



Welcome to Alfred-Almond Central School

Elementary/Jr/Sr High School Enrollment Packet

The following documentation needs to be submitted prior to your child entering Alfred-Almond School District. Your child will not be eligible to attend until all paperwork has been submitted and approved.

- ☐ Completed Enrollment Packet
- ☐ Copy of original Birth Certificate
- ☐ Proof of Residency
- ☐ Current physical, one that is dated one year or less from the date of enrollment
- ☐ Immunization Record with all immunizations up to date or letter of medical exemption from Physician
- ☐ Interval Health History Form completed by Parent/Guardian

For Jr/Sr High School Enrollment Only

- ☐ Sports Sign up Form if planning to participate

| | |
|-----------------------------------|--|
| <u>For Office Use Only</u> | |
| Documentation Received By: | |
| Date Documentation Received: | |
| Date Approved: | |

STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: _____ Sex: ☐ Male
Last First Middle ☐ Female

[illegible]

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

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

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

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations, such as a car, park, or campsite

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

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subject the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

Signature of Unaccompanied Youth _____ Date _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date _____

McKinney-Vento Liaison Signature _____

School _____ Grade: _____

Student's Legal Name
Please Print Last Name First Name Middle

| | |
|-----------------|-------|
| Office Use Only | |
| Student ID | _____ |
| Teacher/HMRM | _____ |

Name Called _____

FAMILY HEAD OF HOUSEHOLD

Home Telephone: _____ Unlisted: ☐ Yes ☐ No

Parent Status: Married: ☐ Separated: ☐ Divorced: ☐ Single: ☐

Student Resides With: Both Natural Parents ☐ One Natural Parent ☐ Natural Parent/Step Parent ☐ Guardian ☐ Foster ☐

Is there a Court Ordered Custody Document? ☐ Yes ☐ No IF Yes, please provide the school with a copy

| | |
|-------------------------------|------------|
| Dwelling Address: | |
| Apt: _____ | Lot: _____ |
| County: _____ | |
| Subdivision/Apt Complex _____ | |

| |
|---------------------------------|
| Mailing Address (if different): |
| |
| |
| |

| | | | | |
|--|---------------|--------------|-----|------|
| Parent/Guardian 1: | Relationship: | Type | Day | Ext. |
| Last Name First Name Middle | | | | |
| Does student live with you? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Phone 1 | | |
| Occupation/Employer: _____ | | Phone 2 | | |
| | | Phone 3 | | |
| Address (if different): _____ | | Email: _____ | | |

| | | | | |
|--|---------------|--------------|-----|------|
| Parent/Guardian 2: | Relationship: | Type | Day | Ext. |
| Last Name First Name Middle | | | | |
| Does student live with you? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Phone 1 | | |
| Occupation/Employer: _____ | | Phone 2 | | |
| | | Phone 3 | | |
| Address (if different): _____ | | Email: _____ | | |

Do you: own () rent () or share () residence with another family?

If you share this residence with another family, list family/owner's name here: _____

Is either parent or guardian a civilian employee on federal property or on active duty in the uniformed services? Yes ☐ No ☐

STUDENT INFORMATION

Male: ☐ Female: ☐ Birth Date _____ Social Security Number: _____
MM / DD / YYYY

Ethnic Group/Race:

Alaskan Native ☐ American Indian: ☐ Asian: ☐ Black/African American: ☐ Pacific Islander/Hawaiian ☐ White: ☐

Is the student Hispanic, Latino or of Spanish origin? Yes ☐ No ☐

Ninth grade entry date: _____ Entry Date in US _____

Birth Place: _____ Entry Date to Public School: _____
City State County MM / DD / YYYY

What was the first language your student learned? _____ Language spoken most often _____

Pre-K Experience (Choose One): _____
(For all students)

1. Pre-K Program – Public School
2. Publicly Sponsored (including Title I)
3. Headstart
4. Other Public School

5. Private – Not for profit
6. Private – For profit
7. Did not attend a Pre-K program

High School Program of Study: _____

Last School Attended: _____ Address: _____

Phone Number: _____

County + State –OR- Country of last school attended: _____

Has the student you are enrolling today EVER attended Alfred-Almond school before? Yes ____ No ____

If yes, list the grade/year enrolled: _____

Names and ages of siblings under 18:

| | | | |
|------|-------|--------|-----|
| Last | First | Middle | Age |
|------|-------|--------|-----|

| | | | |
|------|-------|--------|-----|
| Last | First | Middle | Age |
|------|-------|--------|-----|

| | | | |
|------|-------|--------|-----|
| Last | First | Middle | Age |
|------|-------|--------|-----|

| | | | |
|------|-------|--------|-----|
| Last | First | Middle | Age |
|------|-------|--------|-----|

Does your student need to take medication at school? Yes ____ No ____ Medication _____

Special medical problems/drug allergies? _____

Licensed Health Care Provider: _____ Licensed Health Care Provider Phone: _____

SPECIAL SERVICES PARTICIPATION
Does your student receive any of these services?

