

**First Day Registration – KINDERGARTEN**  
**Watervliet City School District**

**Student Information** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ NY, Zip Code \_\_\_\_\_

Primary Phone (Cell/Home) \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Student's Place of Birth – City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Male  Female  Social Security Number (Optional) \_\_\_\_\_

Residence Type: Own Rent Lease Unknown

**Family Information** \_\_\_\_\_

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parents: Married  Divorced  Separated  Widowed  Single

*Please check any legal arrangements that are in place regarding child:*

Joint Custody  Sole Custody  Visitation Rights  Fostering

**NOTE: Custody documents are required to be on file with the district.**

Babysitter: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relation \_\_\_\_\_

If child IS NOT living with a parent, please indicate guardian's name and relation:

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian's mailing address \_\_\_\_\_

**Please list all previous schools child has attended:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_

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**Brothers and/or Sisters in School:**

1. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
2. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
3. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
4. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**EMERGENCY DATA:**

In case of an emergency, illness, accident or removal from school due to discipline issues, we will contact the parent/guardian first. If we are unsuccessful, the following adults listed will be contacted. Please inform those listed that they are emergency contacts for your child. If your child needs to leave school, only the following adults, including the parents, will be allowed to sign him/her out.

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ (h) (c) (w)  
2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ (h) (c) (w)  
3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ (h) (c) (w)

In case of early dismissal or a "go home" drill, where should your child go? If not dismissed to home, then please list the location and responsible adult's name: \_\_\_\_\_

Physician to be called in an emergency \_\_\_\_\_ Phone # \_\_\_\_\_

In case of an emergency, please indicate hospital preference \_\_\_\_\_

Please list any serious illness, such as Heart Disease, Diabetes, Epilepsy, severe allergies, eye or ear problems or any chronic condition, etc. Please include any operation or serious injury, fractures, severe laceration requiring sutures, etc.

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**Does student have an IEP or 504 Plan with Special Education?** Yes [ ] No [ ]

I understand that if I provide false information on the registration forms and/or on the supporting materials that I may be committing the crime of perjury in the third degree (a class A misdemeanor); if I provide false information on those forms to the Watervliet City School District with the intent to defraud the district, I may be prosecuted on criminal charges for such false information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**WATERVLIET CITY SCHOOL DISTRICT**  
**KINDERGARTEN QUESTIONNAIRE**

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Has your child attended:      Head Start    Day Care Center    Nursery School

Pre-Kindergarten:            Yes  No If yes, where? \_\_\_\_\_

How many days per week did your child attend? \_\_\_\_\_  
 Full Day    Half-Day   Number of months in program? \_\_\_\_\_

May we contact the school for information?  Yes    No

At what age did your child begin to walk? \_\_\_\_\_

At what age did your child begin to talk? \_\_\_\_\_

Can people other than family understand your child's speech?  Yes    No

Which hand does your child use more readily?  Left    Right    Undetermined

Does your child make friends easily? \_\_\_\_\_

Does your child play well with other children? \_\_\_\_\_

Does your child play with children who are younger? \_\_\_\_\_

Does your child accept changes in schedule without getting upset? \_\_\_\_\_

Is there anything regarding your child that the teacher should be made aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

WATERVLIET ELEMENTARY SCHOOL  
2557 10<sup>TH</sup> Avenue  
Watervliet, NY 12189

**EMERGENCY EVACUATION OR "GO HOME" DRILL**

Dear Parent/Guardian:

"GO HOME" drills, QUCIK DISMISSAL and other unusual emergencies create the need for a plan for the orderly evacuation of a building.

For the safety of everyone, we are asking for the cooperation of parents and all concerned that in the event of a "GO HOME" drill, or an EMERGENCY EVACUATION of a school building, students are to be instructed by their parents of an alternate place to go in the event that no one is at home.

If your child is not dismissed to home, then please list the location and the responsible adult's name on the bottom portion of this notice and return it to your child's teacher as soon as possible.

