



MIDDLEBURGH CENTRAL SCHOOL DISTRICT

Registration Packet Includes:

- ▶ Request for Student Records
- ▶ Registration Form
- ▶ Educational History
- ▶ Child Development & Medical History
- ▶ NYS Health Examination Form
- ▶ Dental Health Certificate
- ▶ Proof of Residency/Housing
- ▶ Home Language Questionnaire
- ▶ Technology Use Forms/Handbook
 - Student Acknowledgement Form
 - Parent/Guardian Acknowledgement Form
 - Acceptable Use Policy Form
- ▶ Student Handbook & Signature Page
- ▶ Transportation Form
- ▶ Application for Free/Reduced School Meals

In order to complete registration (this includes UPK programs) the following documents must be provided:

- ☐ Parent/Legal Guardian Photo ID
 - ☐ Valid State Issued ID or Valid Passport
- ☐ Proof of Residency
 - ☐ Must provide TWO acceptable forms of proof:
 - ☐ Utility bill, official payroll document or letter from a federal, state or local government agency, current property tax bill, copy of signed lease agreement
- ☐ Birth Certificate
 - ☐ Original (we will make a copy) or Certified Copy or Valid Passport
- ☐ Proof of Immunization
 - ☐ Must be signed or stamped by a state licensed health care provider
- ☐ Custody Papers (if Applicable)
- ☐ Special Circumstances (Residency Questionnaire)
 - ☐ If applicable, detailing legal guardianship situations, temporary living situations, custody agreements, name changes

MIDDLEBURGH CENTRAL SCHOOL DISTRICT

Request for Student Records

(Previous School District)

Please be advised that the following student, previously enrolled in your school, has transferred to the Middleburgh Central School District.

I hereby authorize the following information to be sent to the school indicated below.

Student's Name (First, Middle, Last) Gender Date of Birth Grade Level:

Requested Records:

- | | |
|------------------------------------|--|
| ▶ Academic Transcripts/Report Card | ▶ Regents and RCT Scores |
| ▶ Individualized Education Plans | ▶ Functional Behavioral Assessments |
| ▶ 504 Plans | ▶ Social Work |
| ▶ Health and Immunizations | ▶ Record of Birth |
| ▶ State Test Scores | ▶ Discipline |
| ▶ Standardized Test Scores | ▶ Other pertinent information to ensure proper placement |

Please Fax the information requested to:

Academic Records/Medical:

Laurie McGeary

Email: Laurie.McGeary@mcsdny.org

Phone: (518)827-3600 Ext. 2601

Fax: (518)827-5181

IEP/504:

Ellen Miller

Email: Ellen.Miller@mcsdny.org

Phone: (518)827-3600 ext 3681

Fax: (518)827-4115

Parent/Guardian Signature:

Date:

Middleburgh Central School District

Registration Form

Please Choose the appropriate program according to date of birth*:

- ☐ 3 Year Old UPK (3 by12/1) AM / PM ☐ 4 Year Old UPI<(4 by12/1) AM / PM
☐ Kindergarten (5 by12/1) ☐ *My child will be attending AM Head start
☐ Grade

Student's Name: _____ Middle Initial _____ Last Name: _____

Gender: _____ Date of Birth: _____ Primary Language: _____

Is Hispanic? (Optional) ☐ Yes ☐ No

Race (Optional): ☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native
☐ Native Hawaiian/Other Pacific Islander

Mailing Address: _____

Physical Address: _____

Student's Home Phone: _____ Student's Cell Phone: _____

Parent/Guardian Information:

Student resides with: ☐ Parents ☐ Mother ☐ Father ☐ Foster Parents (please see attached form DSS-299) ☐

Other Are there Legal Arrangements: ☐ No ☐ Yes If yes, please provide court documents

☐ Joint Custody ☐ Sole Custody ☐ Temporary Custody ☐ Visitation

Primary Parent/Guardian Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Workplace: _____ Work Phone: _____

Choose All that Apply to above person:

Receives Mail ☐ Can Pick Up ☐ Custody Alert ☐ Allow Parent Portal Access ☐ Restricted

Primary Parent/Guardian Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Work Place: _____ Work Phone: _____

Choose All that Apply to above person:

☐ Receives Mail ☐ Can Pick Up ☐ Custody Alert ☐ Allow Parent Portal Access ☐ Restricted

List all Siblings that live in household Gender Birthdate Grade School

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____

*Please note preferences for am or pm does not guarantee placement. Final placement will be determined by district and you will be informed by mail of your child's placement.

