

Duanesburg Central School District

Central Office
133 School Drive
Delanson, NY 12053
Phone 518-895-2279
Fax 518-895-2626

Elementary School
165 Chadwick Road
Delanson, NY 12053
Phone 518-895-2580
Fax 518-895-2957

Jr/Sr High School
163 School Drive
Delanson, NY 12053
Phone 518-895-2355
Fax 518-895-9971

**After Enrollment/Registration has been completed:
Additional Forms**

Name of Student(s) Entering: _____

Grade of Student(s) Entering: _____

Dear Parent/Guardian:

Duanesburg Central School District residents may enroll their children in our schools by contacting the K-12 registrar at 895-2580. To enroll you must reside in the district: solely owning property or a home does not constitute residency. The district DOES NOT accept tuition students.

The following documents are required to be completed AFTER enrollment has been approved.

- 1. Parent/Guardian Photo ID**
- 2. Immunization Record & most current physical exam**
- 3. Current Report Card; Previous year's Report Card**
- 4. Individual Education Plan, 504 Plan, or Psycho-Educational Evaluation**
- 5. Transcript (for High School Students)**

These documents will assist and guide us with creating a schedule which will benefit your child. Our secretarial staff will be contacting the previous school to obtain the complete release of records from guidance and/or CSE office.

There is additional documentation to be filled out, completed and returned after enrollment has been approved.

- | | |
|---|---|
| a. Authorization for Access of Information form | g. Transportation/Home Location (for bus garage) |
| b. Student Household Information form | h. Home Language Questionnaire (HLQ) |
| c. Student Emergency Information | i. Student Residency Questionnaire |
| d. K-8 Child Care form | j. Census Form |
| e. K-12 Health Certificate Appraisal Form | k. SNN Form (elementary use) – School News Notifier |
| f. Dental Form (optional) | |

If you have any questions, please call the elementary school at 895-2580 or the MS/HS at 895-2355. Thank you for your assistance in providing a smooth transition and transfer of your child.

Sincerely,

Mrs. Andrea Conover, Principal
Duanesburg Elementary
165 Chadwick Road
Delanson, NY 12053
(518) 895-2580, ext. 221
Fax: (518) 895-2957

Ms. Jodi Marvin, Principal
Duanesburg Central HS
163 School Drive
Delanson, New York 12053
(518) 895-2355, ext. 221
Fax: (518) 895-9971

Ms. Jarrin Hayen
Guidance Secretary
163 School Drive
Delanson, NY 12053
(518) 895-2117, ext. 227
Fax: (518) 895-8560

Mrs. Joanne Boyd
Registrar/Elementary Attendance
165 Chadwick Road
Delanson, NY 12053
(518) 895-2580, ext. 243
Fax: (518) 895-2957

Duanesburg Central School District

Central Office
133 School Drive
Delanson, NY 12053
(518) 895-2279
Fax (518) 895-2626

Elementary School
165 Chadwick Road
Delanson, NY 12053
(5618) 895-2580
Fax (518) 895-2957

Jr./Sr. High School
163 School Drive
Delanson, NY 12053
(518) 895-5350
Fax (518) 895-9971

AUTHORIZATION FOR ACCESS OF INFORMATION

TO THE PRINCIPAL OF:

SCHOOL: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

NAME	GRADE	BIRTHDATE

I hereby consent that Duanesburg Central School may have access to all records of my child/children, referenced above, (academic, health/immunizations, standardized tests, attendance, psychological/social work, IEP, Section 504, teacher reports, miscellaneous material). Please forward records to Duanesburg Central Schools.

I understand that such records will not be released to other persons without my further consent with the following exception: ***This form is to be used for the release of school records to colleges, other schools, employers, scholarship or financial aid programs, courts or probation departments and other third parties.***

I also understand that according to the Family Educational Rights and Privacy Act Final Rule on Education Records, Federal Register, June 1976, volume 41, number 1118, page 24567 – parental permission is no longer required when records are requested by authorized school personnel.

