



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

Dear Parent/Guardian:

Welcome to the Brockport Central School District!

The attached registration packet is the first step to completing the registration process. You will need to complete one packet per student you are registering in our District.

Along with the registration packet, you are **required** to provide the following documentation:

- **Proof of birth:** Birth certificate or baptismal certificate
- **Proof of residency:** Copy of lease, copy of mortgage statement, utility bill) dated within the last 30 days
- **Parent photo ID**
- **Most recent physical and immunizations** (doctors office may fax directly to school nurse at 585-637-1838)
- **Custody or guardianship papers** (if applicable)

Please complete the registration packet, gather the supporting documentation listed above, and submit the paperwork one of the following ways:

- Fax to 585-637-1899
- Scan and email to Registrar@bcs1.org
- Mail to the Office of Registration, 40 Allen St, Bldg #100, Brockport, NY 14420
- Take pictures with a smartphone and email it from your phone to Registrar@bcs1.org
- Call the office at 585-637-1857 to make an appointment to bring paperwork into the office

The Office of Registration is currently open Monday thru Friday from the hours of 8:00 AM – 3:00 PM. Your registration appointment could take up to 30 minutes depending on the completion of the paperwork. The registration packet is to be completed **PRIOR** to your appointment.

Feel free to contact our office should you have any questions regarding the registration process. Again, welcome to the Brockport Central School District.

Sincerely,

Dawn M. Gruka
District Registrar

Office of Registration & Records
 Phone: 585-637-1857
 Fax: 585-637-1899

Email: registrar@bcs1.org

Brockport Central School District
 40 Allen Street
 Brockport, NY 14420

HOUSEHOLD INFORMATION FORM

Primary Address _____ City _____ State _____ Zip _____

Children in the Household (Include all Pre-School Age Children):

Name of Child (First, Middle, Last)	Date of Birth	Sex	Hispanic (Y/N)	Ethnicity	Current Grade
1					
2					
3					
4					
5					

Parent/Guardian Information:

Parent/Guardian #1	Address (If diff than Primary)	Cell Phone #	Home #	Work #
Relationship	Email: Must have email address			
Parent/Guardian #2	Address (If diff than Primary)	Cell Phone #	Home #	Work #
Relationship	Email: Must have email address			

Other Persons who live in household:

Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #

Emergency Contact Information:

Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #

PEDIATRICIAN: _____

 Parent Signature

 Date



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

STUDENT ENROLLMENT FORM

(NOT REQUIRED FOR UPK)

STUDENT NAME: _____

CURRENT GRADE: _____ PREVIOUS SCHOOL: _____

LAST DATE OF ATTENDANCE AT PREVIOUS SCHOOL: _____

Please state the reason for leaving the previous school: _____

My child was receiving the following services (Please select all that apply):

- _____ Regular Education
- _____ Special Education _____ IEP _____ 504 Plan
- _____ Alternative High School _____ GED/TASC Program
- _____ Vocational/WEMOCO program: _____
- _____ AIS Services – Subjects: _____

Has your child had any disciplinary issues at their previous school? _____ Yes _____ No

If Yes, please explain: _____

Is your child currently on a long term suspension _____ YES Date suspension ends: _____
_____ NO

The statements on this form are true to the best of my knowledge:

Parent/Guardian signature

Date



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

STUDENT RECORDS REQUEST

(Not required for UPK or Kindergarten)

(Unless transfer of Kindergarten student during school year)

School Transferring From: _____

School Address: _____

School City, State, Zip: _____

School Phone #: _____ School Fax #: _____

**PERMISSION IS HEREBY GIVEN TO BROCKPORT CENTRAL SCHOOL DISTRICT
TO RECEIVE AND/OR RELEASE INFORMATION REGARDING:**

STUDENT NAME: _____ GRADE: _____

GRADE LAST ATTENDED: _____ GRADUATION YEAR: _____

PLEASE SEND THE FOLLOWING DOCUMENTATION:

PROOF OF BIRTH

TRANSCRIPT

ACHIEVEMENT TEST SCORES

NYS SCIENCE LAB MINUTES

PSYCHOLOGICAL REPORT

WITHDRAWAL GRADES

SPECIAL EDUCATION RECORDS

IMMUNIZATIONS & HEALTH INFORMATION

STUDENT DISCIPLINE REPORT

CUSTODY/GUARDIANSHIP PAPERWORK
(IF APPLICABLE)

