

# **HARTFORD CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION CHECKLIST**



- ☐ **Completed Registration Packet:**
  - ☐ Registration Form
  - ☐ Student Health History
  - ☐ Residency Verification Form
  - ☐ Request for Academic Records
  - ☐ Transportation Form
  - ☐ Digital Equity Form
  - ☐ Home Language Questionnaire
  - ☐ Release Form
  - ☐ NYSPHSAA Transfer Notification (7-12th Grade Only)
  - ☐ Computer Usage Form
  
- ☐ **Copy of Birth Certificate**
  
- ☐ **Immunization Records**
  
- ☐ **Proof of Physical**
  
- ☐ **Proof of Residency**

**Please Call 518-632-5222 Ext. 306 With Any Questions**

**All Documents May be Delivered in Person, Faxed to 518-632-5148 Or  
Emailed to [jnims@hartfordcsd.org](mailto:jnims@hartfordcsd.org)**

**HARTFORD CENTRAL SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**



**Complete All Information Carefully:**

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

Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Gender: F M NB Age: \_\_\_\_\_

Mailing Address (If different from physical address): \_\_\_\_\_

Primary Phone Number (number used to receive automated announcements i.e. weather closures): \_\_\_\_\_

**Family Information-Student lives with:**

☐ Both Parents ☐ Mother ☐ Father ☐ Foster Parent ☐ Other (Please List) \_\_\_\_\_

\*Court documents stating current custody arrangements must be provided to the school district if the student is not living with both parents.

\*\*If a foster placement, a copy of DSS 2999 form must be submitted.

**Parent/Guardian #1- This will be the FIRST Parent/Guardian contacted:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Street Address: (if different from student) \_\_\_\_\_

Mailing Address: (if different from student) \_\_\_\_\_

**Parent/Guardian #2- This will be the SECOND Parent/Guardian contacted:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Street Address: (if different from student) \_\_\_\_\_

Mailing Address: (if different from student) \_\_\_\_\_

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

**Migrant status:** A child whose parent is a migratory agricultural worker who has moved within the past 36 months across state or district boundaries to obtain temporary or seasonal employment in agricultural or fishing work.

☐ No ☐ Yes

**Emergency Contacts (other than Parent/Guardian):**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Brothers and Sisters: (living in the same household)**

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

**Educational Data Information:**

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

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

Name of Former Teacher or School Counselor: \_\_\_\_\_

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

Does your child currently receive free or reduced lunch? (please circle one)      No      Free      Reduced

Has the student repeated any grade?      No      Yes      If yes, which grade? \_\_\_\_\_

Is the student receiving any AIS?      No      Yes      If yes, please specify: \_\_\_\_\_

Does the student have an IEP/504 Plan on file with the previous district?      No      Yes

Does the student receive any Related Services? (Speech Therapy, OT, PT etc.)      No      Yes

If yes, please explain: \_\_\_\_\_

**Student Racial and Ethnic Identification (required by State law):**

1. **Is the student Hispanic or Latino or of Spanish origin?** Definition: A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.      ☐ No      ☐ Yes

2. **Select one or more races from the following five racial groups (check all groups that apply to your child):**

- ☐ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Black or African American:** A person having origins in any of the Black racial groups of Africa.
- ☐ **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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

Relationship to student (please check one box below)

☐ Mother      ☐ Father      ☐ Guardian      ☐ Other (specify): \_\_\_\_\_

# HARTFORD CENTRAL SCHOOL STUDENT HEALTH HISTORY



Education Law Article 19 and Regulations of the Commissioner of Education (8 NYCRR) require physical examinations of public school students:

- Entering the school district for the first time, and in grades Pre-K or K, 1, 3, 5, 7, 9, and 11; and at any grade level by the school administration, in their discretion to promote the educational interests of the student
- In order to participate in strenuous physical activity, such as interscholastic athletics
- In order to obtain an employment certificate
- When conducting an individual evaluation or reevaluation of a student suspected of having a disability or a student with a disability

Student Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Non-Binary

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian (person completing form): \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Has your child ever:	Yes	No	If yes, Please explain and include date
Seen a medical specialist			
Had surgery/been hospitalized			
Had a bone, muscle, or joint problem			
Passed out or fainted			
History of concussion or head injury			
Had a seizure/seizure disorder			
Worn glasses or contacts			
Hearing issues/used hearing aids			
Had braces, spacers or other orthodontics			
Dental Issues			
History of serious injury (broken bones, car accident, etc.)			
Mental Health Concerns			