This information is to be directed to the attention of the following named person:

Andrea Conover, Principal
Duanesburg Elementary
165 Chadwick Road
Delanson, NY 12053
(518) 895-8310 ext. 221
(518) 895-2957 (fax)

Mrs. Mary Neitzel, CSE
Duanesburg Elementary
165 Chadwick Road
Delanson, NY 12053
(518) 895-2580 ext. 246
(518) 895-2957 (fax)

Joanne Boyd, Registrar
Duanesburg Elementary
165 Chadwick Road
Delanson, New York 12053
(518) 895-2580, ext.243
(518) 895-2957 (fax)

Guidance Office/Jarrin Hayen
Duanesburg Central HS
163 School Drive
Delanson, NY 12053
(518) 895-2117, ext. 227
(518) 895-9971 (fax)

*Signature of Parent/Guardian/Student/School Official / Date
(*Student must be over 18 years of age to give consent.)

STUDENT HOUSEHOLD INFORMATION FORM

NAME: _____ Nickname: _____
 Last First Middle

Date of Birth: _____ Grade Entering: _____ Student ID#: _____

Mailing Address: _____
 Street City State Zip

911 Address: _____ Phone No. _____
 Street City State Zip

Registration Form: 2015-16 Child's Ethnicity _____
 (School Year) Caucasian (not Hispanic), Hispanic, Black (not Hispanic), Asian/Pacific Islander, American Indian/Alaskan Native

DUANESBURG CENTRAL SCHOOL DISTRICT

MUST have Birth Certificate. (Birth Certificate Presented? No / Yes)

Please fill in all Information with full names. (Please print legibly.)	Education	Language Spoken in Home	Occupation	Marital Status
Father:				
Mother:				
Step-Parent/Guardian:				
Child Lives with:				
Brother(s) Name(s): & Birth date(s)	Step Brother(s) Name(s): & Birth date(s)			
Sister(s) Name(s): & Birth date(s)	Step Sister(s) Name(s): & Birth date(s)			
Other Members of the Household:				
Student Health Concerns:				

Signature Parent/Guardian: _____ Date: _____

_____ Check Here
(If there is new information)

DUANESBURG CENTRAL SCHOOL 2015-2016

STUDENT EMERGENCY INFORMATION SHEET

HmRm _____

Bus Rte _____

Website: www.duanesburg.org

1. Please print clearly.

2. Call the office with any updated information during the school year.

PUPIL INFORMATION: Date of Birth _____ / _____ / _____
 Home Phone Number _____ unlisted Student Last Name _____ First Name _____
Mailing Address: _____ **911 Address:** _____
 (Complete with) _____ (Complete or) _____
 (City, Zip) _____ (write "SAME") _____

MOTHER or Step Guardian INFORMATION: (Please be Complete) FATHER or Step Guardian INFORMATION:

(Custodial parents/Guardian information needed.)

Name Mother/Guardian _____	Name Father/Guardian _____
Mailing Address _____ (Complete) _____	Mailing Address _____ (Complete) _____
Home Phone No. _____	Home Phone No. _____
Cell/Beeper No. _____	Cell/Beeper No. _____
Email address (optional) _____	Email address (optional) _____
Place of Employment _____	Place of Employment _____
Address _____	Address _____
Work Phone No. _____	Work Phone No. _____

In case parent/guardian is not available:

Emergency contact(s) _____ Phone No(s) _____



Does this child have any life threatening medical condition? _____
(i.e. bee/peanut/tree nut allergy, febrile seizure)

<input type="checkbox"/> Yes - Child Care
<input type="checkbox"/> No - Child Care (Check One)

EMERGENCY DISMISSAL PLAN ONLY FOR ALL K-12 STUDENTS

Return this form to the office as soon as possible

This plan will only be used in the event that school should close early due to inclement weather or another emergency related situation. The following plan that you indicate will be in effect for your child. If your child attends the DACC After-School Program (which will not be held in an emergency situation), you **MUST** check **Choice C** for alternate instructions, then complete the information requested. If you have filled out a Child Care/Parent Transport Form to pick up your child you must check **Choice A or C**, and complete the information requested. In an emergency situation, PHONING parents is NOT AN OPTION.

