

## Welcome to Harrisville Central School

### **“Home of the Pirates”**

14371 Pirate Lane  
Harrisville, NY 13648  
(315) 543-2920 (MS/HS Office)  
(315) 543-2707 (Elementary)

### **New Student Registration:**

(By appointment only)

- New families to the Harrisville Central School district wishing to register their children for school please contact the school district as follows. To enroll new elementary students, please contact the elementary office at (315) 543-2707. Middle and high school students are to be enrolled with the guidance office by calling (315) 543-2920.
- All parents/guardians will be required to have the following at time of registration:
  - Parent/Guardian Photo I.D.
  - Birth certificate, state or government-issued I.D. or any official record proving date of birth.
  - Proof of immunizations
  - Custody paperwork MUST be provided (if applicable)
  - **PROOF OF RESIDENCE** (documentation that shows name and address)
  - If military, please have Brigade information and military I.D. available with you.

**PLEASE CONTACT OUR OFFICE IMMEDIATELY WITH ANY CHANGES IN CONTACT OR CUSTODY INFORMATION.**

For Office Use Only

I.D. #: \_\_\_\_\_

Entry Date \_\_\_\_\_

REGISTRATION FORM

**HARRISVILLE CENTRAL SCHOOL**

14371 Pirate Lane, Harrisville, NY 13648

Ph: (315) 543-2707 elem. or (315) 543-2920 high school; Fax: (315) 543-2360

Grade: \_\_\_\_\_ Bus # In: \_\_\_\_\_

Homeroom #: \_\_\_\_\_ Bus # Out: \_\_\_\_\_

Special Ed. Services: \_\_\_\_\_

Name of Pupil: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_ Sex: M F X  
Last First Middle Mo Day Year  
Military: Yes/No Migrant Worker: Yes/No  
Civilian working @ Ft. Drum: Yes/No

Student resides with: ☐ Both Parents ☐ Mom ☐ Dad ☐ Other (relationship to student): \_\_\_\_\_

Home Address (911 Address): \_\_\_\_\_  
Route, Box or Street # Road or Street Name Town State Zip

Mailing Address (if different): \_\_\_\_\_  
Route, Box or Street # Road or Street Name Town State Zip

Where is student currently living (**check one box**): ☐ In a shelter; ☐ With another family or other person because of loss of housing or as a result of economic hardship ("doubled-up"); ☐ In a hotel/motel; ☐ In a car, park, bus, train, or campsite; ☐ Other temporary living situation (please describe): \_\_\_\_\_;  
☐ Permanent housing

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Transferred From: \_\_\_\_\_  
School Name Town State Zip

Ethnicity: (choose one) ☐ Hispanic/Latino or Spanish Origin; ☐ Not Hispanic/Latino

Race: (select one or more) ☐ White/Caucasian; ☐ Asian; ☐ American Indian/Alaskan Native; ☐ Black/African American; ☐ Native Hawaiian/Pacific Islander

Home Language (language spoken in the home, if not English): \_\_\_\_\_

Custodial Parent: \_\_\_\_\_ Are there any legal custody arrangements? \_\_\_\_\_

**\*\*PLEASE SUBMIT COPIES OF ORDERS OF CUSTODY AND/OR ORDERS OF PROTECTION. THE SCHOOL IS BOUND BY LAW TO ADHERE TO THESE DOCUMENTS.**

Non-Custodial Parent: \_\_\_\_\_  
Name Address Phone #

Should the non-custodial parent receive school mailings? \_\_\_\_\_ May the non-custodial parent pick the child up from school? \_\_\_\_\_

Father/Male Guardian: \_\_\_\_\_  
Last First Middle (Relationship to child)

Mother/Female Guardian: \_\_\_\_\_  
Last First Middle (Relationship to child)

Additional Adult(s) In Household: \_\_\_\_\_

Siblings or Other Children In the Household:

Last	First	Middle	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father/Guardian Work Information: \_\_\_\_\_  
Name Place of Employment Phone Number

Mother/Guardian Work Information: \_\_\_\_\_  
Name Place of Employment Phone Number

Other Emergency Contact: \_\_\_\_\_  
Contact Name Relation (if any) Phone Number(s)

Other Emergency Contact: \_\_\_\_\_  
Contact Name Relation (if any) Phone Number(s)

Please list the people who are authorized to pick your child up at school:

\_\_\_\_\_  
Name & Phone Number (Relation to student)

