

Hartford Central School District  
P.O. Box 79  
4704 State Route 149  
Hartford, NY 12838



Student Registration / Education Data / Medical Information

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Are either parents on active duty in the Armed Forces (*Army, Navy Air Force, Marine Corps, Coast Guard, or full-time National Guard*)?  No  Yes: Entry Date \_\_\_\_\_

Lives With:  Mother and Father  Mother  Father  Mother/Stepfather  Father/Stepmother  Foster Parents  
 Other (Please List) \_\_\_\_\_

Former Address \_\_\_\_\_

Other than parent – in case of an emergency – whom can we call?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Educational Data Information**

Grade: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

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

Name of Former Guidance Counselor or Principal: \_\_\_\_\_

Date last attended classes at the previous school: \_\_\_\_\_

Has the student repeated any grade(s)? NO YES If yes, which grade(s)? \_\_\_\_\_

Is the student receiving any remedial services? NO YES If yes, please specify: \_\_\_\_\_

Does the student have a 504 Plan on file with the previous district? NO YES

Does the student have an IEP on file with the previous district? NO YES

Have there been any experiences or events in the student's home, or history, which you feel the school should be aware of to better understand and educate this student? NO YES

If yes, please explain:

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**Medical Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies To:	Yes	History of:	Yes	Any chronic conditions	Yes	List any Surgery	Yr
Medications		Asthma		Diabetes			
Foods (milk)		Pneumonia / Bronchitis		Epilepsy			
Peanut Butter		Hearing problems		Heart Disease:			
Tree Nuts		Ear infection		Rheumatic Fever			
Bee Sting		Vision problems / glasses					
Environmental		Strep Throat					

Does this student take daily prescription medication (antibiotics, anti-convulsants, ADHD medications, allergy medication or medication for food or drug reaction)? If so, please list:

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**Please advise school nurse if medication is to be taken at school.**

Are there any physical limitations preventing this student from participating in physical education activities?

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Any special health conditions the school should be aware of? If so, please describe: \_\_\_\_\_

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In accordance with NYS Public Health Law, it is required that each child entering school into Kindergarten or as a new student to the district have all the required immunizations and a physical completed within the past year at the time of entrance. Each child will also be required to have a physical examination in grades 2, 4, 7 and 10. Due to HIPPA, and to assist in confirming this information, signing this portion of the document authorizes the health office nurse to communicate with your medical doctor regarding immunization status and physical exam. This authorization will continue in effect until you revoke it in writing. A copy of this form may be accepted instead of the original. Refer to school district policy for other health requirements.

Date of scheduled physical \_\_\_\_\_

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

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Date \_\_\_\_\_

Hartford Central School District  
STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The Hartford Central School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Hartford Central School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check ( ✓ ) in the box for the category or categories which best describe your child. The Hartford Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

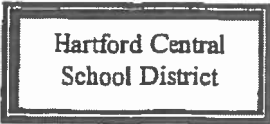
**CONFIDENTIALITY PROCEDURES AND REGULATIONS**

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

**Please complete the form on the reverse side of this page**



Hartford Central School District
STUDENT RACIAL AND ETHNIC IDENTIFICATION



All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:

School District Student Identification Number:

Date of Birth (Month/Day/Year):

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. YES, Hispanic; NO, not Hispanic

2. Select one or more races from the following five racial groups [For question (2) Check (✓) all groups that apply to your child, check (✓) at least ONE box.]: AMERICAN INDIAN OR ALASKA NATIVE; ASIAN; NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER; BLACK OR AFRICAN AMERICAN; WHITE

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below)

Mother; Father; Guardian; Other (Specify):

See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations.

Hartford Central School District  
P.O. Box 79  
4704 State Route 149  
Hartford, NY 12838



Transportation Form

**Important Sitter Information**  
If this form is not received by the Transportation Department, we will schedule your child(ren) for transportation from their home address.

Hartford Central School District  
Transportation Department  
P.O. Box 79  
Hartford, NY 12838  
Phone: 518-632-5191  
Fax: 518-632-5221

Dear Parent / Guardian:

Please complete the form below for sitter information and/or changes of address and phone numbers so that we may update our files to provide accurate information in scheduling your child(s)'s transportation needs. This information must be provided on an annual basis or as soon as there are any changes to your information. Once completed, please return the form to the Elementary Office.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Primary Home Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Work Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Mother's Work Number \_\_\_\_\_ Mother's Cell Number \_\_\_\_\_

*Please Note: sitters are any location other than the primary home address*

Name of Sitter / Childcare Provider \_\_\_\_\_ Effective Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Please Indicate which days your child will be picked up at the sitter's \_\_\_\_\_ M T W R F

Please indicate which days your child will be dropped off at the sitter's \_\_\_\_\_ M T W R F