Choose ONE of the following dismissal plans, and SIGN BELOW.

- A. _____ I want my child to go home.
- B. _____ I want my child to go to his/her Care Giver: Name _____ Bus Rte _____
Address _____ Phone No. _____
- C. _____ I want my child to follow the alternate instructions I have specified below.
Send my child to the home of:
Name _____
Address (specify road and number location) _____
Phone _____
Bus Route (call bus garage if unknown) _____

Family Doctor: _____/Telephone No.: _____ Hospital Preference: _____
(i.e. Guilderland Pediatrics, Rotterdam Family Medicine, etc.) (If your child must be taken to the hospital.)

From time to time radio, television and newspaper photos and names are taken in your child's school. Please put a check mark below if you **do not** wish to have your child's photograph and/or name used for such school promotion and media projects:

CHECK HERE IF YOU **DO NOT** WISH TO HAVE YOUR CHILD'S PHOTO OR NAME USED FOR SCHOOL PUBLICITY.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

We need a new Emergency Info Sheet for every child each year. Emergency Sheets due ASAP. Parents requiring Child Care/Parent Transport forms must submit new ones each year and forms are due - **no later than 7/31**. The transportation office will be unable to accept busing change requests from 8/21/15-9/18/15. Forms received late will be processed and put in place on 9/21/15.

PLEASE FILL this FORM OUT COMPLETELY, and the CHILD CARE FORM on the REVERSE SIDE.

TRANSPORTATION FORM – HOME LOCATION**

(Karen Weiler, Bus Dispatcher at 895-2511, ext. 235)

(list ALL school children including your "K" child)

(completed by office)

(completed by bus garage)

Student(s) Complete Name: Grd Homeroom: Bus Route & Times:

_____	_____	_____	_____	AM Pickup: _____
_____	_____	_____	_____	PM Drop: _____
_____	_____	_____	_____	
_____	_____	_____	_____	

Parent(s) Complete Name: Home Phone: Work Phone: Cell Phone:

_____	_____	_____	_____
_____	_____	_____	_____

911 Address: _____

Name of former owner (if applicable): _____

Other means of identifying home location (i.e. house color, style, mailbox, etc.):

House in on right or left side of road when driving in what direction:

Facing your home, neighbor's names on each side and across road, where applicable:

Right: _____ **Left:** _____ **Across:** _____

Elementary Parent/Guardian:

*** If an alternate address (other than the home location) is necessary for pick-up and/or drop-off, including enrollment in the after-school DACC Child Care Program, and including parent transport, you must complete a "CHILDCARE & PARENT TRANSPORT FORM", used only for the current school year, 2015-16.*

*** Bus garage personnel will be putting together bus run routes over the summer. Kindergarten, new transfer students and all students bussed will be notified by the transportation department the bus route number and pick-up/drop-off times in an August Mailing. An important piece of information to put together is a balanced bus routing and having all child-care information in advance regarding the pick-up and drop-off location is necessary. Please complete a child-care form and submit it by 7-31 to the main office.*

Parent(s)/Guardian(s) requiring a ChildCare/Parent Transport form must submit a new one each year. Again, Child Care/Parent Transport forms are due – no later than 7/31. The transportation office will be unable to accept busing change requests from 8/21/15-9/18/15. Forms received late will be processed and put in place on 9/21/15.

Parent/Guardian Signature

Duanesburg Central School
HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____
School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:
Sickle Cell Screen: Positive Negative Not done Date: _____
PPD: Positive Negative Not done Date: _____
Elevated Lead: Yes No Not done Date: _____
Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____ *Referral*

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

Duanesburg Central School

Duanesburg Elementary School
165 Chadwick Road
Delanson, NY 12053

Duanesburg Jr/Sr High School
163 School Drive
Delanson, NY 12053

Dear Parent/Guardian:

Your health care provider will require the release of information form below to share protected medical information with the school district. Please sign and give the form to your healthcare provider or school nurse to avoid delays.