Signature of Parent

Date

Please contact the Office of Registration & Records if you have any questions
(585) 637-1857



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

CUSTODY DISCLOSURE FORM

The Office of Registration & Records is responsible for registration, not the responsibility in determining which parent/guardian may check a child in/out of school, etc. If custodial or guardianship issues exist when you register your child in the Brockport Central School District, it is **your** responsibility to provide custodial documentation for the Office of Registration and Records. NOTE: a current legal court document must be provided to ensure compliance with custody orders.

You may contact your child's school principal to review the custodial arrangements although the custodial paperwork will be attached to your child's account. Please provide any new/updated court documents to the Office of Registration and Records as soon as possible so that your child's account may be updated immediately.

Information of Rights of Parents from the Family Education Rights and Privacy Act (FERPA)

An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, state statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights. (Authority: 20 U.S.C. 1232g)

Please select the current custody/guardianship arrangement:

- Parents/guardians are together residing at the same residence
- Single parent (father/mother is not listed on the birth certificate)
- Parents/guardians divorced/separated – joint custody
(no court documentation required unless stipulations on either parent)
- Parents/guardians divorced/separated – sole custody
(Documentation required-otherwise non-residential parent rights are the same as sole custodian)
- Custody/Guardianship is transferred – requires legal documentation
- Student is emancipated – requires legal documentation
- Other: _____

Please check all that apply:

- I have disclosed my current custody/guardianship agreement
- I have attached a copy of the pages of the legal court documents that describe custody arrangements
- I understand that it is my responsibility to update the Office of Registration & Records with any changes in custody

Student Name

Parent Signature



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

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

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

Home Language Questionnaire (HLQ)

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

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

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	_____ <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

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 *If yes, please explain: _____

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

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

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

No Yes – Type of services received: _____

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

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

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

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

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: No Yes

**DATE OF INDIVIDUAL INTERVIEW: _____
Mo. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW: ADMINISTER NYSITELL
 ENGLISH PROFICIENT
 REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING
Mo. DAY YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: _____
Last First Middle

Previous School Attended: _____

Gender: Male Female Date of Birth: _____ / _____ / _____ Grade: _____ ID#: _____
Month Day Year (preschool-12) (assigned by District)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

- In permanent housing

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

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

Date

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

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

Parent Input Form

(Grades UPK-8 ONLY)

Please note that placement decisions are focused on providing the best academic setting and groupings to maximize students' instructional experiences. For this reason the instructional criteria items override placing friends together. We highly suggest parents encourage their children to be comfortable meeting and making new friends. Also, please be aware classroom teachers do incorporate ice breakers and activities for building classroom friendships starting the first day of school.

Child's Name: _____

Person Completing Form: _____

Relationship to child: _____

Present Grade: _____ Present Teacher: _____

PLEASE DO NOT REQUEST A SPECIFIC TEACHER OR PROGRAM

1. To help in the placement process, please check any items which **best describe** your child:

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> shy | <input type="checkbox"/> outgoing | <input type="checkbox"/> unable to demonstrate self-control | <input type="checkbox"/> needs frequent adult assistance |
| <input type="checkbox"/> sensitive | <input type="checkbox"/> creative | <input type="checkbox"/> has difficulty staying focused | <input type="checkbox"/> tends to be withdrawn |
| <input type="checkbox"/> independent worker | <input type="checkbox"/> motivated | <input type="checkbox"/> demonstrates leadership skills | <input type="checkbox"/> lacks self-motivation |
| <input type="checkbox"/> makes friends easily | <input type="checkbox"/> is active | <input type="checkbox"/> needs academic challenge and enrichment | <input type="checkbox"/> relates easily to adults |

2. What is the **most important** information to be considered in **your child's placement**?

3. Please list any additional information that will assist us in **placing your child**.

(over)

Parent Input Form

(Grades UPK-8 ONLY)

Child's Name: _____

Person Completing Form: _____

PLEASE DO NOT REQUEST A SPECIFIC TEACHER OR PROGRAM

4. Please provide any additional information you feel is important to **next year's teacher**.

Academic:

Social:

Emotional:

Please return this form in the registration packet or you may also return it to the school office.