**Please check all that apply to your child:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADHD/ADD                          | <input type="checkbox"/> Anaphylaxis              | <input type="checkbox"/> Anxiety/Depression      |
| <input type="checkbox"/> Asthma/Breathing Problem          | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Diabetes                |
| <input type="checkbox"/> Ear Tubes                         | <input type="checkbox"/> Eating Disorder          | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Headaches/Migraines               | <input type="checkbox"/> Heart Condition          | <input type="checkbox"/> OCD/ODD                 |
| <input type="checkbox"/> Scoliosis                         | <input type="checkbox"/> Skin Conditions          | <input type="checkbox"/> Stomach Disorder        |
| <input type="checkbox"/> Other Condition not listed: _____ |   |  |

Are there any physical limitations preventing this student from participating in physical education activities or do they require an assistive device? (Wheelchair, walker, crutches) ☐ No ☐ Yes

If yes, please explain: \_\_\_\_\_

Please indicate:	Yes	No	Please Specify:
Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Environmental <input type="checkbox"/> Latex <input type="checkbox"/> Seasonal <input type="checkbox"/> Insect Sting <input type="checkbox"/> Medication <input type="checkbox"/> Other: _____			Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Severe
Medication at <b>Home</b>			Name: Dose:
Medication at <b>School</b> (medical order required)			Name: Dose:
Dietary Concerns (medical diagnosis and doctor's note required)			<input type="checkbox"/> Gluten Free <input type="checkbox"/> Lactose Free <input type="checkbox"/> Other:

Any special health conditions the school should be aware of that are not listed above? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accordance with NYS Public Health Law, it is required that each child entering school into Pre-Kindergarten, 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 1, 3, 5, 7, 9 and 11. 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/Last physical: \_\_\_\_\_

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

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

Do You:   ☐ Own Your Own Home   ☐ Rent   ☐ Other:   

- Shelter
- With another family or other person because of loss of housing or as a result of economic hardship
- Hotel/Motel
- Car, Park, Bus, Train, or Campsite

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:

- Proper Documentation Provided? ☐ Yes ☐ No

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

**HARTFORD CENTRAL SCHOOL DISTRICT  
REQUEST FOR ACADEMIC RECORDS**



**Previous School Information:**

School Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

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

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

- Academic Record
- Science Lab Reports
- CSE Records (IEP, 504 Plan, Psychoeducational and Related Service Evaluations and Provider Names)
- Attendance Record
- Standardized Test Data
- Approximate Grades for the Current Marking Period
- Health/Immunization Record
- Custody Papers
- 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  
Attention: Guidance Office  
Fax: 518-632-5148  
Phone: 518-632-5222 Ext. 306  
Email: [jnims@hartfordcsd.org](mailto:jnims@hartfordcsd.org)

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

**HARTFORD CENTRAL SCHOOL DISTRICT**  
**Transportation Form**



Please complete Section 1 for your student. Complete Sections 2 and 3 only if they apply to your student. This will help us provide accurate information for scheduling your child's/children's transportation needs to our Transportation Department. **This form must be filled out on an annual basis for each student in your household, or anytime there is a change to your information.**

**Section 1 - Student Information**

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

Primary Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Section 2 - No School Transportation Needed (Please Circle All Days That Apply)**

AM Bus Run:      Monday      Tuesday      Wednesday      Thursday      Friday

PM Bus Run:      Monday      Tuesday      Wednesday      Thursday      Friday

**Section 3 - Sitter/Alternate Pickup/Drop Off Location Information**

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

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

Name of Sitter/Childcare Provider: \_\_\_\_\_

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

Please pick up from the Sitter's:      Monday      Tuesday      Wednesday      Thursday      Friday

Please drop off at the Sitter's:      Monday      Tuesday      Wednesday      Thursday      Friday

**Hartford Central School District Transportation Policy**

Bus drivers will not drop-off a student in grades K-3 if the parent/guardian or approved sitter is not visible, unless there is an older sibling riding with the student, **or** a completed "Acknowledgement of School Practice; Request for Exception; Authorization; and Release" form is filed with the Elementary Principal.

If any student is returned to school it will be the responsibility of the parent to pick up the student.