AUTHORIZATION for USE or DISCLOSURE of PROTECTED HEALTH INFORMATION

I, _____, authorize my child's healthcare provider(s) listed below to release my child's, _____, medical records to the school district's medical officer, physical, occupational, or speech therapist, and/or school nurse:

Name _____ phone _____ fax _____

Name _____ phone _____ fax _____

Name _____ phone _____ fax _____

Name _____ phone _____ fax _____

The healthcare provider may disclose the following protected health information: (check all that apply):

- Immunizations
- Health Appraisals
- Past/Current Medical Condition and its impact on attendance, school programming and/or PT, OT, ST needs
- Past/Current Medications and their impact on attendance, school programming and/or PT, OT, ST needs
- Other _____

Please select one:

- This authorization is valid for the entire academic school year September _____ to June _____.
- This authorization shall expire on ____/____/____ (day / month / year *ie. – 02 May 2011*)

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the school district nurse or therapist involved.

I understand that the revocation of this authorization is not effective if the Healthcare Provider or school district has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice.

I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws may be subject to re-disclosure and may no longer be protected by federal or state law.

I understand that my child's treatment is not dependent on my agreement to release or withhold information.

Date Signature of Parent/Guardian Relationship to Patient

Parent/Guardian: SIGNING this AUTHORIZATION is OPTIONAL

Health History for in-coming "K", and all New Students

Student Name _____ Birthdate _____ Sex ____ Gr. _____

Please indicate if any of the following illness/conditions have affected your child:

Birth history: Full Term ____ Premature ____ Condition at birth _____

Acute Illness: Whooping Cough ____ Rheumatic Fever ____ Scarlet Fever ____ Tuberculosis ____

Mononucleosis ____ Pneumonia ____ Chicken Pox ____ Fifth's Disease ____ Hepatitis ____ Measles ____

Other _____ Strep Throat {last occurrence} _____ Frequency _____

Chronic Illness: Asthma ____ Triggers _____ Controlled with _____,

Allergies ____ To what? _____ Controlled with _____

Diabetes ____ Controlled with _____ Self administered? _____

Heart defect/condition _____ Treatment _____ Seizures [date of last one and type] _____ Controlled with _____

Urinary/Bowel problems _____ Toileting issues _____

Neurologic Condition _____ Autism _____ Cerebral Palsy _____

Has your child been diagnosed with: ADD or ADHD? _____ Date _____
Doctor _____ Medication _____ Dose _____ Frequency _____ Behavior or
emotional Problems _____ Learning Disabilities _____ Speech Issues _____

Orthopedic problem _____
Uses: braces ____ Crutches ____ Cane ____ Walker ____ Wheelchair ____

Ear Infection ~ Frequency _____ Tubes/date _____ Hearing Loss ____ Hearing Aids ____ L / R

Vision: Normal ____ Wears Glasses ____ For _____ When _____

Occupational Therapy: ____ for _____ **Physical Therapy:** ____ for _____

Has your child ever had surgery? _____ Date _____

Medications student is currently taking _____ for _____

Is there a need to take the medication in school? Yes ____ No ____

Dental problems/appliances : _____

Last school attended if any _____

Please state below anything else the school nurse should be made aware of:

Pediatrician's name _____ **Phone** _____

Dentist _____ **Phone** _____

Parent/Guardian signature _____ **Date** _____

Duanesburg Central Schools

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex: Male Female Will this be your child's first visit to a dentist? Yes No
Month Day Year

School: Name Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature Date

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

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

Please print or type clearly

District: Duanesburg Central Schools

School: (circle one)
CSE out HS MS Elem. Home Schooled

Student Name: _____

Date of Birth: _____
Month Day Year

Student ID # _____

Country of Birth: _____ Ancestry: _____

No. of Years Enrolled
In School, outside the U.S. _____

Name/Position of School
Personnel Completing this Section: A. Conover / JB

Determination: Possible LEP
 English Proficient

(boxes that apply)