Accelerated Learning _____ ESL _____ Special Education/IEP _____ Speech _____

504 Plan _____

Other (Please explain) _____

OFFICE USE ONLY

Entry Date: _____

Proof of Residency: _____

W/D Date: _____ W/D Code: _____

Birth Certificate: _____

School: _____

Registered by: _____

Withdrawal Form: _____

Address: _____

Handbook/Parent Information Guide: _____

Date Records Sent: _____

Bus Number: _____

Date Records Requested: _____

Immunization Records Received: _____

Date Records Received: _____

Please fill out the following information in case of an emergency:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

List two people that we can contact in the event of an emergency and you cannot be reached:

Person 1: _____ Relationship to Student: _____

Phone Number: _____

Person 2: _____ Relationship to Student: _____

Phone Number: _____

Please provide a list of people authorized to pick your child up from school. This is a list of any person you may send to pick your child up (grandparent, babysitter, sibling, etc.)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If there is anyone that is not allowed to pick up your child please list them below. If you have a court order please provide the school with a copy.

Do not release my child to:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Physical Education Grading Decision

The Board of Education approved a resolution which puts the decision making ability about Physical Education grades in the hands of students and their parents. This resolution gives parents and students the option to add the Physical Education grade to the student's cumulative grade point average for grades 9-12. The choice of including the Physical Education grade as a part of their cumulative grade point average or not including it is a decision which should be carefully weighed because it is made only one time in a student's high school career. This decision **cannot** be changed. Please fill out the choice below and both parent and student need to sign.

(Student Name)

_____ Yes, include the Physical Education grade in my cumulative grade point average.

_____ No, do not include the Physical Education grade in my cumulative grade point average.

We have read and understand the above statements and realize that our decision is irreversible.

(Parent/Guardian Signature)

(Date)

(Student Signature)

(Date)



Alfred-Almond Central School District

I am an Eagle, watch me soar!

Superintendent Office
6795 State Route 21
Almond, NY 14804
Telephone: 607-276-6501
Fax: 607-276-6556

Middle/High School (7-12)
6795 State Route 21
Almond, NY 14804
Telephone: 607-276-6555
Fax: 607-276-6556

Elementary School (UPK-6)
6795 State Route 21
Almond, NY 14804
Telephone: 607-276-6525
Fax: 607-276-6556

Date: _____

Student: _____

Dear Parents/Guardians,

By New York State Law, we are required to administer screening tools to new students who are entering New York State public education for the first time. The purpose of this screening is to discover whether or not a child has any special learning needs.

The following tests will be administered by our educational staff during screening sessions:

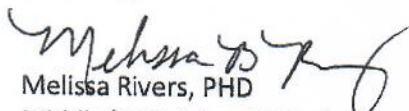
Kaufman Brief Intelligence Test (K-BIT)

iReady Benchmarking Assessments (Reading and Math)

Please sign and return the permission slip to the Elementary Office at your earliest convenience. Each testing session will last approximately 30-45 minutes and will be scheduled within two (2) weeks following receipt of your permission. There will be minimal instructional interference during these assessments. If specific learning differences are identified, you and the appropriate personnel will be contacted to see what needs, if any, are met.

If you have any questions about the screening process or the results, please feel free to contact me to discuss your questions or concerns.

Sincerely,


Melissa Rivers, PhD
Middle/High School Principal

I grant permission for my child, _____ to be screened as described above.

Student Grade Level _____

Parent/Guardian Name (print)

Parent/Guardian Signature

Date: _____

Alfred-Almond Central School
Health History to be completed by Parent/Guardian
Please Return Completed Form

| | | | |
|---|--------|--------|--|
| Student Name: | DOB: | Grade: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Parent/Guardian: (Name of person completing this form) | Phone: | Date: | |
| Email: | | | |

| Has your child ever: | YES | NO | If Yes, please explain and include date: |
|--|--------------------------|--------------------------|--|
| Had an ongoing medical condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seen a medical specialist | <input type="checkbox"/> | <input type="checkbox"/> | |
| Allergies: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has an Epi-Pen | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had an operation or hospitalization | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had an injury requiring an Emergency Room visit | <input type="checkbox"/> | <input type="checkbox"/> | |
| Missed 5 days of school in a row due to illness/injury | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had a bone/muscle injury | <input type="checkbox"/> | <input type="checkbox"/> | |
| Passed out, had a concussion or serious head injury | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had a convulsion/seizure | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had a vision problem or condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> glasses <input type="checkbox"/> contacts |
| Had a hearing problem or condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant |
| Had COVID within the last 90 days | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please provide the Date: |
| Ever diagnosed with a heart condition/murmur | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have any family members under the age of 50 ever: | YES | NO | If Yes, please specify: |
| Had a heart attack | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had other serious health problems | <input type="checkbox"/> | <input type="checkbox"/> | |