\_\_\_\_\_  
Name & Phone Number (Relation to student)

\_\_\_\_\_  
Name & Phone Number (Relation to student)

\_\_\_\_\_  
Name & Phone Number (Relation to student)

**HEALTH DATA: A COPY OF BIRTH CERTIFICATE & IMMUNIZATIONS REQUIRED AT TIME OF REGISTRATION**

Proof of Immunizations:

Copy of Immunization Record: \_\_\_\_\_

Date of 1<sup>st</sup> Polo Vaccination: \_\_\_\_\_

Additional Information:

Copy of birth certificate: \_\_\_\_\_

Religious Excusal: \_\_\_\_\_

TRIP PERMISSION: This child has my permission to go on field trips taken as part of the school program under the supervision of a teacher.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

I/we verify that the student named resides with me/us and that our residence is within the Harrisville Central School District. I/we certify that all the information above & on the enrollment form is accurate & correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

cc

Guidance Office

Main Office

Nurse

Transportation

CSE Chairperson

**HARRISVILLE CENTRAL SCHOOL**  
**14371 PIRATE LANE**  
**HARRISVILLE NY 13648**  
Phone (315) 543-2707  
Fax (315) 543-2360

**MEDICAL INFORMATION FORM**

Child's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Date of Last Physical Exam \_\_\_\_\_

Physician Address & Phone Number \_\_\_\_\_

Type of Health Insurance \_\_\_\_\_ Hospital Preference \_\_\_\_\_  
(New York State mandates all new students have a physical prior to entering school. Please provide the school with a copy.)

**Please check if your child has had any of the following (give year when appropriate):**

Chicken Pox		Cancer		Pneumonia	
Asthma		Diabetes		Ear Conditions	
Scarlet Fever		Whooping Cough		Bed Wetting	
Heart Disease		Hyperactivity		Nightmares	
Epilepsy or Convulsion		Rheumatic Fever			
Severe Nose Bleeds		Frequent Sore Throats			
Mental or Emotional Condition		Diagnosed Attention Deficit Disorder			

Allergies: Yes / No (If so, to what \_\_\_\_\_)

Operations: Yes / No (If so, what type \_\_\_\_\_)

Serious injuries: Yes / No (If so, what type \_\_\_\_\_)

Were there any complications during the pregnancy, delivery or immediately after birth? \_\_\_\_\_

If your child is presently on medication, please list name of drug and time of day taken: \_\_\_\_\_

Will your child require medication administration during the school day? \_\_\_\_\_

If so, what medication at what time \_\_\_\_\_

(State law requires the nurse have a written doctor's order and the medication in a pharmacy labeled container).

**CONTINUE ON REVERSE SIDE** 

Does your child require any special treatments that must be administered during the school day?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain \_\_\_\_\_

Is it necessary that your child be excused from or limited in physical education activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain \_\_\_\_\_

### HEARING

Has your child ever had any ear/hearing examination or treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when, with whom and results \_\_\_\_\_

\_\_\_\_\_

### VISION

Has your child ever had a vision examination or treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when, with whom and results \_\_\_\_\_

\_\_\_\_\_

### IMMUNIZATIONS

**You must submit your child's immunization record at registration.**

NYS immunization school entrance requirements vary depending on the student's age and grade level. The nurse will need to review your child's record to verify compliance with state mandates. We must exclude your child from attending if their shots are not up-to-date by the second week of school, 30 days if you enter from out of state.

Schools shall comply with the New York State Lead Poisoning Prevent Act, which requires that children, age six and under, upon initial enrollment, present proof of a blood test for lead. This is not required, but it is recommended.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**HARRISVILLE CENTRAL SCHOOL  
14371 PIRATE LANE  
HARRISVILLE, NY 13648  
PHONE (315) 543-2707 FAX (315) 543-2360**

**2025 - 2026  
NURSE MEDICATION DISPENSING FORM**

New York State Education Department requires each school to have a medication permission form signed by the parent/guardian and the child's physician before the nurse can administer any medication to your child. This includes both prescription and non-prescription (over the counter) medications. After consultation with the school physician, the following non-prescription medications will be available in our Health Office for use by the school nurse.

Please mark an X to the left of any medication you **DO NOT** wish your child to receive.

