

NEWFIELD CENTRAL SCHOOL DISTRICT
MIDDLE SCHOOL REGISTRATION

The following documentation is required (as applicable) for student registration. Please keep a copy of all documentation in the student file. A copy of the DSS form must be sent to the Business Office.

- Two Proofs of Residency
 - Driver's license
 - Electric bill
 - Phone bill
 - Lease
 - Other _____

- Registration Form (green, double-sided)
- Custody/Guardianship Papers
- Birth Certificate
- Immunization Record
- Verification of
 - DSS - Foster Care (SEND ONE COPY TO THE BUSINESS OFFICE)
 - Order of protection
 - Law Guardian
 - Not Applicable

- Health History (pink)
- Home Language Questionnaire
- Home Residency Questionnaire
- Emergency Information Form
- Transportation Information Form (blue)
- Free/Reduced Lunch Application and/or Cafeteria Policy
- Consent for Release of Records
- Computer Use/Internet Use Form (goldenrod)

**NEWFIELD CENTRAL SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

STUDENT INFORMATION

Student Name (First) _____ (Middle) _____ (Last) _____
Date ____ / ____ / ____ Grade level _____ Gender M / F
Date of Birth ____ / ____ / ____ Place of Birth _____

1. Hispanic or Latino Yes No

2. Ethnic Origin (please check all that apply)

- White American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander
-

PARENT/GUARDIAN INFORMATION (This student resides with):

Name 1 _____ Relation to student _____
Current Address _____
Previous Address _____
Home phone _____ Work phone _____ Cell phone _____
Email _____

Name 2 _____ Relation to student _____
Address (if different from Name 1) _____
Previous Address (if different from Name 1) _____
Home phone _____ Work phone _____ Cell phone _____
Email _____

Has this student been named in a custody order (if YES, please attach)? Yes No

Does this student have any court documents of which the school needs to be aware (ex. Order of Protection, Law Guardian, etc.) If YES, please attach. Yes No

Has this student ever attended Newfield Central School District?
If YES, when? _____ Yes No

Does this student have an Individualized Education Plan (IEP) for Special Education Services (ex. Resource Room, Inclusion class, Consultant teacher, testing accommodations, etc.)? If YES, please attach. Yes No

Is this child currently in Foster Placement? Yes No

Is this child part of a migrant family? Yes No

PREVIOUS PLACEMENT

Previous School District: _____

Address: _____ City/State/Zip _____

Phone number: _____ Fax number: _____

ADDITIONAL INFORMATION

The following person(s), as a parent of this student in addition to the above-named individuals, should receive school documents:

Name:	Address:
Name:	Address:

I hereby grant permission for my child to be released from school to the following person(s) when necessary*:

Name:	Relationship to Student	Phone Number

*NOTE: These persons may NOT make changes to your child's dismissal plans. The parent/guardian must send in a note to have anyone other than him/herself pick up the child for routine or non-emergency situations.

Please list all others living in this household (not included above) and their relationship to the enrollee:

Full Name (include middle names):	Relationship to Student	Date of Birth

I verify that all information provided in this registration packet is true and understand that providing false information is considered a serious offense and may result in legal action.

Parent/Guardian Signature

Date

NEWFIELD CENTRAL SCHOOL DISTRICT
STUDENT HEALTH HISTORY AND INFORMATION

Student Name _____ Date of Birth ____ / ____ / ____ Gender (circle) M / F

CONTACT INFORMATION

Doctor _____	Phone _____
Dentist _____	Phone _____
Emergency contact _____	Phone _____
Emergency contact _____	Phone _____
Emergency contact _____	Phone _____

HISTORY

1. Does student have any ongoing health concerns? Yes No
(ex. asthma, diabetes, seizures, injuries, etc.) If YES, please describe:

2. Does student have any allergies (ex. bee, insect, food, seasonal, pet)? Yes No
If YES, please describe and indicate whether hospitalization or emergency treatment was required.