1. What language(s) is spoken in the student's home or residence? English Other

2. What language(s) is 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 specify Does Not Read

6. What language(s) does the student write? English Other specify Does Not Write

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

	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 _____
:jmb1, 6/18/15

Date: _____
Month Day Year HLQ (2/00) 99-337 PM

Duanesburg Central School

MS/HS - 163 School Drive
Delanson, NY 12053

Elementary - 165 Chadwick Road
Delanson, NY 12053

NOTE TO SCHOOLS/LEAS: Please assist students and families filing out this form. DO NOT simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

Student Enrollment - Residency Questionnaire

Name of LEA: Andrea Conover, Elementary Principal

Name of School: Duanesburg Central School

Name of Student: _____ Gender: Male Female
Last First Middle

Date of Birth: ____/____/____ Grade: _____ ID #: _____
(preschool-12) (school identification number optional)

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)

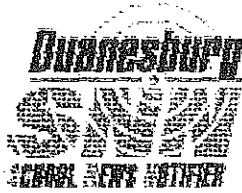
Date

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**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

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

School News Notifier (SNN) Sign-Up Instructions

Receive news and updates from DCS via e-mail and/or text message



School News Notifier (SNN) is an opt-in alert system where parents and community members can sign up to receive e-mail alerts and/or text messages on their cell phones. The text message alerts are limited to emergency situations, such as school closings, delays and other time-sensitive emergencies. The e-mail alerts are for school programs and district news. Subscribers can choose to receive any or all of the alerts, and they can unsubscribe at any time.

SIGN-UP INSTRUCTIONS

Step 1: Visit <https://snn.neric.org/dcs> (or visit www.duanesburg.org and click on the SNN icon—shown above).

Step 2: Once you are at the sign-up page, you will begin signing up for an account by entering your first and last name, e-mail address, cell phone number and carrier (if applicable), and password. Once you have entered this information, click on "Create a new profile."

Step 3: A new screen will appear indicating that a confirmation code has been sent to your e-mail address. At this point, you should minimize this screen and open a new screen to retrieve the code from your e-mail account.

Step 4: Now you will need to go back and enter the confirmation code into the SNN system, and select the notifications you would like to receive. Select as many or few notifications as you would like to receive and click "Subscribe."

Congratulations! You have successfully subscribed to SNN, and you will begin receiving alerts.

HOW TO CHANGE YOUR NOTIFICATIONS/SIGN-UP FOR TEXT MESSAGING IF YOU'RE ALREADY A SUBSCRIBER

If at any time you would like to change which notifications you receive or add the text messaging option to your existing profile, simply visit the initial log-in page, and enter your e-mail address and password in the "Returning Users Log-in" area. You will immediately be brought to a page that allows you to select or deselect notifications and add your cell phone number and carrier. Click the "Update Your Profile" button to save your changes.

If you need assistance, please e-mail mjacobs@duanesburg.org

Duanesburg Elementary School
165 Chadwick Road
Delanson, New York 12053
(518) 895-2580 / Fax (518) 895-2957

for Elementary Parent/Guardian Completion only

Date: 2015-16 School Year

Dear Parents/Guardians:

Duanesburg Elementary School has gone "paperless". This means that all publications will be put on our school's website for you to view and print, eliminating the need for mass copying of communications. The only exception will be families who do not have access to a computer, and/or high-speed internet.

We ask you to please fill out the survey form below and return it to school as soon as possible. Also, please sign up for the School News Notifier, an e-mail notification system that sends subscribers school and district news, announcements, and information such as emergency closings directly to their e-mail. (See the next page or reverse side for instructions.) The following is for your information.

When we post information (i.e. monthly newsletter, calendars, flyers and more), on our website, **we will notify you through the School News Notifier**, a free e-mail service provided by the school district. It is imperative that you sign-up for this free service by visiting our website at, www.duanesburg.org.

I thank you in advance for your support with our "paperless" efforts. I encourage and appreciate any feedback regarding this process. Please feel free to call 895-2580, or e-mail me at: aconover@duanesburg.org.

Sincerely,

Andrea Conover

Mrs. Andrea Conover
Elementary Principal

=====
School News Notifier/Computer Survey
Return to School ASAP

Child (ren)'s Name(s): _____ Home Room(s) _____

- I have signed up for the School News Notifier Service.
- I wish to have school publications sent home with my child.