Middleburgh Central School District

Educational History

Student Name: _____

Has the student previously attended School in the Middleburgh Central School District?

☐ Yes ☐ No

If Yes, which school: _____

Does the student have an IEP (Individual Education Plan)?

☐ Yes ☐ No

Does the student have a 504 Plan?

☐ Yes ☐ No

Has the student participated in any of the following programs? *Check all that apply*

☐ Academic Intervention Service ☐ Reading Services

☐ Math Services

☐ Other: _____

Please Check any special programs that your child has been assigned to in the past:

☐ Consultant Services

☐ Resource Room

☐ Bilingual Education

☐ Special Classes

☐ Occupational Therapy

☐ Speech Therapy

☐ Physical Therapy

☐ Counseling

☐ Other:

UPK Parents Only:

Did your child attend:

☐ UPK-3

Location: _____

☐ Head Start

Location: _____

Please list all previous schools beginning with most recent:

Name of School: _____

Address:

Phone:

Name of School:

Address:

Phone:

Name of School:

Address:

Phone:

Child Developmental & Medical History

Student's Name:	Grade: M/F Date of Birth:
Birth:	Developmental:
Term: Weight:	First Tooth Age: Sat Alone Age:
Delivery:	Crawled Age: Walked Age:
Conditions:	Talked at Age:
Abnormalities:	

1. Were problems experienced during pregnancy which required medical intervention? If yes, what were they:

2. Were there any complications at birth? (*premature, prolonged labor, need for oxygen, difficult delivery*):

3. Please note any congenital conditions present at birth:

4. Did your child proceed through developmental stages normally?

5. Were there any particular difficulties as a preschooler? (*Difficulty watering, sleeping, bedwetting, etc*)

6. Any diseases, illnesses, or injuries which required medical attention?

7. Any undiagnosed illnesses? (*Prolonged high fever, convulsions, seizures, etc.*)

8. Any hospitalizations? If so, for what reason?

9. Has your child had surgery for any reason? If yes, when and for what?

10. Have hearing or visual aides ever been required for your child? If yes, when and what for?

11. Has your child been on medication for any reason?

12. Have there been any neurological problems diagnosed on your child, birth to present? If so, please explain:

13. Attention problems or hyperactivity problems? Has medication been prescribed? If yes, what med and when started? _____

14. Previous or current cancer treatments? Please explain:

15. Please explain any other pertinent medical, dental or psychological history:

16. Is your child a twin? If yes, birth order: Twin 1 _____ Twin 2 _____

Child Developmental & Medical History

Has your child had the following? (Please check and list date(s)):

<i>Illness</i>	<i>Date</i>	<i>Illness</i>	<i>Date</i>
Chicken Pox	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Scarlet Fever	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	Seizures (List Type)	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Breathing Difficulties	<input type="checkbox"/>	Allergy to bee stings	<input type="checkbox"/>
Blood Disorders	<input type="checkbox"/>	Family history of bee allergy**	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	Frequent Ear Infections/Aches	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	Frequent Colds	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	Frequent Strep Throat	<input type="checkbox"/>
Family History of TB	<input type="checkbox"/>	Ear Condition	<input type="checkbox"/>
Contact with TB	<input type="checkbox"/>	Ear Tubes	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	Vision Difficulties	<input type="checkbox"/>
Heart Murmur	<input type="checkbox"/>	Cataracts	<input type="checkbox"/>
Scoliosis	<input type="checkbox"/>	Speech Difficulties	<input type="checkbox"/>
Frequent Nosebleeds	<input type="checkbox"/>	Emotional Problems	<input type="checkbox"/>
Food Allergies (Please List)	<input type="checkbox"/>	Behavioral Problems	<input type="checkbox"/>
Lactose Intolerant	<input type="checkbox"/>	Frequent Headaches	<input type="checkbox"/>
other	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>

**Type of reaction to Bee Sting:

Regarding Allergies:

Does your child have allergies: ☐ Yes ☐ No If yes, what allergies?