3. Has student had any hospitalizations, significant injuries, or surgeries? Yes No
If YES, please describe:

4. Is the student taking any medications? Yes No
If YES, please describe:

5. Please provide any additional concerns or information that you feel the school nurse and/or teacher should know:

I, the undersigned, do hereby authorize officials of the Newfield Central School District to contact directly the persons named on this form, and I do authorize the named physicians to render treatment as may be deemed necessary in an emergency, for the health of named child. In the event that parents or physicians cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the named child. This is not a waiver of any legal rights, which may accrue out of an accident and under which parents of students may seek to recover for medical expenses. In the event of an emergency and contact with a parent is not possible, the school principal has permission to make life-saving medical decisions for my child.

Signature of Parent/Guardian _____

Date _____



CUESTIONARIO SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR ("Home Language Questionnaire, HLQ") - Spanish

*Estimado Padre/Madre o Guardián:
Para poder ofrecer a su hijo(a) la mejor
educación posible, necesitamos
determinar cuán efectivamente él o ella
entiende, habla, lee y escribe el idioma
inglés. Su ayuda será apreciada si
contesta estas preguntas.
Gracias.*

**PARA SER COMPLETADO POR EL PERSONAL ESCOLAR
(TO BE COMPLETED BY SCHOOL PERSONNEL)**

DISTRITO (District) *IMPRIMA O ESCRIBA CLARAMENTE (Please print or type clearly)*

ESCUELA (School) GRADO (Grade)

NOMBRE DEL ESTUDIANTE (Student Name)

FECHA DE NACIMIENTO (Date Of Birth) Mes: (Month) Día: (Day) Año: (Year)

NUMERO DE IDENTIFICACION DEL ESTUDIANTE (Student Identification Number)

PAIS NATAL O ASCENDENCIA (Country of Birth/Ancestry)

NUMERO DE AÑOS MATRICULADO EN ESCUELA(S) FUERA DE LOS E.U. (Number of years enrolled in school outside the U.S.)

NOMBRE/POSICIÓN DEL PERSONAL ESCOLAR LLENANDO ESTA SECCION (Name/Position School Personnel Completing This Section)

DETERMINACIÓN: (Determination) Posiblemente LEP (Possibly LEP) Dominante en Inglés (English Proficient)

(✓ Marque las casillas que aplican)

- ¿Qué idioma(s) se habla en el hogar o residencia del estudiante? Inglés Español Otro _____
(Especifique cuál)
- ¿En qué idioma(s) se le habla al estudiante la mayor parte del tiempo en el hogar o residencia? Inglés Español Otro _____
(Especifique cuál)
- ¿Qué idioma(s) entiende el estudiante? Inglés Español Otro _____
(Especifique cuál)
- ¿Qué idioma(s) habla el estudiante? Inglés Español Otro _____
(Especifique cuál)
- ¿En qué idioma(s) lee el estudiante? Inglés Español Otro _____ No lee
(Qué idioma)
- ¿En qué idioma(s) escribe el estudiante? Inglés Español Otro _____ No escribe
(Qué idioma)
- ¿En su opinión, qué tan bien el estudiante entiende, habla, lee y escribe inglés?

	Muy bien	Un poco	Nada
Entiende Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habla Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lee Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escribe Inglés	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Firma del Padre/Madre/Guardián/Otro
(Signature of Parent/Guardian/Other)

Mes: (Month) Día: (Day) Año: (Year)
Fecha (Date)



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence?
 English Other _____
specify _____
2. What language(s) are spoken most of the time to the student, in the home or residence?
 English Other _____
specify _____
3. What language(s) does the student understand?
 English Other _____
specify _____
4. What language(s) does the student speak?
 English Other _____
specify _____
5. What language(s) does the student read?
 English Other _____ Does Not Read
specify _____
6. What language(s) does the student write?
 English Other _____ Does Not Write
specify _____

7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other _____

Month: _____ Day: _____ Year: _____
Date _____

NEWFIELD CENTRAL SCHOOL DISTRICT

STUDENT RESIDENCY QUESTIONNAIRE

Student Name _____ Date of Birth ____ / ____ / ____ Gender (circle) M / F

School: _____ Social Security # _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C.11435. The answers to this residency questionnaire help to determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No

2. If yes, is this temporary living arrangement due to the loss of housing or economic hardship? Yes No

If you answered YES to both of the above questions, please complete the remainder of the form below. If you answered NO to either question, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel/hotel
- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship ("doubled-up")
- A place not designed for ordinary sleeping accommodations (i.e. car, park, bus, train, campsite)
- Other temporary living situation (please describe) _____

Name of Parent(s)/ Legal Guardian(s)/ Unaccompanied Youth PLEASE PRINT	Address

Presenting a false record or falsifying records is an offense under Section 37.10 of the Penal Code. Enrollment of a child under false documents subjects the person to liability for tuition or other costs.