Sincerely,

Mrs. Loida Lewinter  
Principal

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Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

During a "GO HOME" drill or EMERGENCY EVACUATION, my child should:

\_\_\_\_\_ GO DIRECTLY HOME

\_\_\_\_\_ SHOULD REPORT DIRECTLY TO:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_( ) \_\_\_\_\_ Cell: \_( ) \_\_\_\_\_



## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:*

*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.*

*Thank You*

### TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT \_\_\_\_\_ *Please print or type clearly*

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
Month Day Year

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

COUNTRY OF BIRTH / ANCESTRY \_\_\_\_\_

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. \_\_\_\_\_

NAME POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION \_\_\_\_\_

DETERMINATION  Possible LEP  
 English Proficient

1. What language(s) is spoken in the student's home or residence?  English  Other \_\_\_\_\_ specify \_\_\_\_\_
2. What language(s) are spoken most of the time to the student, in the home or residence?  English  Other \_\_\_\_\_ specify \_\_\_\_\_
3. What language(s) does the student understand?  English  Other \_\_\_\_\_ specify \_\_\_\_\_
4. What language(s) does the student speak?  English  Other \_\_\_\_\_ specify \_\_\_\_\_
5. What language(s) does the student read?  English  Other \_\_\_\_\_ 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?
 

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
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"/>

Watervliet City School District – Registrar's Office  
1245 Hillside Drive, Watervliet, NY 12189  
**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

**Parent/Guardian:** The Watervliet City School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Watervliet City School District in accordance with federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check in the box for the category or categories which best describe your child. The Watervliet City School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all state and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong. Thank you for your cooperation.

**CONFIDENTIALITY PROCEDURES AND REGULATIONS**

**To School Staff:** This form will be filed in the student's permanent record as confidential information

**To the Parent/Guardian:** The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

*"The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number."*

Watervliet City School District – Registrar’s Office  
1245 Hillside Drive, Watervliet, NY 12189

**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national original, sex, citizenship, handicap condition, or immigration status.

NAME OF SCHOOL:	
STUDENT NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH:
SCHOOL DISTRICT STUDENT IDENTIFICATION #:	GRADE:

Please read and answer questions 1 and 2. For question 1, please check the box that best describes your child.

<p>1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino. Or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Yes – Hispanic</p> <p><input type="checkbox"/> No – Not Hispanic</p>
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<p>2. Select one or more races from the following five racial groups (please check all that apply)</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example – Cambodia, China, India, Japan, Korea, Malaysian, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>
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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





## WATERVLIET CITY SCHOOL DISTRICT

### *HEALTH SERVICES REGARDING MEDICATION ADMINISTRATION*

Dear Parent/Guardian:

Please review the following policy regarding the administration of medication to students during school hours. This policy applies to all prescription and non-prescription (over the counter) drugs.

**PLEASE NOTE:** Information must be documented on the District's Medication Form.

School personnel may administer medication to students when provided with the following:

1. A written request from the physician indicating the diagnosis, name of medication, and the frequency and dosage of the prescribed medication. New request needed each school year.
2. A written request from the parent to administer the medication as specified by the doctor. New request needed each school year.
3. The medication should be delivered to the nurse by the parent or guardian. *Under no circumstances should the medication be delivered by the student.*
4. Medication must be in a pharmacy container that clearly indicates the *DATE, NAME OF STUDENT, NAME OF PHYSICIAN, DOSAGE, AND FREQUENCY.*

**RE: Inhalers in the High School** – If a student is to carry an inhaler with him/her, the physician must provide documentation indicating this. The student should then use the inhaler in the Health Office, if possible or report to the nurse that the inhaler was used.