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



**HARTFORD CENTRAL SCHOOL DISTRICT  
DIGITAL EQUITY SURVEY**



The New York State Education Department is requiring parents/guardians to complete a Digital Equity survey for each student in the family enrolling in grades Kindergarten – Grade12. This survey will provide information on student access to devices and internet access in their places of residence. To assist us in this process, please answer each question below and follow any additional instructions provided for submitting or returning the survey.

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

1. What device will your child use to complete learning activities away from school? *(This can be the school-provided device or a personal device; whichever the student is most often using to complete their schoolwork.)*

☐ Desktop                      ☐ Laptop                      ☐ Tablet  
☐ Chromebook                      ☐ Smartphone                      ☐ No Device

2. Who is the provider of the primary learning device identified in question 2?

☐ School                      ☐ Personal

3. Is the primary learning device (identified in question 2) shared with anyone else in the household?

☐ Shared                      ☐ Not Shared

4. Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?    ☐ Yes                      ☐ No

5. Is your child able to access the internet in their primary place of residence?    ☐ Yes                      ☐ No

6. What is the primary type of internet service used in your child's primary place of residence?

☐ Residential Broadband                      ☐ Cellular                      ☐ Mobile Hotspot  
☐ Dial Up                      ☐ DSL                      ☐ Community WiFi  
☐ No Service                      ☐ Satellite                      ☐ Other: \_\_\_\_\_

7. In your primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?

☐ Yes                      ☐ No

8. What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?

☐ Cost                      ☐ Availability                      ☐ None                      ☐ Other

**Home Language Questionnaire (HLQ)****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.*

**Please write clearly when completing this section.****STUDENT NAME:**

First

Middle

Last

**DATE OF BIRTH:****GENDER:**

Month

Day

Year

☐ Male☐ Female**PARENT / GUARDIAN INFO:**

COMPLETE NAME:

**Language Background***(Please check all that apply)*

1. What language(s) is (are) spoken in the student's home or residence? ☐ English ☐ Other Specify: \_\_\_\_\_
2. What was the first language your child learned? ☐ English ☐ Other Specify: \_\_\_\_\_
3. What is the Home Language of each parent/guardian? Mother: \_\_\_\_\_ Father: \_\_\_\_\_
4. What language(s) does your child understand? ☐ English ☐ Other Specify: \_\_\_\_\_
5. What language(s) does your child speak? ☐ English ☐ Other Specify: \_\_\_\_\_ ☐ Does not Speak
6. What language(s) does your child read? ☐ English ☐ Other Specify: \_\_\_\_\_ ☐ Does not Read
7. What language(s) does your child write? ☐ English ☐ Other Specify: \_\_\_\_\_ ☐ Does not Write

**Educational History**

8. Indicate the total number of years that your child has been enrolled in school (K through 12 only): \_\_\_\_\_
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?  
☐ Yes ☐ No ☐ Not Sure If yes, please describe them: \_\_\_\_\_  
How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe
- 10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes (\*please complete 10b below)
- 10b. If referred for an evaluation, has your child ever received any special education services in the past? ☐ No ☐ Yes  
Type of services received: \_\_\_\_\_  
Age at which services received (please check all that apply):  
☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)
- 10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talent, health concern, etc.)  
\_\_\_\_\_
12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Signature of Parent or Guardian

Relationship to student:

☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

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

**OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ**

District Name/School & Address:		Student ID:
Name/Position of Qualified Personnel Reviewing HLQ/Conducting Interview:		Oral Interview Necessary? <input type="checkbox"/> Y <input type="checkbox"/> N
Date of Individual Interview:	Outcome of Interview: <input type="checkbox"/> Administer NYSITELL <input type="checkbox"/> English Proficient <input type="checkbox"/> Refer to Language Team	
Date NYSITELL Administered:	Proficiency Level Achieved <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:		

**HARTFORD CENTRAL SCHOOL DISTRICT  
RELEASE FORM**



Dear Parent(s) or Guardians(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 purposes or for their original works of art 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 parents 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to the Section 2 office.

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

**Please Note:** Make sure all available information/documentation is submitted prior to the Transfer Committee's review. **NO appeal** will be entertained involving additional information that WAS AVAILABLE but not included prior to the Transfer Committee's review.