*If your student is in kindergarten through grade 5, please provide information the names and telephone numbers of those individuals who are authorized to release your child to at the bus stop in your absence.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Notes:

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

\_\_\_\_\_  
Date

**Hartford Central School District**  
**New Student Registration: Residency Verification Form**

Student Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_  
\_\_\_\_\_

Address of Primary Residence (Domicile)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You: <input type="checkbox"/> Own Your Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Other
<input type="radio"/> Shelter;
<input type="radio"/> With another family or other person because of loss of housing or as a result of economic hardship;
<input type="radio"/> Hotel / Motel; or
<input type="radio"/> Car, Park, Bus, Train, or Campsite
<i>Please Note: the answer provided above will help the district determine what services 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 do not have the required documentation.</i>

Pursuant to Education Law sections 207, 305, 3202, 3205 and 3717 and Subdivision (y) of section 100.2 of the Regulations of the Commissioner of Education, if the enrolling student(s) does not qualify under the McKinney-Vento Act, the district is obligated to obtain documentation and/or information establishing physical presence of the parent(s) or guardian(s) for the enrolling student. Examples of accepted documentation may include:

- A copy of residential lease or proof of ownership of a house such as a deed or mortgage statement;
- A statement by a third-party landlord, owner, or tenant;
- Pay stub;
- Income tax form;
- Utility bill;
- Voter Registration document;
- Official driver's license, learner's permit or non-driver identification;
- Documents issued by federal, state, or local agencies; or
- Judicial custody papers

Proper Documentation Provided?       Yes       No

*At any time during the school year, the Hartford Central School District Board of Education, or its designee, may inquire as to the student's residency and determine that the student is not a district resident. Prior to making this determination, the student's parent will have the opportunity to submit information concern the child's right to attend school.*

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

\_\_\_\_\_  
Date

Hartford Central School District  
P.O. Box 79  
4704 State Route 149  
Hartford, NY 12838



Request for Academic Records

To: \_\_\_\_\_  
Previous School Name                      Student Name

\_\_\_\_\_  
Street Address of Previous School              Grade              DOB

\_\_\_\_\_  
City, State, Zip                                      Fax Number

The above student has enrolled in grade \_\_\_\_\_ within the Hartford Central School District. Please forward, at your earliest convenience, the following school records:

- Academic Record
- Attendance Record
- Health/Immunization Record
- Science Lab Reports
- Standardized Test Data
- Approximate Grades for the Current Marking Period
- CSE Records (I.E.P., 504, Psycho-educational Testing, etc.)
- Other

It is understood that the privilege and confidential nature of these records will be preserved.

The records should be sent to the following address:

Hartford Central School District  
ATTN: Guidance Office  
P.O. Box 79  
4704 State Route 149  
Hartford, NY 12838  
Fax: 518-632-5148  
Phone: 518-632-5222

\_\_\_\_\_  
Date

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



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

Lissette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

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

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

## Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.		
<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

<b>Language Background</b> (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 _____ <i>specify</i>	<input type="checkbox"/> Father _____ <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 _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not write

<b>THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:</b>	
<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
District Name (Number) & School	Address



## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>	
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 <b>referred</b> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes*    *Please complete 10b below	
10b. <b>*If referred for an evaluation</b> , has your child ever <b>received</b> 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? _____	

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

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



**TRANSFER NOTIFICATION**

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

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

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

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

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

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

\_\_\_\_\_ **Other:** Refer to By-Law #30 and state applicable exemption.

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

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

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

Print Parent's Name: \_\_\_\_\_

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

**PART ONE  
TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL**

Receiving School: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade: \_\_\_\_\_

Student/Family Previous Address: \_\_\_\_\_

Student/Family Present Address: \_\_\_\_\_

Parent's Names and Current Address(es)  
**(Parent #1's name & address)** \_\_\_\_\_

**(Parent #2's name & address)** \_\_\_\_\_

Name of Sending School \_\_\_\_\_

Did student participate in athletics at sending school? Yes No

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

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

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's signature \_\_\_\_\_ Date \_\_\_\_\_

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

Name of Student \_\_\_\_\_ Date entered 9<sup>th</sup> grade \_\_\_\_\_

Did student repeat any grades? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

Name of School(s) Attended Prior to Transfer \_\_\_\_\_

Date of entrance to this school \_\_\_\_\_ Date of withdrawal from this school \_\_\_\_\_

Student's address while attending the above school \_\_\_\_\_

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

Relationship of this (these) person(s)? \_\_\_\_\_

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

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

12th Grade

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's signature \_\_\_\_\_ Date \_\_\_\_\_

revised: 7/2016

Students

**SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES  
(ACCEPTABLE USE GUIDELINES)**

**Program Implementation**

The Hartford Central School District recognizes that effective use of technology is important to our students and will be essential to them as adults. Consequently, the School System will provide access to various computerized information resources through the District's computer system (DCS hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, "on-line services," "WiFi" and the "Internet." The District shall provide personnel support for such usage.