<input type="checkbox"/>	Acetaminophen	For age every 4 or 6 hours as needed for mild aches, pain, headache, toothache, menstrual cramps
<input type="checkbox"/>	Bacitracin	Antibiotic ointment for abrasions & superficial wounds
<input type="checkbox"/>	Benadryl	12.5 mg by mouth when needed for Allergic Reaction
<input type="checkbox"/>	Chloroseptic Spray	Sore throats, mouth pain
<input type="checkbox"/>	Cough Drops/Lozenges	Soothes throat, aids in preventing cough
<input type="checkbox"/>	Foile Burn	Ointment or spray: soothes minor burns or sunburn
<input type="checkbox"/>	Ibuprofen	For age every 4 or 6 hours as needed for headache, , musculoskeletal complaints, menstrual cramps
<input type="checkbox"/>	Ora-Jel	Toothache, mouth sores
<input type="checkbox"/>	Vaseline	To lubricate chapped lips
<input type="checkbox"/>	Insect Repellent	No DEET.
<input type="checkbox"/>	Waterless Hand Sanitizer	To cleanse hands when soap & water are not available

I give permission for the use of all of the above medications in the treatment of my child **EXCEPT THE ONES THAT ARE MARKED WITH AN X**, as deemed appropriate by the school nurse. This permission will remain in effect for the 2025- 2026 school year unless I notify the school in writing.

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Parent &  
Physician's  
SIGNATURES  
REQUIRED

PARENT/GUARDIAN SIGNATURE

DATE

PHYSICIAN'S SIGNATURE

DATE

*Roger Mada, MD*

*6/6/25*

**HARRISVILLE CENTRAL SCHOOL**  
**PERMISSION FOR PRESCRIPTION MEDICATION IN SCHOOL**

It is necessary for the school nurse to receive a written order from a medical practitioner if a child is to be given a prescription medication during the school day.

If your physician has advised you or if you feel your physician wants this medication to be administered to your child during school hours, please have this form completed and returned to the health office, with the medication. The medication should be accompanied by a parent and be in prescription labeled container.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_

**PLEASE** give:

Prescribed Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Route \_\_\_\_\_

Time(s) Medication Must Be Given \_\_\_\_\_

Duration \_\_\_\_\_

Adverse Reaction(s) \_\_\_\_\_

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, hereby give permission for the school nurse to give my child the medication prescribed above.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**INHALER SELF-MEDICATION RELEASE**

If the above medication is an inhaler and the child named is in grades 6-12 and has been instructed on the inhaler's proper use, your signature below gives him/her permission to carry the inhaler on his/her person, or to keep it in his/her locker to use as needed.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sunscreen Parent Permission for Use at  
School/School Sponsored Events**

**To Be Completed by Parent- Valid for 1 Year**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ School: \_\_\_\_\_

To reduce the possible overexposure to sun NYS Education Law allows students who can apply or direct school staff members to apply FDA approved sunscreen products to carry and use them at school/school sponsored events with written parent/guardian consent.

If your student **CANNOT** apply or direct an adult to apply sunscreen for them, whether his/her own sunscreen or school provided sunscreen, **then we are legally not able to apply the sunscreen to your child.**

The name of the school provided sunscreen product is: SunX 30+ Broad Spectrum

My student **CAN** apply sunscreen by themselves or direct an adult to apply sunscreen for them

- ☐ I allow my child or directed adult to apply his/her **own** FDA approved sunscreen, as needed.
- ☐ I allow my child or directed adult to apply the **school provided** FDA approved sunscreen listed below as needed. An application of school provided FDA approved sunscreen Sunx 30+ Broad Spectrum will be applied to exposed skin every 4 hours as needed to protect against overexposure to sun.

**Parent/Guardian Signature and Contact Information**

<b>Name:</b>	<b>Date</b>
<b>Signature:</b>	<b>Phone</b>

**As always, we appreciate your help and support in keeping the kids healthy and safe. Please return this completed form to the health office as soon as possible. Thank you.**

Brandy Kelley, RN/School Nurse



**HARRISVILLE CENTRAL SCHOOL DISTRICT**  
**Authorization For Release of Information**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**\*\* NOTE:** Student has enrolled with HCS on \_\_\_\_\_.