**PLEASE CHECK ONLY ONE (1) of THE FOLLOWING.**

**Waiver Request:**

- \_\_\_\_\_ **Financial** – Requires documented proof of a significant loss of income OR a significant increase in expenses.
- \_\_\_\_\_ **Health & Safety** – Written documentation from the Superintendent of Schools or HS Principal of the previous school indicating the specific circumstances which necessitated the transfer.
- \_\_\_\_\_ **School District of Residence (SDR):** (No change of residence, school registration change only.) Student is transferring to a school within the district boundaries of his/her residence.

**Exemption:**

- \_\_\_\_\_ **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 (6) months. The legal separation agreement or divorce document must address custody, child support, spousal support and distribution of assets and be filed with the County Clerk or issued by a Judge. **(proof required)**

\_\_\_\_\_ **Parent(s) Signature Attesting to Above**

\_\_\_\_\_ **Athletic Director's Verification**

- \_\_\_\_\_ **Homeless:** Student declared homeless by the Superintendent under McKinney-Vento Legislation (NYSED 100.2) **(STAC on file at the school)**

- \_\_\_\_\_ **No Corresponding Change of Address:** This transfer has no corresponding change of address nor does a waiver or exemption apply. We understand that the student is ineligible per the NYSPHSAA Transfer Rule and subject to the limitations contained in NYSPHSAA Handbook #31(b) passed July 2019.

\_\_\_\_\_ **Residency Change:** The entire family has abandoned the previous address and is physically residing at the current address. I/We attest that our previous residence has been abandoned by the immediate/entire family and our current residence has been established through action and intent. I/We attest that the immediate/entire family will be physically residing at our current address as inhabitants and intend 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 NYSPHSAA Regulations.) I/We attest that the student has transferred without inducement, recruitment or having sought an athletic advantage.

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

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

By signing this document, I/We attest to the truth and accuracy of any and all information provided on this form.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving School: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Registration/Transfer: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade \_\_\_\_\_ Did Student Repeat Any Grades: YES NO

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

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

**Parent(s) Names and Current Addresses**

Parent #1: Name \_\_\_\_\_ Address: \_\_\_\_\_

Parent #2: Name \_\_\_\_\_ Address: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_ Did student participate in high school athletics at previous school? YES NO

**OVER**

**TO BE COMPLETED BY RECEIVING SCHOOL'S ATHLETIC DIRECTOR IN CONVERSATION WITH PREVIOUS SCHOOL.**

Address of Student While Attending Previous School: \_\_\_\_\_

Name & Relationship Of All With Whom Student Lived While Attending Previous School: \_\_\_\_\_

Dates of Attendance and Withdrawal of all Previous Schools: (grades 7-12)

1. School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_
2. School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_
3. School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

**List All High School Sports Student Has Played (7-12 grade)  
Most Recent First**

7th Grade:	School Year: _____	Sport:: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
8th Grade:	School Year: _____	Sport: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
9th Grade:	School Year: _____	Sport:: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
10th Grade:	School Year: _____	Sport:: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
11th Grade:	School Year: _____	Sport:: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
12th Grade:	School Year: _____	Sport:: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____
		Sport: _____	Level: _____	School: _____

Sports history verified by Receiving School's Athletic Director by:

\_\_\_\_\_ Telephone Conversation with \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ E-mail/Fax with \_\_\_\_\_ Date: \_\_\_\_\_

Failure to confirm after three (3) documented attempts:

1. Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_
2. Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_
3. Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_

The Receiving School's Athletic Director has reviewed and verified all information on this document as accurate and true to the best of his/her knowledge.

Athletic Director Reviewed & Verified: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

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: \_\_\_\_\_

**\*\* If any information provided in this document by the parent(s) and/or Athletic Director is deemed to be inaccurate or false, will result in Eligibility Violations.**

# 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 willingly, 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 willingly, maliciously, or unlawfully damage or destroy District property.

Student Signature: \_\_\_\_\_

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

School Building: \_\_\_\_\_

## 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 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/Guardian Signature: \_\_\_\_\_

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

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

# **PLEASE KEEP FOR YOUR RECORDS**

## **HARTFORD CENTRAL SCHOOL DISTRICT 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 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 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 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 that have not been evaluated by staff, students shall be provided with guidelines and lists of resources particularly suited to the learning objectives.

### **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 suspension or revocation of access to the DCS, students will be afforded 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 the 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 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 or by electronic means.
5. Using unauthorized software in 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 devices (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 network's 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 enables 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.

### **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 others. 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.