The DCS is for educational and/or research use only and must be consistent with the goals and purposes of the Hartford Central School District. The standards of acceptable use as well as prohibited conduct by students accessing the DCS, as outlined in District policy and regulation, are not intended to be all-inclusive. Students are held to the same standards of good behavior whether they are using school computer networks or any other electronic media or communications, including a student's own personal technology or electronic device while on school grounds or at school events. In addition to the specific standards of student conduct delineated in this regulation, the general requirements of acceptable student behavior expected under the District's school conduct and discipline policy and the *Code of Conduct* also apply to student access to the DCS. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Legal and ethical implications of software use will be taught to students of all levels where there is such software use. In addition, the building principal or his or her designee and/or classroom teacher will be responsible for informing District students of rules and regulations governing student access to the DCS.

In order to match electronic resources as closely as possible to the approved District curriculum, District personnel will review and evaluate resources in order to offer "home pages" and menus of materials which comply with Board guidelines governing the selection of instructional materials. In this manner, staff will provide developmentally appropriate guides to students as they make use of telecommunications and electronic information resources to conduct research and other studies related to the District curriculum. As much as possible, access to the District's computerized information resources will be designed in ways which point students to those which have been reviewed and evaluated prior to use. While students may be able to move beyond those resources to others which have not been evaluated by staff, students shall be provided with guidelines and lists of resources particularly suited to the learning objectives.

(Continued)

Students

**SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES  
(ACCEPTABLE USE GUIDELINES) (Cont'd.)****Standards of Conduct Governing Student Access to the District Computer System**

Inappropriate use of the DCS may result in disciplinary action, including suspension or cancellation of access. Prior to suspension or revocation of access to the DCS, students will be afforded applicable due process rights. Each student who is granted access will be responsible for that usage. The DCS is provided for students in support of their educational program and to conduct research and communicate with others. Student access to external computer networks not controlled by the District is provided to students who act in a considerate and responsible manner. Likewise, students are expected to observe the same standards of behavior when using their own personal technology or electronic devices on school grounds or at school events. Individual users of the District's computerized information resources are responsible for their behavior and communications over the District computer network. It is presumed that users will comply with District standards and will honor the agreements they have signed.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be Hartford Central School District property and subject to control and inspection. The computer coordinator may access all such files and communications without prior notice to ensure system integrity and that users are complying with the requirements of District policy and regulations regarding student access to the DCS. Students should **NOT** expect that information stored on the DCS will be private.

During school, teachers will guide students toward appropriate materials. Outside of school, parents or guardians bear responsibility for such guidance as they do with information sources such as television, telephones, movies, radio and other potentially offensive/controversial media.

Use of the DCS which violates any aspect of Hartford Central School District policy; the *Code of Conduct*; and federal, state or local laws or regulations is strictly prohibited and may result in disciplinary action in compliance with applicable District guidelines and/or federal, state and local law including, but not limited to, suspension and/or revocation of access to the DCS. In addition to the District's general requirements governing student behavior, specific activities shall be prohibited by student users of the DCS including, but not limited to, the following:

- 1) Using the DCS to obtain, view, download, send, print, display or otherwise gain access to or to transmit materials that are unlawful, obscene, pornographic or abusive.
- 2) Use of obscene or vulgar language.
- 3) Harassing, insulting, bullying, threatening or attacking others.
- 4) Damaging, disabling or otherwise interfering with the operation of computers, computer systems, software or related equipment through physical action or by electronic means.

(Continued)

Students

**SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES  
(ACCEPTABLE USE GUIDELINES) (Cont'd.)**

- 5) Using unauthorized software on the DCS.
- 6) Changing, copying, renaming, deleting, reading or otherwise accessing files or software not created by the student without express permission from the computer coordinator.
- 7) Violating copyright law, including the illegal file sharing of music, videos and software.
- 8) Employing the DCS for non-educational, commercial purposes, product advertisement or political lobbying.
- 9) Disclosing an individual password to others or using others' passwords.
- 10) Transmitting material, information or software in violation of any District policy or regulation, the *District Code of Conduct*, and/or federal, state and local law or regulation.
- 11) Revealing personal information about oneself or of other students including, but not limited to, disclosure of home address and/or telephone number.
- 12) Accessing personal, interactive sites (such as Myspace blogs) unless under the direct supervision of a staff member. This includes the use of a student's personal cell phone or digital device to access such social networking sites.
- 13) Creating or using a website or blog which may cause a substantial disruption in the school environment or interfere with the rights of others.
- 14) Using digital device (such as cell or camera phones), electronic technology and/or media to facilitate cheating, plagiarism, etc.