If there are any questions, please call the school nurse at the following numbers:

**ELEMENTARY NURSE:** (518) 629-3402

**HIGH SCHOOL NURSE:** (518) 629-3304

WATERVLIET CITY SCHOOL DISTRICT  
WATERVLIET HEALTH SERVICES  
WATERVLIET, NEW YORK

MEDICATION FORM (INCLUDING TYLENOL)  
~FORM MUST BE COMPLETED IN FULL~

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PHYSICIAN:**

I prescribe \_\_\_\_\_ to be given to:

\_\_\_\_\_ by school personnel during school hours for reasons stated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician Signature Date

**PARENT:**

I hereby request and authorize you to give: \_\_\_\_\_  
(Name and Dose of Medication)

Prescribed by Dr. \_\_\_\_\_, and I release school personnel from liability should reactions result from medications. In case of an anaphylactic reaction, follow-up care and transportation are to be as follows:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**\*\*\*PLEASE NOTE: The parent or guardian must deliver the medication (including Tylenol) to the Health Office in a properly labeled original container\*\*\***

**Watervliet City School District  
Health History**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M / F

Date of Birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dentist name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please list all medications your child is on and what it is used for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any allergies, please include food allergies and note whether it is life threatening:

\_\_\_\_\_  
\_\_\_\_\_

Please note any medical conditions – past or present :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else the nurse should be aware of for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Watervliet Elementary School  
2557 10<sup>th</sup> Avenue  
Watervliet, NY 12189  
(518) 629-3400  
(518) 273-5312 / Fax

Consent to Release Information

Please release medical and immunization records for the following child/children...

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Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail or fax the requested information to:

Sue Vogel RN  
School Nurse

Thank you,  
S. Vogel RN

## Watervliet City School District Health Information

### PHYSICALS:

Per New York State, physical exams must be done on all children who are new to this school or are in the following grades; K, 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grade. These must be done within one year before the start of the school year. Your child's own physician is the best person to do this exam. If a physical is not provided, the school's physician will do one. Please be sure to provide the school with any medical information that pertains to your child. This helps everyone involved with your child's care and education.

### IMMUNIZATIONS:

DTaP – 5 doses or 4 doses if 4 <sup>th</sup> dose given at 4 years old	MMR – 2 doses
Polio – 4 doses or 3 doses if 3 <sup>rd</sup> dose given at 4 years old	Varicella – 2 doses
Hepatitis B – 3 doses or 2 Adult doses	TDaP – 1 dose in 6 <sup>th</sup> grade
Meningococcal- 1 dose in 7 <sup>th</sup> grade and 1 dose in 12 <sup>th</sup> grade – this is NOT Meningo B	

### ILLNESS:

Your child may need to stay home or will be sent home if any of the following symptoms are present:

- Vomiting or diarrhea
- Temperature of 100 or greater. Must be fever free for 24 hours without Tylenol or Motrin
- Any unexplained rash
- Any redness and discharge from the eyes which could indicate pink eye
- Live lice or nits (lice eggs). If your child has had lice, please bring them to the Health Office so they can be cleared to re-enter school.

### ATTENDANCE:

Attendance is considered to be an important part of your child's education and may play an important role in your child being promoted to the next grade level. Please speak with your child's teacher or the attendance office if you are concerned regarding excessive absenteeism.

Phone calls and written excuses are MANDATORY if your child stays home

WES Attendance 518-629-3214

WHS Attendance 518-629-3301

Elementary Health Office : 518-629-3402

High School Health Office: 518-629-3304

## Transportation Request Form for Watervliet Elementary School

Dear Parent/Guardian:

If you would like to request transportation for your child/children who will be attending school at Watervliet Elementary, please fill out this form in its entirety.

Please list all children for whom you are requesting bus transportation:

Student Name:	Current Grade:
_____	_____
_____	_____
_____	_____

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home, work and/or cell): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

A.M. Bus #: \_\_\_\_\_ Stop: \_\_\_\_\_

P.M. Bus #: \_\_\_\_\_ Stop: \_\_\_\_\_

<p><u>Grades K-6:</u> All children living in the Enlarged City School District of Watervliet, including Mannsville, are eligible for transportation, providing they live 0.56<sup>th</sup> of a mile or more from the elementary school.</p>	<p><u>Grades 7-12:</u> All children living in the Enlarged City School District of Watervliet are eligible for transportation, providing they live 1.5 miles or more from the high school.</p>	<p><u>Private/Parochial/Charter Schools:</u> CDTA Swiper Cards will be provided to allow one trip to and from school each day of the student's required attendance. Children grades K-6<sup>th</sup> are not eligible for a swiper card and transportation is up to the parent.</p>
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Transportation Eligibility:

**SUBJECT: USE OF SOCIAL MEDIA POLICY**

The Board of Education of the Watervliet City School District recognizes the importance of District employees, students and parents engaging, collaborating, learning, and sharing in digital environments. To this aim, the Watervliet City School District has developed the following policy to provide direction for District employees, students and parents when participating in online school-based social media activities.

