Parents,

Levittown Public Schools understands the expanding role of technology during this unprecedented time. We have been planning and preparing for all students to have the necessary technology during this challenging time. Therefore, students in grades K-8 will be provided with a Chromebook for use in both school and at home.

The District is excited to be offering Chromebooks for all K-8 students. The device is small and rugged with a full keyboard as well as touchscreen capabilities. The device will come with a charger. Chromebooks work well with Google Classroom which will be the primary online platform for students. Chromebooks provide the flexibility to support all digital resources in use in our District allowing students to easily work on class projects either in school or remotely.

We ask that you support this initiative by signing, the Device User Agreement. This Agreement must be signed in order to receive a device. **(Please sign the last page of the agreement and return it to school with your student or mail it to your child's home school. Note that students who do not return the form will not receive a device).**

Distribution information will be shared from the school building as the schedule is finalized.

The Chromebooks remain the property Levittown Schools. As such, do not personalize the device in any way (no engraving, stickers, decals, name tags, etc.).

Please note that if your family borrowed a laptop during the school closure due to Covid-19, the laptop must be returned in order for your student to receive a Chromebook. Returns for remote students can be done at the same time the Chromebook is picked up.

Thank you in advance for your cooperation as we look forward to a successful school year.

Sincerely,

Todd F. Connell
Director/IT Manager Computer & Media Services

DEVICE USER AGREEMENT FOR GRADES 6-8

Levittown Public Schools ("District") hereby loans to the undersigned Student one device for the Student's use throughout their school career in connection with school-related work, subject to the following terms and conditions.

Student Use of Equipment:

All District-issued devices are treated as school computers under the District's Computer Network and Acceptable Use Policy and are to be used, while in school, solely for school-related work according to your teacher's instructions and the guidelines set forth below. The District retains sole title and right of possession to the equipment. The District also retains the right to collect and/or inspect the device at any time and to alter, add or delete installed software.

Student Responsibilities:

1. You must adhere to the District's Computer Network Agreement and the Computer Network and Acceptable Use Policy, as well as all other District Policies, when using the device.
2. You may not alter, add, or delete files, applications, filters or system preferences on the device without your teacher's permission. All authorized apps must remain on the device.
3. Device's must be brought to school fully-charged every day of the school week or as required by the student's teachers and instructors.
4. When using your device on the District's wireless network, you must login using your school-issued user ID and password. Do not share your passwords with anyone.
5. You are responsible for taking proper care of your device, both at school and at home. The device should be properly secured at all times.
6. Keep the equipment clean and keep away from liquids and/or food. Do not personalize or otherwise permanently alter the device with markers, stickers, engravings etc.
7. Do not remove any identification or serial numbers.
8. Do not let anyone use your device, other than your parents or guardians.
9. Report any problems, damage or theft immediately to a teacher or staff member.
10. Do not download and/or take pictures, videos unless authorized by the student's teacher.
11. Devices are to be used for educational, school-related activities only.
12. Do not attempt to download apps that have not been authorized by the student's teachers.

District Responsibilities: The District reserves the right to:

1. Monitor device activity, including internet access or intranet access on the school's file servers.
2. Make determinations on whether specific uses of devices are consistent with the District's policies.
3. Suspend the student's access to the District's network and/or use of the device if at any time it is determined that the student is engaged in unauthorized activity or is violating District policies.
4. Violation of the District's Computer Network and Acceptable Use Policy while using the device may result in disciplinary action pursuant to the District's Code of Conduct.

Damage or Loss of Equipment:

1. In the event of any damage, theft, or loss, the student's family will be responsible for up to the full cost of reimbursement to the District. All damaged equipment remains the property of the District.
2. Upon graduation or leaving the District, the device must be returned. The full replacement cost of the equipment will be charged to the student's family if the device and all related equipment are not returned immediately upon leaving the District.
3. It is the Student/Parent's responsibility to return the device and all related equipment on the specified date and in the same condition issued, with normal wear and tear excepted as determined by the District.

Breach of the above rules may result in loss of the privilege of using the equipment.

DEVICE USER AGREEMENT FOR GRADES 6-8

**STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES (ACCEPTABLE USE POLICY) (#7315)
INFORMATION FOR PARENTS:**

As the parent or guardian of this student, I have read the Student Use of Computerized Information Resources (Acceptable Use Policy) (#7315) and agree to the terms and conditions contained in the policy.

I understand further that any financial obligation incurred by me or my account will be my responsibility and not the responsibility of the District.

***PLEASE ACKNOWLEDGE YOUR AGREEMENT TO THE FOREGOING
TERMS AND CONDITIONS BY SIGNING AND RETURNING THE NEXT PAGE***

DEVICE USER AGREEMENT SIGNATURE PAGE FOR GRADES 6-8

Parent/Guardian and student sign below after reviewing all information

I have read, understand and agree to abide by all of the conditions set forth in the Device User Agreement, the District's Computer Network and Acceptable Use Policy, and all other District policies, when using the device at school or at home:

Student Name: (Please Print)

Name: _____ School: _____

Date: _____ Grade: _____

I am the parent or legal guardian of the Student. I consent to my child's use of the school-issued device at school or at home, and agree to the foregoing terms and conditions applicable to such use.

Parent/Guardian Name: (Please Print)

Name: _____ Signature: _____ Date: _____

PLEASE RETURN THIS PAGE OF THE AGREEMENT ONLY
KEEP PAGES 1 & 2 FOR YOUR RECORDS