*Please record an exit date prior to this date.*

From: Harrisville Central School District  
14371 Pirate Lane, Harrisville NY 13648  
Phone: Elementary School (PreK-6): (315) 543-2707  
Middle & High School (7-12): (315) 543-2920  
Fax: Elem., Middle & High Schools: (315) 543-2360  
Guidance Office Fax: (315) 543-1218 (7-12 students)

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

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

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

Permission is hereby given to HARRISVILLE CENTRAL SCHOOL DISTRICT to release information to you and/or receive the following information from you regarding the above-named student:

- ☐ Transcript (Permanent Record Information)
- ☐ Standardized Test Data (Achievement, Aptitude, & College Entrance Exams)
- ☐ Current Grades & Grade Conversion Scale
- ☐ Health Records
- ☐ Special Education Records
- ☐ Psychological Reports/Social Work Reports
- ☐ Other \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian  
(valid for one calendar year from date signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (when required)

\_\_\_\_\_  
Date

Date Withdrew \_\_\_\_\_

F \_\_\_\_\_ R \_\_\_\_\_ D \_\_\_\_\_

## 2023-2024 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **315-543-2707 ext. 27917**, if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to:** **Harrisville Central School**  
**14371 Pirate Lane**  
**Harrisville, NY 13648**

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

\*Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

I do not have a SS# ☐

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

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

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

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

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island ☐ White

### DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster  
☐ Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_  
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid  
Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to Christine Bristol at Harrisville Central School.

If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: Christine Bristol at 315-543-2707 ext. 27917. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

### PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

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### PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDIPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDIPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDIPIR number.

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### PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDIPIR number, a social security number is not needed.**
- (5) **An adult household member must sign the application in PART 4.**

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**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

### DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

## FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

**SNAP/TANF/FDPIR case number:** This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

**Foster Child:** A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

**Household:** A group of related or non-related people who are living in one house and share income and expenses.

**Adult Family Members:** All related and non-related people who are 21 years of age and older living in your house.

**Financially Independent:** A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

**Current Gross Income:** Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

**Examples of gross income are:**

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: Christine Bristol, School Lunch Manager

Telephone Number: 315-543-2707 ext. 27917

## FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)

### Notice for Directory Information

The Family Educational Rights & Privacy Act (FERPA), a Federal law, requires that Harrisville Central School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Harrisville Central School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Harrisville Central School District to include this type of information from your child's educational records in certain school publications. Examples include:

- |                          |   |
|--------------------------|---|
| ♦ The annual yearbook    | ♦ Honor Roll or other recognition lists;                        |
| ♦ Graduation programs    | ♦ A playbill, showing your student's role in a drama production |
| ♦ Sports activity sheets | ♦ District Websites   |

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary & Secondary Education Act of 1965 (ESEA)* to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

**If you do not want Harrisville Central School District to disclose directory information from your child's education records without your prior written consent, notice of refusal must be sent in writing to Julie Chartrand, Records Management Officer, at 14371 Pirate Lane, Harrisville, NY 13648 by September 15 of each current school year.**

Harrisville Central School District has designated the following information as directory information:

- |  |  |                                      |
|--|--|--------------------------------------|
| ♦ Student's name   | ♦ Address                                      | ♦ Telephone Listing                  |
| ♦ Electronic mail address                                    | ♦ Photograph                                   | ♦ Date & place of birth              |
| ♦ Major field of study                                       | ♦ Dates of attendance                          | ♦ Grade level                        |
| ♦ Participation in officially recognized activities & sports | ♦ Weight & height of members of athletic teams | ♦ Degrees, honors, & awards received |
| ♦ The most recent educational agency or institution attended |  |                                      |

These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.

#### DISCLOSURE OF STUDENT INFORMATION TO MILITARY RECRUITERS & COLLEGES

Pursuant to the federal *No Child Left Behind Act of 2001* signed into law in January 2002, the school district must disclose to military recruiters and institutions of higher learning, upon request, the names, addresses and telephone numbers of our high school students. However, the district must also notify parents of their rights & the rights of their children to request, in writing, that the district NOT release information if it is requested.

**Parents, or students who are at least 18 years old, wishing to exercise their option to withhold their consent to the release of the above information to military recruiters and institutions of higher learning must sign & return the form attached below or notify in writing Mrs. Julie Chartrand, High School Guidance Office, 14371 Pirate Lane, Harrisville, NY, by September 30 of the current school year.**



### FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)

#### NOTICE FOR DIRECTORY INFORMATION

**(FOR GRADES 9-12)**

Please DO NOT release the name, address or telephone number of \_\_\_\_\_ to  
military recruiters or institutions of higher learning. (print student name above)

\_\_\_\_\_  
(Parent Signature) (Date)

or

\_\_\_\_\_  
Student Signature, if 18 years or older (Date)