Ethnicity Form

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.

Student Name: _____ Grade _____

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.

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

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:** 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 Islands, 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.

Signature of Parent/Guardian _____ Date _____



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

RESIDENCY STATEMENT

The undersigned, being the parent/guardian(s) of _____
(herein after referred to as the "Student"), hereby acknowledge, state and agree as follows:

- The undersigned are permanent residents of the Brockport Central School District, (herein after referred to as the "District"), and have provided the appropriate documentation of their residence at _____.
- The undersigned grants permission for the District to verify residency at the above address at the time of registration of the Student and from time to time in the future as the District deems necessary.
- If the undersigned moves out of the District while the Student is still attending the District's schools, the undersigned will notify the District in writing immediately. Notifications will be sent to the school the Student attends or the Office of Registration and Records.
- If the undersigned moves out of the District, the Student will no longer be considered a resident for school purposes, and the District will have no obligation to educate the Student. The undersigned shall be responsible for payment of non-resident tuition, in accordance with District policy and procedures, starting on the day after the date on which the undersigned moved out of the District.
- The undersigned may request that the District continue to educate the Student. If the District chooses to educate the student, its decision will be made on a space-available basis and will be dependent upon the undersigned complying with District policy and procedures relating to the education of non-resident students including, but not limited to, payment of tuition in advance.
- If the tuition referred to above is not paid by the undersigned and the District is required to pursue collection, the undersigned shall pay, in addition to the unpaid tuition, all costs, fees and expenses, including reasonable legal fees, incurred by the District to collect the unpaid tuition.

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

Date



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

SPEECH HEARING AND LANGUAGE SURVEY (KINDERGARTEN ONLY)

To be completed by Parent/Guardian:

Student Name: _____

Date of Birth: _____

1. My child has received speech therapy: _____ Yes _____ No
If yes, please complete below

Clinic Services Received: _____

Type of therapy: _____

Dates of service: _____

2. Do you consider your child's language adequate for his/her age?

- a) Speaks in complete sentences _____ Yes _____ No
b) Follows directions _____ Yes _____ No
c) Answers "WH" questions (who what, where, when) _____ Yes _____ No
d) Use appropriate labels for items/pictures _____ Yes _____ No

3. Does your child have difficulty making and using speech sounds?
_____ Yes _____ No

a) If any, what sounds? _____

- b) Can your child's speech be understood by an unfamiliar listener?
_____ Yes _____ No

4. Does your child have frequent repetitions or hesitations in his/her speech?
_____ Yes _____ No



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

HEALTH NOTIFICATION FOR PARENTS AND HEALTH STATUS CHECKLIST

HEALTH NOTIFICATION

New York State law requires parents to show proof of a current physical exam for all new entrants. This examination shall not have been given more than 12 months prior to the first day of school in the year of entry. The school physician will be scheduled to examine new entrants whose parents have not scheduled or obtained proof of an exam.

Please indicate below your responses to this requirement:

1. I have enclosed the proper physical form with my registration
2. I have scheduled a physical for my children on _____
(Date of physical or estimated date of physical)
3. I wish to have the Brockport Central School District Physician give my child a health appraisal
4. I agree to provide Immunization (shots) per the NYS Law Section 2164

Student Name (Please print)

Legal Parent/Guardian Signature

Date

NOTES: _____



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

STUDENT HEALTH HISTORY FORM (Page 1)

Student Name: _____ Sex: _____ Date of Birth: _____

Physician Name: _____ Ph #: _____

Dentist Name: _____ Ph #: _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? If Yes, please describe:

	NO	YES	Please Describe
1. Allergies			
2. Asthma			
3. Diabetes			
4. Seizures			
5. Bleeding tendencies			
6. Heart disease			
7. Tuberculosis			
8. Rheumatic Fever			
9. Severe headaches			
10. Frequent ear infections			
11. Pneumonia			
12. Chicken pox			
13. Skin conditions			
14. Cancer			
15. Leukemia			
16. Vision problems			
17. Hearing problems			
18. Speech problems			
19. Orthopedic (such as scoliosis or club foot)			
20. Other			

Date of last physical: _____

Examining Physical Name: _____



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

STUDENT HEALTH HISTORY FORM (Page 2)