Does your child require medication for allergies? ☐ Yes ☐ No If yes, what medication?

Does your child require medication to stay in school? ☐ Yes ☐ No If yes, what medication? _____

Please note: regarding medications in school, both a signed doctor's note and a parent note are required in order for the school nurse to administer medications.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Parent Signature: _____ **Date:** _____

Middleburgh Central School District

Proof of Residency/Housing

Name of Student: _____

If registering more than one student, you can list them below.

Student:	Gender:	Date of Birth:	Grade:

Please check one: ☐ Own ☐ Reside with a district resident
☐ Rent ☐ Temporary living situation

To enroll you must reside within the district. Solely owning property or a home does not constitute residency. Proof of residency is required before a student may be registered. Post office boxes will not be accepted. You must provide at least two (2) proofs from the following list:

<i>If you own:</i>	<i>If you rent:</i>
<input type="checkbox"/> Tax Bill within 30 days	<input type="checkbox"/> Documents issued by the federal, state or local agencies
<input type="checkbox"/> House Deed	<input type="checkbox"/> Lease agreement (<i>must be signed with the landlord's name and phone number</i>)
<input type="checkbox"/> Mortgage Statement within 30 days	<input type="checkbox"/> Current Renter's Insurance
<input type="checkbox"/> Current Homeowner's Insurance	
<input type="checkbox"/> Utility Bill within 30 days	
<input type="checkbox"/> Voter Registration	

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 certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

<i>Where is the Student currently living?</i>
<input type="checkbox"/> In a shelter
<input type="checkbox"/> With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up").
<input type="checkbox"/> In a hotel/motel
<input type="checkbox"/> In a car, park, bus, train, or campsite
<input type="checkbox"/> Other temporary living situation (Please describe):
<input type="checkbox"/> In Permanent housing

This document will be retained in the student's file along with other required documents. Once this form is received by the District Registrar, residency will be verified.

Parent/Guardian Signature: _____ Please Print Name: _____



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of P12

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to</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:
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other:
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1 _____ <input type="checkbox"/> Guardian(s) _____	<input type="checkbox"/> Parent 2 _____ _____
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other:
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other: <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other: <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other: <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: _____

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 severe10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 10b below10b. *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 RelationRelationship student: ☐ Parent ☐ 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: ☐ Yes ☐ No**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:_____
MO. DAY YR.PROFICIENCY
LEVEL ACHIEVED
ON NYSITELL:

- ☐
- ENTERING
- ☐
- EMERGING
- ☐
- TRANSITIONING
- ☐
- EXPANDING
- ☐
- COMMANDING

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

OFFICE USE ONLY

Date Received: _____

Date Approved: _____

Middleburgh Central School District
Transportation Department
Alternate Transportation/Emergency Closing Form/Parent Transportation

School Year: _____

Effective Date: _____

I am requesting transportation for my child/children to the location below:

Child's Name	School Building	Grade/Teacher

Please transport my child/children to:

Home Address: _____

Home Phone: _____

Alternate Location

_____ Home/Legal Residence Bus Number

_____ Number Alternate Location Bus Number

Check All that Apply:

Monday	AM Only	PM Only	AM/PM	As Needed
Tuesday	AM Only	PM Only	AM/PM	As Needed
Wednesday	AM Only	PM Only	AM/PM	As Needed
Thursday	AM Only	PM Only	AM/PM	As Needed
Friday	AM Only	PM Only	AM/PM	As Needed

IF ALTERNATE LOCATION IS NOT USED ON A CONSISTENT BASIS, THEN A BUS NOTE MUST BE SUBMITTED EVERY TIME THE ALTERNATE ROUTE WILL BE USED

PARENT TRANSPORT: Student(s) will not need district provided transportation for the _____ School Year:

☐ Parent Transport

Parent/Guardian Print Name

Home Phone

Physical Address

Emergency Phone

Parent/Guardian Signature

Date



IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____-_____-_____) Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

MIDDLEBURGH SCHOOL CENTRAL DISTRICT

STUDENT ACCEPTABLE USE POLICY & ACKNOWLEDGMENT FORM

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

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

I hereby acknowledge and accept full responsibility, including damage/loss/theft, for this Dell Latitude 3100 Chromebook and power cord for the duration of the student's enrollment in Middleburgh Central School District.