## Harrisville Central School School-Parent Compact

### IN ORDER TO SUPPORT STUDENT ACHIEVEMENT:

#### SCHOOL WILL STRIVE TO:

- ✓ Encourage and welcome parents into the classroom.
- ✓ Communicate with parents regularly to keep them informed of their child's progress
- ✓ Prepare carefully so your child receives quality instruction each day.
- ✓ Encourage your child's natural curiosity in all areas of learning.
- ✓ Respect your child's opinion each day and try to listen carefully to him/her.
- ✓ Seek the help of others to meet your child's needs.
- ✓ Notify parents of special circumstances within the school environment that are affecting your child's learning/behavior.
- ✓ Encourage parents to participate in organizations such as Shared Decision Making, Parent Teacher Organizations, Title 1/AIS and Special Education Planning Committees, etc.
- ✓ Notify parents of available professional resources that will enable them to improve their child's achievement.
- ✓ Provide an environment that is safe, healthy, orderly, and drug free.
- ✓ Clearly state discipline codes and consistently enforce them.
- ✓ Recognize student academic and behavioral excellence.
- ✓ Encourage your child to participate in school sponsored extracurricular activities.

#### PARENTS WILL STRIVE TO:

- ✓ Expect my child to behave and to work hard in school.
- ✓ Have established regular routines for bedtime, homework, and other family times.
- ✓ Make an effort to attend activities that focus on parent involvement such as parent/teacher conference.
- ✓ Get to know my child's teacher(s) early in the year and communicate regularly.
- ✓ Encourage my child's interest in learning, especially through reading.
- ✓ Keep school informed of unusual circumstances that may affect my child's learning/behavior in school.
- ✓ Monitor my child's attendance at school, completion of homework, and use of free time.
- ✓ Be supportive of the school in their efforts to uphold high standards of conduct and achievement.
- ✓ Encourage my child to seek help when needed.
- ✓ Encourage my child to participate in school sponsored extracurricular activities.
- ✓ Provide materials, supplies, and attire necessary to maintain a positive learning environment.

#### STUDENT WILL STRIVE TO:

- ✓ Prepare and listen carefully.
- ✓ Follow directions and school rules.
- ✓ Respect others' feelings, property, and opinions.
- ✓ Understand he/she may seek the help of others.
- ✓ Be responsible for his/her actions.
- ✓ Do his/her best at all times.
- ✓ Be prepared to work to the very best of their ability.

Signatures indicate that this agreement has been read and that everyone is willing to work together in an effort to meet higher standards and to improve student achievement. It will be kept on file.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Building Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

# Special Education in New York State for Children Ages 3-21

## *A Parent's Guide*

If you have concerns about your child and would like to discuss  
your concerns further, please contact:

ERIC LUTHER

CSE Chairperson

315-543-2707

[eluther@hcsk12.org](mailto:eluther@hcsk12.org)

The link to the Parent's Guide is available at:

[www.hcsk12.org](http://www.hcsk12.org)

Click on "District" and then choose "Special Education," the link is on  
the right hand side.

The University of the State of New York  
The State Education Department  
Vocational and Educational Services for Individuals with Disabilities  
Albany, New York 12234

May 2002

HARRISVILLE CENTRAL SCHOOL  
CENSUS DATA SHEET

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Emergency or Message

Contact Name & Phone:

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

Phone #: \_\_\_\_\_

911 Residence Address: \_\_\_\_\_

\_\_\_\_\_

School District Transferring from: \_\_\_\_\_

---

Children's Names:	Date of Birth:	Sex:	Grade:	Disabled.:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

Comments or Additional Info.:



# Harrisville Central School

## HOUSING QUESTIONNAIRE

Name of Student: \_\_\_\_\_  
Last First Middle

Gender: ☐ Male  
☐ Female  
☐ Non-binary

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_  
Month Day Year (preschool-12)

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

Please return to Lisa Mitchell

## Eligibility screen for Migrant Education services

\*\*\* Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. \*\*\*

Has your family moved to a different school district in the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

In the last three years, has the parent or guardian of the child enrolling done farm work as a paid job? (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what farm did you work on? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_



If you can answer YES to BOTH of the above questions, your family MAY qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

### Parents/ Guardians

Mother's name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

(Street Address)

Work or Message # \_\_\_\_\_  
(city, town or village) (Zip)

School District \_\_\_\_\_ School Building \_\_\_\_\_

School Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

Other Useful information (directions, farm names, best time to contact, etc.) \_\_\_\_\_

To submit this referral please fax to the Oswego BOCES at (315) 963-4242 or mail to the address above. For more information please call the Migrant Program at 963-4265 or 1-800-474-1632. Thank you for your assistance.