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|--|---|--|
| <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma/trouble breathing <input type="checkbox"/> Autism/Asperger <input type="checkbox"/> Dental Injuries <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Condition <input type="checkbox"/> Headaches/migraines <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Urinary Condition <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Scoliosis <input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle) <input type="checkbox"/> Skin Condition <input type="checkbox"/> Speech Condition <input type="checkbox"/> Other: _____ |
|--|---|--|

| CURRENT MEDICATIONS | YES | NO | Please list name, dose, time(s) |
|--|--------------------------|--------------------------|--|
| Given at school (Doctor's Order Needed) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Taken at home | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASSISTIVE EQUIPMENT | YES | NO | Please check all that apply |
| During or outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other: |
| TREATMENTS | YES | NO | |
| During or outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet |

Is there any condition that would prevent your child from participating in physical education or sports?
☐ No ☐ Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

Parent/Guardian Signature: _____ Date: _____

Reviewed by School Nurse: _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

| | | |
|---------|--|------------|
| Name | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | DOB: |
| School: | Grade: | Exam Date: |

HEALTH HISTORY

| | |
|---|---|
| Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type | Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached |
| Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type | <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached |
| Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type | Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached |
| Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type | Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached |

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done

Hypertension: ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

| | | | | |
|---|----------------|---|---------------|----------------------|
| Height: | Weight: | BP: | Pulse: | Respirations: |
| Laboratory Testing TB- PRN <input type="checkbox"/> Positive <input type="checkbox"/> Negative Sickle Cell Screen-PRN <input type="checkbox"/> Positive <input type="checkbox"/> Negative Lead Level Required Grades Pre- K & K <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$ | Date | List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ) | | |

System Review and Abnormal Findings Listed Below

| | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck | <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Lungs | <input type="checkbox"/> Abdomen <input type="checkbox"/> Back/Spine <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Extremities <input type="checkbox"/> Skin <input type="checkbox"/> Neurological | <input type="checkbox"/> Speech <input type="checkbox"/> Social Emotional <input type="checkbox"/> Musculoskeletal |
|--|---|---|--|--|

☐ Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list)

ICD-10 Code*

☐ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

| | | | | | |
|--|--|---|--|--------------------------|--|
| Name: | | | | DOB: | |
| Vision & Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7, & 11 | | | | | |
| Vision (w/correction if prescribed) | Right | Left | Referral | Not Done | |
| Distance Acuity | 20/ | 20/ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | |
| Near Vision Acuity | 20/ | 20/ | | <input type="checkbox"/> | |
| Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | | | <input type="checkbox"/> | |
| Notes | | | | <input type="checkbox"/> | |
| Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. | | | | Not Done | |
| Pure Tone Screening | Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Referral <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | |
| Notes | | | | <input type="checkbox"/> | |
| Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7 | Negative | Positive | Referral | Not Done | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | |
| RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK | | | | | |
| <input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions: | | | | | |
| Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____ | | | | | |
| <input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions. | | | | | |
| MEDICATIONS | | | | | |
| <input type="checkbox"/> Order Form for Medication(s) Needed at School Attached | | | | | |
| IMMUNIZATIONS | | | | | |
| <input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS | | | | | |
| HEALTH CARE PROVIDER | | | | | |
| Medical Provider Signature: | | | | | |
| Provider Name: (please print) | | | | | |
| Provider Address: | | | | | |
| Phone: | | | Fax: | | |
| Please Return This Form To Your Child's School When Completed. | | | | | |

Name: _____ Grade: _____

Please complete the form even if you do not plan to participate. Circle one per season.

Fall Sports

Boys Soccer
Girls Soccer
Girls Tennis
Cross-Country (Arkport)
I don't plan to participate

Winter Sports

Boys Basketball
Girls Basketball
Indoor Track (Arkport)
Skiing
Swimming
Wrestling
I don't plan to participate

Spring Sports

Baseball
Softball
Boys Tennis
Girls Track
Boys Track
I don't plan to participate

Alfred-Almond Parent/Guardian Permission Form
Grades 4-7
Google Apps for Education

What Google tools will my child be using?