This device is only for the student use with the "MCSDNY.org" district-provided Google account. As such, content accessed with this device is **always** filtered using *Lightspeed Systems* for inappropriate material and uses not meant for educational purposes.

Data Privacy and Security Considerations for Families:

By signing below, I am acknowledging that I have read and will comply with the *Middleburgh Central Technology Use Agreement Handbook and School District Acceptable Use Policy (BOE Policy - 7316)*.

Device: One (1) Dell Latitude 3100 Chromebook and One (1) Charge

Service Asset Tag/Serial#: _____

Print Student Name: _____

Student Signature: _____

Student ID#: _____

Student Grade Level: _____

Date: _____

Middleburgh 1:1 Computer Consent Form

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

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

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

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

Parent/Guardian: Acknowledgment

By accepting this device from the Middleburgh Central School District, you are agreeing to the terms in this agreement. You acknowledge that you have read and will comply with the *Middleburgh Central School District Technology Use Agreement Handbook and School District Acceptable Use Policy (BOE Policy - 7316)*.

These are the estimated costs of the most common repairs:

- Broken screen \$250
- Cracked case (laptop body) \$75
- Replacement keyboard \$75
- Broken or lost charger \$35
- Broken AC adapter port \$30
- Device replacement \$475

The Middleburgh Central School District is sponsoring an optional Device Service Plan for a fee of \$20 per school year. Coverage includes:

- First Claim: Free of charge service with optional Device Service Plan
 - What is covered: One accidental damage of the device if the cost to fix the damage is less than \$75, or \$75 deducted from the bill if the repair costs more.
- Additional Claims: User is responsible for the full cost of the repairs or replacement.

Payments for the Device Service Plan can be made via check or cash - payable to: Middleburgh Central School District.

In the event of theft, a claim must be accompanied by a Police Report for a new device to be replaced.

Device Borrowing Terms

Students must return their device at the end of each academic year for inspection, software updates and maintenance. The same device will be issued back to the student at the start of the next school year.

Students are not to add unauthorized programs, apps or software not approved by the Middleburgh Central School District.

Students are **not** to remove the device asset tag.

To Report a Claim or Damage:

Bring your device to the Library Media Center to have an IT Ticket submitted. If your device is lost, report it to Jody DeJong in the Library Media Center

Payments/Lost/Broken Devices

Bills for repairs are sent out monthly during the school year, and in July for the end of the school year. Payments for repair/replacement can be made via check or cash - payable to *Middleburgh Central School District*.

Print Parent/Legal Guardian Name: _____

Print Student Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Middleburgh Junior-Senior High School
2024-2025

SIGNATURE PAGE

(Please complete and return)

STUDENT HANDBOOK By checking this box and signing below, both the parent/legal guardian and the student acknowledge they have read, discussed and understand the contents of the 24-25 Middleburgh Student Handbook.

<https://www.middleburghcsd.org/about-us/middleburgh-junior-senior-high-school-student-handbook-2024-2025/>

GOOGLE WORKSPACE FOR EDUCATION PERMISSION By checking this box you are acknowledging the use of Google platforms that are outside of the general education products. This includes Google Maps, Google Earth, Google Photos, Google Books, Extensions from the Chrome Web Store and Youtube.

ATTENDANCE POLICY By checking this box and signing below, both the parent/legal guardian and the student acknowledge that the Attendance Policy has been read and understood.

CELL PHONE POLICY By checking this box I understand that cell phones are not to be used during the school day, except during your designated lunch period. Consequences will be given if this policy is not followed.

I have read and acknowledged the permissions and policies for the 2024-2025 school year.

Print name of student: _____

Signature of student: _____

Print name of parent: _____

Signature of parent: _____

Date: _____