# HARRISVILLE CENTRAL SCHOOL CHROMEBOOK TERMS AND AGREEMENT DOCUMENT



**(THIS SIGNED DOCUMENT IS REQUIRED ONLY ONCE FOR YOUR ENTIRE SCHOOL CAREER.  
FOR ALL STUDENTS AND NEW STUDENTS)**

**Parent/Guardian & Students: Please complete this form and return the first page only**

Student's Name (print): \_\_\_\_\_ Student's Grade: \_\_\_\_\_

## **Student/Guardian & Parent Chromebook Usage Agreement**

We understand that students and parents share the responsibility to care for the Chromebook, an educational tool, issued by the Harrisville Central School District (HCSD). We understand and agree to the rules listed below and all enclosed usage guidelines included in the Student/Parent Usage Guidelines. In the event of a damaged or stolen Chromebook, it is the student/parents' responsibility to pay cost of repair or replacement device.

Once a school owned device has been reported as lost or stolen the device will be rendered inoperable by Chromebook. This means that the device is deactivated and will no longer function. Textbooks will be provided to student in the event that the Chromebook is lost, stolen or damaged.

1. I understand that a Chromebook assigned to me remains the property of HCSD; therefore, my device may be confiscated and is subject to inspection at any time without notice.
2. I will be responsible for taking care of my assigned Chromebook, charging it with the cords provided to me, and I will be responsible for all fees associated with damage of my assigned device.
3. I will use my Chromebook as an educational tool and in an appropriate manner.
4. I will protect my Chromebook from damage.
5. I will not disassemble any part of my Chromebook or attempt any repairs, and I will keep food and beverages away from my device.
6. I will know where my Chromebook is at all times. I will never leave my Chromebook unattended or loan it to other individuals including adult staff, and/or student peers.
7. I will not place decorations (such as stickers, markers, etc.) or deface the serial number or HCSD label on my Chromebook.
8. I will follow the policies outlined in the Student Chromebook Usage Guide at all times.
9. I will notify the school of theft, vandalism, and other acts done to my Chromebook as soon as possible.
10. I agree to return the Chromebook in good working condition.

☐ **I DO** want my student to receive a Chromebook. We agree to the Chromebook Terms.

\_\_\_\_\_  
Parent/Guardian's Name (print)    Parent/Guardian's Signature    Email Address    Date

\_\_\_\_\_  
Student Signature    Date

**Harrisville Central SCHOOL DISTRICT (HCSD)**  
**STUDENT CHROMEBOOK USAGE AGREEMENT**  
**The student agrees to the following expectations.**

- The Chromebook, an educational tool, is the property of the HCSD. It may be confiscated and inspected at ~~any~~ **any** time. The student should have NO expectation of privacy of any materials found on the device.
- HCSD Chromebooks are provided as an educational tool for school work. Students are encouraged to think of the school-issued device like they would any other school owned instructional equipment or material and take care accordingly.
- HCSD makes no guarantee, written or implied, that materials on the device ~~includg~~ **including** school work, will be safe from deletion or corruption, accidental or otherwise.
- The Chromebook comes equipped with a front facing camera and video capacities. Student must request permission before recording an individual or group. Recording must be used appropriately in an educational manner. HCSD reserves all rights concerning any recording and/or publishing of any student or staff member's work or image. Students must obtain school permission to publish a photograph or video of any school related activity.
- Chromebooks must remain free of any writing, drawing, stickers, or labels that are not property of the HCSD affixed labels. District affixed labels and tags shall not be removed from the device.
- Inappropriate or provocative images including, but not limited to: pornographic images, guns, weapons, inappropriate language, threatening language, drug, alcohol, or gang related images are not permitted and subject to classroom/ school consequences.
- Adding or deleting of a Chromebook "app" is by IT permission only. Failure to comply may result in restricted access to the device and/or a reimaging cost to the student.
- Games, music, videos, and sound use will be at the discretion of the classroom teacher and school administrators.
- All students should recognize and guard their personal and private information. While on the Internet, students shall not reveal personal information, including a home address or phone number, or the address or phone numbers of other students.