Student Name: _____

Is your child now or has he/she ever been on any regular medication? If so, please explain: _____

Has your child had any operations (including tonsillectomy, tubes in ears, etc.)? If yes, please explain: _____

Has your child had any serious accidents or injuries (including concussions)? If yes, please explain: _____

Has your child ever been hospitalized? Please explain: _____

Does your child have any special or inherited family disease? If so, please explain: _____

Does your child have any dietary restrictions? If so, please explain: _____

Does your student have any physical restrictions? If so, please explain: _____

Is there anything not covered in the above medical history that you think would be important for us to know about your child: If so, please explain: _____

Signature of Parent

Date

If there are any significant medical history or problem, please call and talk to the school nurse.



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Physician's Name/Group: _____

Street Address: _____

Telephone #: _____

Fax # _____

AUTHORIZATION FOR RELEASE OF RECORDS:

Student Name: _____ Date of Birth _____

I hereby authorize my child's physician identified above to release to the Brockport Central School District information relating to my child's Immunization and health records for the purpose of enrollment in the Brockport Central Schools. I understand that any information released by my child's physician relating to my child's Immunization and health records to the Brockport Central School District will be used for the sole purpose of determining whether my child is eligible to be enrolled in public school as required by New York State Law. I further understand that no child may be admitted to school or allowed to attend school for more than 14 days without an appropriate Immunization certificate or acceptable evidence of Immunization. In the event proof of Immunization is not provided within the legal time frame, I understand that my child's admission to school will be denied and the local health authority will be notified.

I further authorize my child's physician to release the following information to the Brockport Central School District for the following purposes:

- Physicals to comply with NYS health regulations and sport requirements
- Immunizations to comply with NYS health regulations
- Authorizations for prescriptions to be administered by the nurse during school hours
- Sports related clearances to allow for reinstatement in athletic programs after an injury
- Hearing exam results for maintenance of the student's health history
- Eye exam results for maintenance of the student's health history
- To assess a medical basis for modification of transportation and/or tutoring
- Authorization to obtain any needed prescriptions for occupational or physical therapy

Signature of Parent/Guardian

Date

This authorization expires on my child's last date of enrollment at Brockport Central School District. I understand that I have the right to revoke this authorization in writing, by submitting that revocation to the Office of Registration and Records, but that such revocation will not affect any disclosure that was made pursuant to this authorization prior to the receipt of such revocation by the Brockport Central School District, Office of Registration and Records. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations. I understand that the physician identified above cannot refuse to treat the student if I refuse to sign this authorization.

This form complies with HIPAA regulations

Volunteer Form

This form is now online. You will need to access <https://www.applitrack.com/brockport/onlineapp/>

This form does not require that you volunteer. It is a multi-use form that is required if you have any intention of visiting the school during the school year and during school hours. I.E., field trips, class parties, lunch with your student, etc.,

Please contact Diane Heed in our Human Resources Office, 637-1915, with any questions relating to the Volunteer Form as paper copies can no longer be accepted.



BROCKPORT

Central School District

Office of Registration and Records • 40 Allen Street, Brockport, New York 14420-2296 • (585) 637-1857 • Fax: (585) 637-1899

Dear Parent/Guardian:

Welcome to Brockport Central School District! This enclosure is to inform you of your right to refer your child at any time for an evaluation by the Committee on Special Education. You can access more information regarding this right by accessing the Parent's Guide to Special Education on the New York State Education Department's website at <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>.

Should you have any additional questions, please feel free to contact me at 637-1856.

Sincerely,

Lynn P. Carragher

Assistant to the Superintendent for Inclusive Education and Instruction

Acceptable Use Policy, Device User Agreement and Protection Plan

We are excited to announce that we are now offering the convenient online form completion and protection plan purchase through FamilyID (www.familyid.com).

FamilyID is a secure registration platform that provides you with an easy, user-friendly way to sign school policies, such as handbook agreements, media releases, and acceptable use policies, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs.