Grades 4-6: Google Drive, Google Calendar, Google Contacts, and Google Sites. Google Photos will be allowed. Google Drive combines unlimited cloud storage with 4 applications: Docs, Sheets, Slides, and Forms. **Please note:** Google Email and Google Hangout will be disabled for elementary students. They will only be able to interact with people within our school community.

Grade 7: Students entering Jr. High school will have access to all elementary programs, as well as the addition of Gmail.

While providing online services to children under 13, schools and parents/guardians must be aware of the Child Online Privacy Protection Act (COPPA) and Family Educational Rights and Privacy Act (FERPA). COPPA is a law that requires parental consent for the online collection of information of underage users.

For more information regarding COPPA and FERPA visit www.coopa.org and <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

As the parent/guardian of _____

☐ I ALLOW my child to be part of Alfred-Almond's Google Apps for Education program.

☐ I DO NOT allow my child to be part of Alfred-Almond's Google Apps for Education program.

Parent/Guardian name (printed): _____

Parent/Guardian Signature: _____

Date: _____

It is important to note that children who do not have permission to use Google Apps for Education will never be academically penalized. We support a parent's decision to choose. However, on occasion, unauthorized students may experience more difficulty collaborating, sharing, and completing schoolwork that students who do have complete access. If you have any questions, please feel free to contact the school's principal or the technology department.

Acceptable Use Policy

I, _____ the student, have read the district's Acceptable Use Policy and agree to abide by their provisions. I understand that violation of these provisions may constitute suspension or complete loss of system access and related privileges.

(Student's Signature)

(Date)

(Grade)

I, the parent/guardian of _____, have read the district's Acceptable Use Policy in consideration for the privilege of using the district's computer network and in consideration for having access to the public networks. I hereby release the district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use, or inability to use, the system including, without limitations, the type of damage identified in the district's policies and regulations.

(Parent/Guardian Signature)

(Date)

The Acceptable Use Policy is included in this packet. Please read and sign this page. Detach the Policy your records. Thank you.

ALFRED-ALMOND CENTRAL SCHOOL STUDENT ACCEPTABLE USE POLICY

As Alfred-Almond Central School gains access to new technological resources we also assume new responsibilities. Our goal is to provide access to diverse technology, to support learning and enhance instruction, and to do so in a manner that is both ethical and consistent with promoting educational excellence.

I Purpose of Acceptable Use Policy

This Acceptable Use Policy establishes a set of guidelines for students, teachers, administrators, and all other users of the Alfred-Almond Central School computer networks and technological equipment. It is designed to reinforce honesty, integrity, respect for the rights of others, and respect for the law. Violations of the Acceptable Use Policy will result in loss of access, as well as other disciplinary or legal action, if applicable.

II. Terms and Conditions

Alfred-Almond Central School is now providing access to various computerized information resources through the use of the district's computer system. This may include access to electronic mail, on-line services, and the Internet. Unlike most traditional instructional or library media materials, our district will allow access to external computer networks not controlled by the school district, where it is impossible to screen or review all of the available materials. Use of this system is conditioned upon written agreements by both the user and parent/guardian that uses of our system will conform to the requirements of this policy.

It should be noted that use of the AACS computer equipment, Internet accounts, and networks and information is a privilege, not a right. As such, these privileges can be restricted, denied, revoked or suspended.

All data files stored on district equipment, like school lockers, remain the property of the school district and are subject to control and inspection. Student e-mail is subject to search under Federal Law. Any messages transmitted are under school jurisdiction and should be considered private.

III. Standards of Behavior

- Use of the district computer resources for non-academic reasons will only be allowed with authorization from proper school personnel.
- Diskettes, paper, ribbons, etc. are the property of Alfred-Almond Central School and should not be wasted, treated improperly, or removed from their designated areas.
- Software and hardware are the property of Alfred-Almond Central School and should not be treated improperly or removed from their designated areas.

There should be no violation of privacy and personal safety. Do not give out personal information such as age, phone number, address, etc. over the AACS computer network. Violations of the privacy of others will be considered a severe offense.

IV. Lawful Use of Copyright Materials

Unlawful duplication of computer related material or violations of copyright laws is prohibited.

- No person is allowed to install personal software on district computers without proper authorization.
- No person is allowed to install district software without proper authorization.

Only public domain files (files available for public use) and files in which the author has given expressed written consent may be uploaded to the system. Individuals may download copyrighted material only for their own use following the provisions set forth in the U.S. Copyright law.