Network accounts are to be used only by the authorized owner of the account. Any user of the DCS that accesses another network or computer resources shall be subject to that networks acceptable use policy.

If a student or a student's parent or guardian has a District network account, a non-district network account, or any other account or program which will enable direct or indirect access to a District computer, any access to the DCS in violation of District policy and/or regulation may result in student discipline. Indirect access to a District computer shall mean using a non-district computer in a manner which results in the user gaining access to a District computer, including access to any and all information, records or other material contained or stored in a District computer.

(Continued)

Students

**SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES  
(ACCEPTABLE USE GUIDELINES) (Cont'd.)****Sanctions**

- 1) Violations may result in suspension and/or revocation of student access to the DCS as determined in accordance with appropriate due process procedures.
- 2) Additional disciplinary action may be determined at the building level in accordance with existing practices and procedures regarding inappropriate language or behavior, as well as federal, state and local law.
- 3) When applicable, law enforcement agencies may be involved.

**Security**

Security on any computer system is a high priority, especially when the system involves many users. Users of the DCS identifying a security problem on the District's system must notify the teacher in charge. A student is not to demonstrate the problem to other users. Attempts to log on to the DCS as a computer coordinator may result in restriction or suspension of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the DCS. Further, any violations regarding the use and application of the DCS shall be reported by the student to the teacher in charge.

**Notification**

The District's Acceptable Use Policy and Regulations will be disseminated to parents and students in order to provide notice of the school's requirements, expectations, and students' obligations when accessing the DCS.



**HARTFORD CENTRAL SCHOOL DISTRICT  
PARENT/GUARDIAN NOTIFICATION FOR STUDENT USE OF DISTRICT  
COMPUTERIZED INFORMATION RESOURCES**

I am the parent or guardian of \_\_\_\_\_,  
the minor student who has signed the District's agreement for student use of computerized information resources. I have been provided with a copy and I have read the District's policy and regulations concerning use of the DCS.

I also acknowledge receiving notice that, unlike most traditional instructional or library media materials, the DCS will potentially allow my son/daughter student access to external computer networks not controlled by the Hartford Central School District. I understand that some of the materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the District to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use of technology to my son/daughter when he or she is using the DCS or any other electronic media or communications, including my son/daughter's own personal technology or electronic device on school grounds or at school events.

I agree to release the Hartford Central School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the DCS in any manner whatsoever.

I agree that my son/daughter will have access to the DCS and I agree that this may include remote access from our home.

Parent or Guardian Signature: \_\_\_\_\_

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

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

**HARTFORD CENTRAL SCHOOL DISTRICT  
STUDENT AGREEMENT FOR USE OF DISTRICT  
COMPUTERIZED INFORMATION RESOURCES**

In consideration for the use of the Hartford Central School District's Computer System (DCS), I agree that I have been provided with a copy of the District's policy on student use of computerized information resources and the regulations established in connection with that policy. I agree to adhere to the policy and the regulations and to any changes or additions later adopted by the District. I also agree to adhere to related policies published in the Student Handbook.

I understand that failure to comply with these policies and regulations may result in the loss of my access to the DCS. Prior to suspension or revocation of access to the DCS, students will be afforded applicable due process rights. Such violation of District policy and regulations may also result in the imposition of discipline under the District's school conduct and discipline policy and the *Code of Conduct*. I further understand that the District reserves the right to pursue legal action against me if I willfully, maliciously or unlawfully damage or destroy property of the District. Further, the District may bring suit in civil court pursuant to General Obligations Law Section 3-112 against my parents or guardians if I willfully, maliciously or unlawfully damage or destroy District property.

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Student Signature

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School Building

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Date

HARTFORD CENTRAL SCHOOL DISTRICT  
RELEASE FORM

Dear Parent(s) or Guardian(s):

The Hartford Central School District may, on occasion, use photographs or video recordings of students and/or students' original works of art on the district's website, social media accounts, press releases, and/or in district and community publications. If you **DO NOT** wish for your child to be interviewed, photographed, and/or recorded for Hartford Central School District purposes or for their original works of arts to be displayed through Hartford CSD outlets, please sign the bottom portion of this page and return the form to your child's teacher as soon as possible.

*Important Note: The District will honor all written requests by parent who do not want their child's picture or name published in any way. However, the District is not responsible for any media coverage of athletic or special events that are open to the public.*

Thank you for your cooperation.

Sincerely,

  
Elementary Principal

  
MS/HS Principal

.....  
[ ] I **DO NOT** give permission for my child to be interviewed, photographed, and/or recorded for Hartford Central School District purposes or for their original works of arts to be displayed through Hartford CSD outlets.

CHILD'S NAME \_\_\_\_\_

HOMEROOM TEACHER \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_