INSTRUCTIONS:

A parent/guardian should register by clicking on this link:

<https://www.familyid.com/organizations/brockport-csd>

Follow these steps:

1. To find your program, click on the link provided by the Organization above and select the registration form under the word Programs.
2. Next click on the blue Register Now button and scroll, if necessary, to the Create Account/Log In blue buttons. If this is your first time using FamilyID, click Create Account. Click Log In if you already have a FamilyID account.
 - a. Create your secure FamilyID account by entering the account owner First and Last names (parent/guardian), E-mail address and password. Select I Agree to the FamilyID Terms of Service. Click Create Account.
 - b. You will receive an email with a link to activate your new account. (If you do not see the email, check your E-mail filters (spam, junk, etc.).
 - c. Click on the link in your activation E-mail, which will log you in to FamilyID.com
3. Once in the registration form, complete the information requested. All fields with a red* are required to have an answer.
4. Click the Continue button when your form is complete.
5. Review your registration summary.
6. Click the Submit button. After selecting 'Submit', the registration will be complete. You will receive a completion email from FamilyID confirming your registration.

At any time, you may log in at www.familyid.com to update your information and to check your registration(s). To view a completed registration, select the Registrations tab in the blue menu bar at the top of your screen.

SUPPORT:

If you need assistance with registration, contact FamilyID at: support@familyid.com or 781-205-2800 x1. Support is available 7 days per week and messages will be returned promptly.

Normas/Póliza de uso aceptable, acuerdo de usuario del dispositivo y plan de protección

Nos complace anunciar que ahora ofrecemos el cómodo plan de protección y de llenar formularios en línea a través de FamilyID (www.familyid.com).

FamilyID es una plataforma de registro segura que le brinda una manera fácil de usar para firmar políticas escolares, como acuerdos de manuales, comunicados de prensa y políticas de uso aceptable, y nos ayuda a ser más eficientes desde el punto de vista administrativo y ambientalmente responsables. Cuando se registra a través de FamilyID, el sistema realiza un seguimiento de su información en su perfil de FamilyID. Solo tiene que poner su información una vez para cada miembro de la familia para múltiples usos y múltiples programas.

INSTRUCCIONES:

Para que el padre/tutor se registre, debe hacer clic en este enlace:

<https://www.familyid.com/organizations/brockport-csd>

Siga estos pasos:

1. Para encontrar su programa, haga clic en el enlace proporcionado por la organización arriba y seleccione el formulario de registro bajo la palabra "Programs" (Programas).
2. A continuación, haga clic en el botón azul "Register Now" (Registrarse Ahora) y desplácese, si es necesario, a los botones azules "Create Account/Log In" (Crear Cuenta / Iniciar Sesión). Si es la primera vez que usa FamilyID, haga clic en "Create Account" (Crear Cuenta). Haga clic en "Log In" (Iniciar Sesión) si ya tiene una cuenta FamilyID.
 - a. Cree su cuenta FamilyID segura introduciendo el nombre y apellido del propietario de la cuenta (padre / tutor), dirección de correo electrónico y contraseña. Seleccione "I Agree to the FamilyID Terms of Service" (Acepto los Términos de servicio de FamilyID). Haga clic en "Create Account" (Crear cuenta).
 - b. Recibirá un correo electrónico con un enlace para activar su nueva cuenta. (Si no ve el correo electrónico, revise sus filtros de correo electrónico (spam, basura, etc.).
 - c. Haga clic en el enlace en su correo electrónico de activación, que lo ingresará a FamilyID.com
3. Una vez que esté en el formulario de registro, complete la información solicitada. Todos los campos con un *rojo tienen que tener una respuesta.
4. Haga clic en el botón "Continue" (Continuar) cuando su formulario esté completo.
5. Revise su resumen de registro.
6. Haga clic en el botón "Submit" (Enviar). Después de seleccionar "Submit" (Enviar), el registro estará completo. Para confirmar su registro, recibirá un correo electrónico de finalización de FamilyID.

En cualquier momento, puede iniciar sesión en www.familyid.com para actualizar su información y verificar su (s) registro (s). Para ver un registro completo, seleccione la pestaña "Registrations" (Registros) en la barra de menú azul en la parte superior de su pantalla.

APOYO:

Si necesita ayuda con el registro, comuníquese con FamilyID en: support@familyid.com o 781-205-2800 x1.

La asistencia está disponible los 7 días de la semana y se devolverán los mensajes de inmediato.