V. Illegal and Commercial Uses of the Internet

- Use of AACS computer networks for political, illegal, commercial, obscene, or other inappropriate purposes is not acceptable and will be addressed under the severe clause.
- Do not abuse computer or network hardware.
- Do not fraudulently use another person's name to send or receive messages. Violation will be considered a severe offense.

VI. Accessing Information Inappropriate for Students

Speech and actions that are inappropriate in an educational setting and violate current school policy are prohibited. These include:

- Inappropriate Language or Graphics — obscene, offensive, disrespectful, harassing, threatening, prejudicial, false, defamatory, or disrupts the educational process/environment.
- Dangerous Information - Information that, if acted upon, could cause damage or danger.

VII. Use For Work or Activity That is Consistent With Educational Purpose

- Material accessed from Alfred-Almond Central School computer networks will be used to promote educational excellence.
- Internet usage will be guided by the educational objectives of Alfred-Almond Central School.

VIII. Use of Unauthorized Software

- Do not copy or modify server or network system files.
- Do not copy any software or files that are property of AACS.

- No attempt should be made to infiltrate a computing system or damage or alter the software components or network.

IX. Unauthorized Access to Files

- All files stored on the district technology systems are the property of Alfred-Almond Central School and may be viewed by the network administrator and/or school administrators at any time.
- Keep passwords confidential.
- Do not try to learn the passwords of others.
- Do not try to read, modify, or delete files of other individuals.

X. Disclaimer of Responsibility

Alfred-Almond Central School will take caution and make reasonable efforts to monitor proper technology use; however, the student and parent/guardian must also accept responsibility. There are areas of the Internet which may contain questionable material and inaccurate information. As a result, Alfred-Almond Central School disclaims any responsibility for any inappropriate or objectionable materials that a student may obtain through school use of the Internet. Any information furnished by an individual to another user via the Internet is at the user's own risk. Alfred-Almond Central School specifically denies any responsibility for the accuracy or quality of Information obtained through its Internet services. In addition, Alfred-Almond Central School is not responsible for loss of data caused by the negligence or the users errors or omissions.

XI. Internet Violations

Inappropriate use of the Alfred-Almond Central School computer information networks will result in the following school disciplinary action. In addition to the conditions set forth below, users may also face other consequences if applicable. These may include equipment repair or replacement, debugging charges, suspension, or legal action.

1st violation - Loss of access for 2 school weeks

2nd violation - Loss of access for 4 school weeks

3rd violation - Loss of access for 10 school weeks

Severe Clause - If the violation is of such a serious degree that the individual will harm others or breach the intent of the Acceptable Use Policy, the individual will immediately have all access terminated until proper assessment of the situation. These include, but are not limited to, such things as illegal acts, violating the privacy of others, and modifying server software.

Parent Portal Information

Parent Portal provides you with 24/7 access to your child's academic information. With a parent portal account, you may log on at any time to view information regarding your child's schedule, grades, and attendance.

To create a new account, please visit our site at: www.aacsapps.com and select the Portal login link. Underneath the login button, first time users can use the **click here** to create a new account.

- Type your name as it appears on correspondence sent from the school (do not use nicknames like Ed for Edward)
- Obtain student ID # from report card or student schedule
- Only sign up for one child, once your account is approved you will automatically gain access to all of your children.
- Use an email address that is not likely to change. If your email address changes, you will need to request a new account.

Once you have successfully submitted your account request, district personnel will review your request and approve or deny it. Once an account is approved, you will receive an email containing a link to activate that account. Once you have activated your account, you are ready to login and view your child's information.

To use your portal account after creation, please visit our site (www.aacsapps.com) and follow the link to the parent portal login page. Once at the login page, use the email address and password that were used to create the account and click **Login**. Finally, you must agree to the terms and conditions of the site before gaining access to student information.

Once you are successfully logged into the parent portal, you will be brought to your homepage. The home page will contain links to each of your children as well as district wide announcements. You will also see a *My Account* link at the top of the page. Use that link to change your password at any time you feel your password needs to be changed.

To view academic information about your child, you must first select the child from the list on the home page. Once a child is selected, a tabbed browsing screen will display. Each tab corresponds to specific reporting that is generated from the eSchoolData student management system. These tabs include Report Cards, Assignments, Schedules, Attendance, and Transcripts. Depending on the way information is managed, some tabs may not be available to all students. To view information, simply click on the tab containing the information you are looking for.

The parent portal will allow you instant access to your child's academic information. However, grades may take some time to appear as it is up to the teacher when they post this information. Please be considerate and patient at times.