The Watervliet City School District "Use of Social Media" policy encourages employees and students to participate in the use of social computing for school-based learning and strives to create an atmosphere of trust and individual accountability, keeping in mind that information produced by the Watervliet City School District teachers and students is a reflection of the entire District and is subject to the District's Acceptable Use Policy. By accessing, creating or contributing to any Web 2.0 (blogs, wikis, podcasts, sites using digital or video imaging or other social media) for classroom or District use, all employees and students are required to abide by these guidelines.

Therefore, the Board of Education will direct the Superintendent of Schools to establish appropriate guidelines that will be used as a model for all employees and students, parents and community members in using the social media sites that may affect our students and the School District. This policy will be revisited every year in approving the School District's *Code of Conduct on School Property* in order to ensure the compliance of this policy or changes that may be necessitated by advancements in digital media.

**Definitions**

"Social media" from this point forward refers to Internet-based media that includes, but is not limited to blogs, wikis, podcasts, sites using digital images and video. It refers to a wide variety of Internet-based sites that include, but is not limited, to Facebook, Twitter, Google shared apps, YouTube, and other media that involves the interaction and sharing of social information and employee/student work.

**Personal Responsibility**

- a) Watervliet City School District employees and students are legally and personally responsible for the content they publish online.
- b) Online behavior should reflect standards of honesty, respect, and consideration.
- c) When posting to a blog relating to the District or education, it is to be stated at the beginning of the posting that the information is representative of the author's views and opinions and not necessarily the views and opinions of the Watervliet City School District.
- d) Social media, when used in a constructive manner can be an extension of the classroom. What is inappropriate in a classroom should be deemed inappropriate online.

(Continued)

## Community Relations

**SUBJECT: USE OF SOCIAL MEDIA POLICY (Cont'd.)**

- e) Employees should ensure that content associated with them is consistent with the goals of the Watervliet City School District.
- f) All School Board members, educators, teachers and staff members are reminded that they are expected to abide by all applicable state and federal laws, professional and ethical codes of conduct, Board of Education Policies, administrative regulations, the District Code of Conduct, applicable employment handbooks/policies, and collective bargaining agreements. This statement does not replace or supersede any existing policy or procedure.
- g) Confidential student and employee information may not be posted online on any social media tool.
- h) Social media will not be used to harass or bully others in any way.
- i) Individuals' privacy shall be respected in the use of social media.

**Copyright and Fair Use for Employees and Students**

- a) Respect copyright and fair use guidelines.
- b) Hyperlinking to outside sources is recommended. When hyperlinking be sure that the content is appropriate.
- c) Be sure to always give credit where it is due (proper attribution) and not to plagiarize.

**Profiles and Identity**

- a) Be cautious on how you set up a profile, bio, avatar, etc. No addresses or phone numbers of students, employees, parents or community members should appear on school-based social media, including blogs or wikis.
- b) In accordance with the District's opt out of directory and media policy- {Check with the Building Principals for the list of parents who have chosen to have their child opt out} pictures, videos, audio or digital reproductions of students, employees, parents or community members can be displayed on any school-based social media site without the consent of the individual student (if 18 or older, i.e., "eligible student") or the parents or guardians of students (less than 18 years of age) unless the eligible student or parent/guardian chose to sign and return the District opt out policy.

(Continued)



**SUBJECT: USE OF SOCIAL MEDIA POLICY (Cont'd.)****Requests for Social Media Sites**

The Watervliet City School District understands that technology is constantly changing and that many sites have pedagogical significance for teacher and student use.