STUDENT RELEASE FORM 2024-2025

STUDENT NAME: _____ **BIRTH DATE:** _____ **TEACHER:** _____

Information regarding the release of students from school:

If custodial or guardianship issues exist, it is the responsibility of the parent(s) to provide custodial documentation to the Office of Registration and Records. **NOTE:** A current legal court document must be provided to ensure compliance with custody orders. Please inform the Office of Registration and Records of changes in custodial arrangements.

Information on Rights of Parents from the Family Education Rights and Privacy Act (FERPA)

An educational agency or institution shall give **full rights** under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that **specifically revokes these rights**. (Authority: 20 U.S.C. 1232g)

I give the Brockport Central School District permission to **release my child** to the following people. These people will **NOT** be emergency contacts, they will have permission to drop off or pick up my student **ONLY**. Please include the natural mother and father, unless you have provided the Brockport Central School District with legal custody papers that restrict the non-custodial parent.

	Pickup/Drop off Name	Relation
1		Parent/Guardian
2		Parent/Guardian
3		
4		

Parent Guardian Signature

Date

Parent Guardian Signature

Date

FIELD TRIP PERMISSION

This completed sheet should be returned to your child's teacher as soon as possible and serve as reference for him/her. It will be in the teacher's classroom and used in emergency situations. Many of our classes plan field trips during the school year. If the place visited is nearby and weather permits, they will walk. When transportation is provided, it is always on a school bus under a teacher's supervision. At the visitation site, children are often clustered into smaller groups with parent chaperones. If you approve of what has been described, will you kindly sign below and return this slip to your child's teacher. Your permission to take such trips will be valid for the school year **2024-2025** only.

I give permission for my child to go on field trips under teacher guided supervision and parent cluster group supervision during the school year **2024-2025**.

Parent Guardian 1 Signature

Date

Parent Guardian 2 Signature

PUBLICITY RELEASE INFORMATION

Throughout the year, BCSD features student achievements, noteworthy programs and special events/occasions in a variety of ways, including the District website, social media, newsletters, brochures, videos and/or slideshows. Sometimes this information is shared by news/media outlets or requested by outside organizations who may re-publicize the materials and photographs/videos.

*If you **DO NOT** want your child's name/image used during the **CURRENT** school year, please notify the Registrar's Office at registrar@bcs1.org or (585)637-1857.

**Please 02/21/2024note, you must notify the Registrar's Office each school year if you do not want your child's name/image used by the District.*

Campus Parent – Infinite Campus

To request an activation code for Campus Parent you do the following:

1. In a browser go to <https://brockportny.infinitecampus.org/campus/portal/parents/brockport.jsp>
or
2. In a browser go to <https://www.bcs1.org>
Click **Digital Resources**
Click **Family Links**
Click **Campus Parent**
3. Click on **New User?**

4. Click on the Link for the **Campus Parent Activation Request Form**

5. Fill out the **Request Form** and click **Submit**.

Your Activation Key will be emailed to you with further instructions. Please allow up to 24 hours for the email. Once activated then you can download the Campus Parent app from your mobile device's app store.

My Ride K-12- Parent User Guide



How to access the My Ride K-12 website

1. Using a browser, go to <https://NYBrockportCSD.myridek12.tylerapp.com/>
2. If you do not already have a registered email, click '**Register**'.
3. To register, enter your **email address, password, and name**.
4. After registering, you will receive a confirmation email. Click on the link in your email to confirm your registration through the My Ride K-12 website.
5. Log in, click on **My Students** and then click the '**Find Student**' button.
6. **Enter the Student ID and Last Name** to find your student. Repeat this step to add additional students. If you need assistance, please contact your school district.
7. Once you have linked to a student, click on that student's profile to see all relevant transportation information.
8. To share a student link with another person, select a student and click the student options button in the lower-right corner.
9. Choose which students to share, then enter the email of the person you would like to share with. That person will receive a confirmation email that will automatically link them to the shared student(s). Recipients must register with My Ride K-12, if they have not already done so, to access the student information.