Parent/Guardian Name Date

Duanesburg Census: All children in district

To plan for future enrollment, the Duanesburg Central School District is taking a census of all school district residents with children. To keep our records up-to-date, your help is appreciated. Please indicate all children who reside at your address including children under age five and students attending public, private, parochial or home-schooled children. Please complete and return this form to the Registrar's Office, 165 Chadwick Road, Delanson, NY (Phone: 895-2580; Fax: 895-2279). The census is also available at www.duanesburg.org.

Name of Parent(s)/Guardian(s) _____

911 Street Address _____

Mailing Address (if different from above) _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

Please indicate children (birth -18 years old) living at this address:

Child's Name	DOB	Gender	School	Grade
--------------	-----	--------	--------	-------

Child's Name	DOB	Gender	School	Grade
--------------	-----	--------	--------	-------

Child's Name	DOB	Gender	School	Grade
--------------	-----	--------	--------	-------

Child's Name	DOB	Gender	School	Grade
--------------	-----	--------	--------	-------

Please list additional children as need on a separate sheet of paper.

The parent(s)/guardian(s) request permission for the student listed to have ONE alternate (other than home) pick-up and/or drop-off location as listed below. This form will only pertain to the 2015-2016 school year. This form is also to be filled out by parents who choose to pick up and/or drop off their child(ren) at school every day.

Parents requiring Child Care/Parent Transport forms must submit a NEW Child Care/Parent Transport Form each year. ChildCare/Parent Transport Forms are due – no later than 7/31. The transportation office will be unable to accept busing change requests from 8/21/15-9/18/15. Forms received late will be processed and put in place on 9/21/15.

Any changes to this form after 9/21/15 will be honored 3 days after such changes are received in the elementary school office. Forms can be voided as well with a phone call to the office. It is understood that the school district needs consistency in pick-up and drop-off points to ensure the safety and well being of your child(ren). If it is necessary to change this schedule on any given day, a BUS SLIP will need to be filled out. Bus Slips WILL NOT be honored the first two weeks of school.

Changes to your child's destination can only be honored by preparing a bus slip, which must be received in the main office by 8:30 a.m. Phone calls to the office concerning a change to your child's destination will not be honored due to the potential for a possible breakdown in communication to all office staff, teacher (substitute), child(ren), transportation department, bus driver, or after-school activity personnel.

*If you have a change in your child's AM pick-up location on a particular day, you need to call the bus garage at 895-2511, preferably the day prior to the change, or the morning of the change, if it is last minute.

X STUDENT'S NAME: _____ (leave blank) HOMEROOM: _____

X 911 Home Address: _____ Bus Route #: _____
(School use only)

X Home Phone: _____ **X** Mother's Work/Emergency Phone: _____, Cell _____

X Father's Work/Emergency Phone: _____, Cell _____

Parent Transport

PARENT DROP-OFF:

PARENT PICK-UP:

I will transport my child to school every day:

I will be picking my child up from school every day:

Child Care Provider

CHILD CARE:

PickUp Every AM at Child Care Address:

DropOff Every PM at Child Care Address:

Provider's full name: _____

Child Care Phone #'s: _____

Provider's 911 Address (include house description if this is not a regular bus stop) _____

Bus Route #: _____
(School use only- DO NOT Fill In)

**DACC After-School Program,
221 Victoria Drive**

DACC PM Child Care Bus Route 12 or 13
After School PROGRAM every day after school at DACC.

When Duanesburg Central Schools close early the DACC does not operate. The emergency information below will be followed.

In An Emergency:

A. I want my child to go home. **B.** I want my child to go to his/her Care Giver listed above.

C. I want my child to follow the alternate instructions I have specified below.

Send my child to the home of:

Name _____

Address (specify road and number location): _____

Phone #: _____

Bus Route _____
(call bus garage if unknown)

I WILL NOT NEED THIS FORM. My child will be transported to and from school by school transportation from our home address.

X Parent/Guardian Signature: _____

Date to BEGIN on – at least 3 days after received in office: _____

(office use only)