- a) If you would like to request that an online site (including one of your own creation) be accessible to use for teaching and learning, please fill out the Social Media Request Form and submit it to District Director of Curriculum and Instruction for review.
- b) Requests will be reviewed and the District social media guidelines will be updated periodically.
- c) A description should be provided of the intended use of the site and what tools on the site match your needed criteria.
- d) A link to the site's privacy policy should be included if possible.

**Social Media Policy for Students**

- a) A student will not post identifying information such as address, age, email address, or telephone number.
- b) The School District's *Code of Conduct on School Property* applies to the use of District technology and Social Media.
- c) A student may not use the school-based social media, including blog/web 2.0 tools, to violate the Watervliet City School District's *Code of Conduct on School Property* by plagiarizing, cheating, forging, or using copyrighted material without permission.
- d) A student may not publish links to inappropriate websites.
- e) A student will use appropriate language. Offensive language will not be accepted.
- f) A student will not use social media, including blogs/web 2.0 tools, to harass or bully others in any way.
- g) A student must respect the privacy of others at all times.
- h) A student must understand that there will be consequences for misuse of the school-based social media, including blogs/web 2.0 tools, as per the Acceptable Use Policy and the School District's *Code of Conduct on School Property*.

(Continued)

**SUBJECT: USE OF SOCIAL MEDIA POLICY (Cont'd.)**

- i) The misuse of personal or home-based social media, depending on its potential effect on the health, safety and welfare of students/others and the maintenance of the educational setting in school, may result in referral to law enforcement and/or student or employee discipline in accordance with law and regulation.

**Social Media Policy for Teachers**

- a) A teacher will register his/her social media for school-based learning with the Watervliet City Office of Technology by contacting the Director of Curriculum and Instruction.
- b) A teacher will provide students with the Watervliet City School District's Use of Social Media Policy and actively review the policy several times during the school year.
- c) Students must read and sign the Watervliet City School District's Use of Social Media Policy before participating in any social media activity.
- d) A teacher will teach students safe and appropriate behavior as social media authors and readers.
- e) A teacher will recognize the social media as a closed conversation for members of the class and will not open the site to any person who is not a participant in the class, except for others whose presence on the site supports the educational goals and objectives of the lesson who have been pre-approved by the teacher.
- f) A teacher will actively monitor the social media for cyber-bullying, offensive language or images, and other material that violates the Use of Social Media Policy or other policies of the District.
- g) A teacher will protect student privacy at all times by not publishing identifying information such as address, email address, or telephone number.
- h) All social media must have a direct correlation to subject material taught in class and will not be used for personal social networking.
- i) Teachers must enforce consequences for social media misuse. They must report violations to the Building Principal.

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**SUBJECT: USE OF SOCIAL MEDIA POLICY (Cont'd.)**

**ACKNOWLEDGMENT AND SIGNATURE PAGE**

I have read and understand the Watervliet City School District's Use of Social Media Policy and Acceptable Use Policy.

\_\_\_\_ Student

\_\_\_\_ Teacher

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date

**WATERVLIIET CITY SCHOOL DISTRICT  
REGISTRAR'S OFFICE**

1245 HILLSIDE DRIVE  
WATERVLIIET, NY 12189  
PHONE (518) 629-3204  
FAX (518) 629-3268

**RECORDS RELEASE**

DATE: \_\_\_\_\_

\_\_\_\_\_ will be registering at the Watervliet City School District  
(STUDENTS NAME)

in grade \_\_\_\_\_. Please send the following records:

- ✓ Academic records – transcript of grades and regents test results.
- ✓ Transfer grades for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> quarter.
- ✓ Health records (Health law requires immunizations for entry into school).
- ✓ Scores on standardized tests
- ✓ Copy of science labs that are completed (high school).
- ✓ Information on Special Education/504 needs or concerns.
- ✓ CSE classification and IEP/psychological evaluations if applicable.
- ✓ Court papers (custody, order of protection, etc.)
- ✓ Attendance records.
- ✓ Discipline records.
- ✓ Any other information that may be of value to us.

I give permission for \_\_\_\_\_ to release the above  
(Name of Prior School)

requested information concerning my son/daughter to the Watervliet City School District.

Signature: \_\_\_\_\_  
(Parent/Legal Guardian)