Signature of Parent/Legal Guardian/Unaccompanied Youth

Date

NEWFIELD CENTRAL SCHOOL DISTRICT
Emergency Contact Information

Student Name _____ Date of Birth ____/____/____ Gender (circle) M / F

Physical Address: _____ Mailing Address: _____

Student lives with _____ Home Phone: _____

Contact Name: _____

Home Phone _____

Address: _____

Cell Phone _____
Work Phone _____

Employer _____

Email _____

Relation to Student:

Receives mailings (circle one)

Yes No

Contact Name: _____

Home Phone _____

Address: _____

Cell Phone _____
Work Phone _____

Employer _____

Email _____

Relation to Student:

Receives mailings (circle one)

Yes No

Alternate person(s) to contact in the event parent/guardian is not available:

#1 Name: _____ Relationship: _____

H: _____ W: _____ C: _____

#2 Name: _____ Relationship: _____

H: _____ W: _____ C: _____

#3 Name: _____ Relationship: _____

H: _____ W: _____ C: _____

Emergency School Closing Contact (one name only, please):

Name: _____ Relationship: _____

H: _____ W: _____ C: _____

Date: _____ Signature of parent/guardian: _____

NEWFIELD CENTRAL SCHOOL DISTRICT
TRANSPORTATION INFORMATION FORM

Student's Name (please print)	Date of Birth	Gender	Grade
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	

Current Address:

House # and street name

City State Zip code

Previous Address (if moving within Newfield:

House # and street name

City State Zip code

AM Pick-Up Location: _____
(example – home, relative's house, daycare, etc. – give address if different from home address)

PM Drop-Off Location: _____

Daycare Provider's Name/Address: _____

If school closes early, where does your child go? _____

People who have your permission to get your child from the bus stop (must be adults only):

1. _____
2. _____
3. _____
4. _____

NEWFIELD CENTRAL SCHOOL DISTRICT
PARENT'S AUTHORIZATION AND CONSENT
FOR RELEASE OF SCHOOL RECORDS

Student Name _____ Date of Birth ____ / ____ / ____ Gender (circle) M / F

I hereby authorize the Newfield Central School District to receive copies of all school records, including but not limited to medical, psychological, audiological, Individual Educational Plans, attendance, behavioral, and all other educational records and information for the above named student.

I hereby authorize the release of the above named student's records, including but not limited to medical, psychological, audiological, Individual Educational Plans, attendance, behavioral, and all other educational records and information to the following agency (give name and address of school or other agency):

Signature of Parent/Legal Guardian

Date



NEWFIELD

CENTRAL SCHOOL DISTRICT

Introduction

At the discretion of the District, you are being provided with a GSuite for Education account and an electronic device. Your GSuite account will be assigned to you for the entirety of your time as a student in the district. A specific electronic device will be assigned to you for a specific period of time.

Acceptable and Responsible Use

By using the district supported user account and the district-owned device, you agree to abide by the following district user agreement, as well as all other applicable policies and guidelines. This account and device are no different from any other resource provided to you as a student in our district. We expect you to use them in responsible ways, for purposes that support your learning.

User Account General Information

Your user account should be kept private. Do not share your login or password information. If you are using a device other than your school provided device, you must log out of your account when your usage has finished. Logging into an account that is not your own is strictly prohibited.

Device General Information

If the computer is lost or stolen, I agree to promptly report the loss or theft to the District Technology Director (Sunshine Miller), to promptly report the theft to the appropriate law enforcement authorities, and to promptly provide the Technology Director with a copy of the related police report. In addition, I understand and agree that I will be responsible and liable to the District for the replacement cost of the computer if the computer is lost or stolen.

Receiving the Device

Prior to receiving the device, you and your parent/guardian must sign the 1:1 Device User Agreement for Students and Parents, located at the end of this document.