How to access the My Ride K-12 mobile application

1. Download "**My Ride K-12**" from the Google Play Store or the Apple App Store.
2. After the app installation is complete, open My Ride K-12.
3. When prompted to find your school district, search for "**Brockport**".
4. Once you have selected your district, you will proceed to the login page. If you do not already have a registered email, click '**Register**'.
5. To register, enter your **email address, password, and name**.
6. After registering, you will receive a confirmation email. Click on the link in your email to confirm your registration through the My Ride K-12 website.
7. Log in, then find a student by going to My Students and choosing the + button. This will present the Find a Student screen.
8. **Enter the Student ID and Last Name** to find your student. Repeat this step to add additional students. If you need assistance, please contact your school district.
9. Once you have linked to a student, click on that student's profile to see all relevant transportation information.
10. Press the "share" button to share a student link with someone else. Enter the email of the person you would like to share with. That person will receive a confirmation email that will automatically link them to the shared student(s). Recipients must register with My Ride K-12, if they have not already done so, to access the student information.
11. Regularly check for updates to ensure that your device is running the latest version of the app.
12. Remain logged into the app to receive district notifications, even when the app is not actively running.

My Ride K-12- Guía del usuario para padres



Cómo acceder al sitio web de My Ride K-12

1. Con un navegador, vaya a <https://NYBrockportCSD.myridek12.tylerapp.com/>
2. Si aún no tiene un correo electrónico registrado, haga clic en '**Registrarse**'.
3. Para registrarse, ingrese su **dirección de correo electrónico, contraseña y nombre**.
4. Después de registrarse, recibirá un correo electrónico de confirmación. Haga clic en el enlace de su correo electrónico para confirmar su registro a través del sitio web de My Ride K-12.
5. Inicie sesión, haga clic en **Mis estudiantes** y luego haga clic en el botón '**Buscar estudiante**'.
6. **Ingrese el ID de estudiante y el apellido** para encontrar a su estudiante. Repita este paso para agregar estudiantes adicionales. Si necesita ayuda, comuníquese con su distrito escolar.
7. Una vez que se haya vinculado a un estudiante, haga clic en el perfil de ese estudiante para ver toda la información de transporte relevante.
8. Para compartir el enlace de un estudiante con otra persona, seleccione un estudiante y haga clic en el botón de opciones de estudiante en la esquina inferior derecha.
9. Elija qué estudiantes desea compartir y, a continuación, introduzca el correo electrónico de la persona con la que desea compartir. Esa persona recibirá un correo electrónico de confirmación que la vinculará automáticamente con los estudiantes compartidos. Los beneficiarios deben registrarse en My Ride K-12, si aún no lo han hecho, para acceder a la información del estudiante.

Cómo acceder a la aplicación móvil My Ride K-12

1. Descargue "**My Ride K-12**" desde Google Play Store o Apple App Store.
2. Una vez completada la instalación de la aplicación, abra My Ride K-12.
3. Cuando se le pida que busque su distrito escolar, busque "**Brockport**".
4. Una vez que haya seleccionado su distrito, pasará a la página de inicio de sesión. Si aún no tiene un correo electrónico registrado, haga clic en '**Registrarse**'.
5. Para registrarse, ingrese su **dirección de correo electrónico, contraseña y nombre**.
6. Después de registrarse, recibirá un correo electrónico de confirmación. Haga clic en el enlace de su correo electrónico para confirmar su registro a través del sitio web de My Ride K-12.
7. Inicie sesión, luego busque un estudiante yendo a Mis estudiantes y eligiendo el botón +. Esto presentará la pantalla Buscar un estudiante.
8. **Ingrese el ID de estudiante y el apellido** para encontrar a su estudiante. Repita este paso para agregar estudiantes adicionales. Si necesita ayuda, comuníquese con su distrito escolar.
9. Una vez que se haya vinculado a un estudiante, haga clic en el perfil de ese estudiante para ver toda la información de transporte relevante.
10. Presione el botón "compartir" para compartir el enlace de un estudiante con otra persona. Ingrese el correo electrónico de la persona con la que desea compartir. Esa persona recibirá un correo electrónico de confirmación que la vinculará automáticamente con los estudiantes compartidos. Los beneficiarios deben registrarse en My Ride K-12, si aún no lo han hecho, para acceder a la información del estudiante.
11. Compruebe regularmente si hay actualizaciones para asegurarse de que su dispositivo esté ejecutando la última versión de la aplicación.
12. Permanezca conectado a la aplicación para recibir notificaciones del distrito, incluso cuando la aplicación no se esté ejecutando activamente.