Care of the Device

The device assigned to you remains the property of the District and must be cared for responsibly. The District may charge you for loss of or damage to the device and/or any accessories.

You are responsible for reporting any damage or loss to your teacher or the designated technical support person immediately. If you believe your assigned device requires repair, you or your teacher should take-it-to the designated technical support person in your school.

General Precautions

- Only use a clean, soft cloth to clean the device's screen; no cleansers of any type should be used.
- Insert and remove cords and cables carefully to prevent damage to connectors.
- Do not write or draw on the device and case.
- Do not apply any stickers or labels that are not the property of the District.

- Handle the device carefully. Screens can crack not only when dropped, but also when subjected to pressure from stepping or leaning on them. When packing your backpack and/or binder, ensure that your device is safely stored.
- Don't leave your device in places of extreme temperature, humidity, or limited ventilation (e.g., in a car) for an extended period of time.
- Make sure your device is secure when it is out of your sight. Do not leave it in an unlocked locker, on a desk, or other location where someone might take it.
- If you are assigned an iPad or tablet, you are expected to leave the protective case on the device at all times.

Responsibility for Damage or Loss

When a device is under the manufacturer's warranty, it covers certain types of repairs, including the device itself, the battery, and the included USB cable and power adapter. It does not, however, cover most kinds of physical damage.

You are responsible for taking care of the device assigned to you.

Damaged, lost or stolen accessories (such as carrying cases, chargers and cables) are *not* covered by district. The parent/guardian will be responsible for the full replacement cost of District-provided accessories.

Jailbreaking (iPad or tablet) or Disrupting the Configuration of the Device

Jailbreaking is the act of replacing the manufacturer's operating system with custom software, allowing the user to circumvent the manufacturer's security and licensing restrictions. The act of jailbreaking an iPad voids the manufacturer's warranty and is a violation of this agreement. Removal of any District-installed configuration or installation of any external configuration profiles are prohibited and will be considered a violation of this agreement.

Loaner Devices

The District maintains a limited number of loaner devices. These devices are intended for long-term substitution of a device that is being repaired.

Charging

You are expected to bring the device to school fully-charged. The District will not provide any additional capacity to accommodate charging of student devices.

Technical Support

One or more people will be designated as technical support resources in each building. If your device is damaged or needs repair, you or your teacher should take it to your building's designated support person for assessment. These individuals and their locations will be identified via your advisory/homeroom classes.

Using the Device Outside the District

You are bound by the same policies, procedures, and guidelines you would be at school when using the device outside the District.

Parent/Guardian Responsibility for Supervision

While the district's filter for their internet network is active off school grounds, monitoring a student's internet activity outside of school is the responsibility of the parent/guardian. For any device assigned to a student, the parent/guardian agrees to be solely responsible for supervising the use of the device, including internet access when not at school.

Technical Support

The District cannot guarantee that the device will function outside the District at the same level as inside the District. Configuration of any home network is your responsibility and not District support staff. Any configuration applied to the device that impairs its performance in school may be removed by District staff.

Accessories

The District will provide accessories deemed necessary for use of the device. The decision whether to purchase additional accessories (such as an extra charger, keyboard, stylus, etc.) for the device rests with the individual (or the parent/guardian). However, as with any personal property brought to school, the school reserves the right to disallow the use of any accessory with the device and is not responsible for any loss or damage to personal property. In addition, the District cannot guarantee that an accessory purchased at one point in time will be compatible with the devices.

Personalization

Each device has an identification code that is inventoried by the district. It is very important that you do not write your name on the device, place stickers or decals on the device, or change wallpapers or backgrounds. The district works hard to maintain uniformity of the devices as they are recalled, cleaned, updated, and recirculated to students each year. No information that is personally identifiable should be placed on the device.

Software and Other Content District-Provided Software

The District will provide any software required to use the device for school purposes. All District-provided software must remain on the device. From time to time and without notice, the District may update, add or remove software for any reason.

Returning the Device

Unless you are instructed otherwise, you should assume that the device must be returned no later than the last day of the current school year. If you withdraw from the District, you must return the device prior to your last day of attendance. Failure to return a device to the district when leaving the district could result in legal action to recover the device.

If you were assigned any accessories, including but not limited to cables, charging cords, a power and/or video adapter or case, you should be prepared to return them with the device.

The device and accessories must be returned in operable condition with all parts intact. As outlined above in the section "Responsibility for Damages or Loss," the parent/guardian may be responsible for the full replacement cost of District-provided accessories.

Failure to Return the Device

If you fail to return the device and any assigned accessories as directed, the District may, in addition to seeking reimbursement from the parent/guardian, file a theft report with the appropriate law enforcement agency.

Device Data as Records

Data saved to the device is not maintained by the District as public records or as student records. In the event such data needs to be maintained by the District for any reason, the District will take affirmative steps to preserve it.

Parent and Student Responsibilities

Your child has been assigned a device to support his or her learning this year. To support your child's use of this device, we ask that you agree to follow these guidelines:

Parent Responsibilities

- I will supervise my child's use of the device at home and anywhere else he or she may use it.
- I will discuss our family's values and expectations regarding the use of the Internet at home and will supervise my child's use of the Internet.
- I will take full responsibility for my child's Internet use at home.
- I will report to the school any problems with the device or accessories in a timely manner.
- I will make sure my child brings the device to school each day.
- I understand that if my child comes to school without the device, they might not be able to participate in certain classroom activities, and his or her grade could be affected.
- I agree to make sure the device is returned to the school when requested and upon my child's withdrawal from the district.

Student Responsibilities

- I will never leave my device unattended.
- I understand that the device is for my own use. I will never loan it to another individual.
- I will know where my device is at all times.
- I will charge my device battery daily.
- I will keep food and beverages away from my device.
- I will not disassemble any part of my device, jailbreak it, or attempt any repairs myself.
- I will use my device in ways that are appropriate and meet District expectations.
- I will not place decorations (such as stickers, markers, etc.) on the device or case.
- I will not deface the asset tag or any other District label on the device.
- I understand that my device is subject to inspection at any time without notice and remains the property of the district.
- I will follow the policies and guidelines outlined in this Agreement while at school, as well as outside school.
- I will notify my teacher or other staff member immediately if my device is damaged, lost or stolen.
- I will be responsible for all damage or loss caused by neglect or abuse.
- I agree to return the District device, and any accessories in good working condition at the end of the school year.

Newfield CSD Technology Use Agreement

Waiver of Device-Related Claims

By signing the Device User Agreement you acknowledge that you have read, understand, and agree to follow all items outlined in this Agreement and agree to be bound by the Agreement. You also agree and represent that the device was delivered in good working order and that it must be returned to the District in good working order. BY SIGNING THIS AGREEMENT, YOU WAIVE ANY AND ALL CLAIMS YOU (AND YOUR HEIRS, SUCCESSORS, AND ASSIGNS) MAY HAVE AGAINST Newfield CSD, ITS BOARD OF EDUCATION, AND ITS INDIVIDUAL BOARD MEMBERS, EMPLOYEES, AND AGENTS RELATING TO, CONNECTED WITH, OR ARISING FROM THE USE OF THE DEVICE OR THIS AGREEMENT.

Indemnification for Device-Related Claims

TO THE FULLEST EXTENT ALLOWED BY LAW, TO AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS NEWFIELD CSD, ITS BOARD OF EDUCATION, AND ITS INDIVIDUAL BOARD MEMBERS, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, LOSSES, CAUSES OF ACTION, AND THE LIKE RELATED TO, CONNECTED WITH, OR ARISING FROM THE USE OF THE DEVICE OR THIS AGREEMENT

Parent or Guardian:

As the parent/guardian of _____, I have read, understand, and agree with the stipulations outlined in the Newfield Central School District Technology Usage Agreement. I understand that the Internet usage will be filtered both on the school premises and out of school and that I as the parent/guardian are responsible for supervision of my student's use of technology outside of the district/school day.

Parent or Guardian's Name (please print)

Parent or Guardian's Signature

Date

Student:

I will follow the policies and procedures described in the Newfield Central School District Technology Usage Agreement. I also understand that any disciplinary actions taken as a result of misusing the device or other access to technology will follow disciplinary procedures as outlined by the district.

Student Name (please print)

Student Signature

Date