**Parent/Guardian Chromebook & Internet Guide to Student Use**

HCSD recognizes that with new technologies come new challenges to both teachers and parents. Below is a series of suggestions drawn from a wide variety of professional sources that may aid you, the parent, in effectively guiding your child's use of the Chromebook.

1. **Go where your child goes online.** Monitor the places that your child visits. Let your child know that you're there, and help teach her/him how to act as s/he works and socializes online.
2. **Review your child's friends list.** You may want to limit your child's online "friends" to people your child actually knows and is working with in real life.
3. **Understand sites' privacy policies.** Internet sites should spell out your rights to review and delete your child's information.
4. **Report unwelcome or malicious online threats.** Report in a timely fashion to the school any online interactions that can be considered threatening.

5. **Help your child develop a routine.** Many parents have found success by helping create a routine for their child's computer use. Define a routine as to how the Chromebook is cared for, recharged, and when and where its use is appropriate.
6. **Take a look at the apps or programs.** It is to the advantage of the students, parents/guardians, and school that the parents have a working understanding of the programs and student work found on the Chromebook.
7. **Read and share with your child the HCSD care and use policies.** By reading and discussing the care and use policies, you can create a clear set of expectations and limitations for your child.
8. **Please explain to your child that his/her Chromebook may be selected at random to provide their Chromebook for inspection.**

**Your child should have NO expectation of privacy of any materials found on the Chromebook.**

#### **Parent/Student Financial Responsibility for Repairs**

Students must report any damages to the teacher who will then notify the IT department. Any minor/accidental damage to Chromebook is covered as long as all school rules and procedures were being followed when the damage occurred. Intentional damage or obvious neglect is not covered. At that time a claim is submitted, **Students/Parents are responsible to pay full cost of the repair or Chromebook (please see itemized replacement cost document).**

If a student loses or damages a Chromebook, he/she will receive a loaner device to ensure there is no disruption in his/her learning. Once school issued device has been repaired students will exchange their loaner chromebook for their assigned chromebook.

Once a school owned device has been reported as lost or stolen the device will be rendered inoperable. This means that the device is deactivated and will no longer function.

#### **Returning your Chromebook**

Chromebooks will be returned to the school office when students transfer to other schools. The same applies to students who are expelled or terminate enrollment out of the HCSD or program. All other students will return their Chromebooks with all accessories at the end of the school year during the final week of school.

**Parents/Guardians & Students will be responsible for any damage to the Chromebook, consistent with the HCSD's Chromebook Protection Plan and must return the Chromebook and accessories to the IT department (Mrs. LaVancha) in satisfactory condition with all accessories.**

#### **Student Owned Devices**

Should a student choose to purchase their own Chromebook or mobile device for school use, that device will be regulated by the same rules and requirements as if it was a school owned device. This includes, but is not limited to, the Acceptable Usage Agreement, Chromebook Agreement, Student Usage rules, and all appropriate laws and regulations.

#### **Chromebook Care and Maintenance**

The Chromebook is school property and all users will follow this policy and the HCSD Acceptable Use Policy for this technology. Students are responsible for the general care of the Chromebook you have been issued by the school. Chromebooks that are broken or fail to work properly must be taken as soon as possible to the (IT Tech - Mrs. LaVancha) for an evaluation of the equipment.

#### **General Care and Precautions**

1. Only use a clean, soft cloth to clean the screen, no cleansers of any type. Do not use liquid cleaners to clean your issued Chromebook screen. Do not submerge your Chromebook in water or any cleaning solution. Your Chromebook screen is LCD. Do not "bump" the device against lockers, walls, floors, etc. as it will eventually break the screen. Avoid placing too much pressure and weight on your Chromebook screen.

2. You must not take off any School District labels, barcodes, or tags. Cords and cables must be inserted carefully into the Chromebook to prevent damage.
3. Chromebooks must remain free of any writing, drawing, stickers, or labels that are not the property of the Harrisville Central School District.
4. Chromebooks must never be left unattended or unsecured locations.

## SOFTWARE ON CHROMEBOOKS

### Originally Installed Software

Apps originally installed by HCSD must remain on the Chromebooks in usable condition and be easily accessible at all times. From time to time the school may add software Apps for use in a particular course. Periodic checks of Chromebooks will be made to ensure that students have not removed required Apps or added Apps that are not school appropriate as defined by the Student Usage Guide, Acceptable Usage Policy, and all applicable laws.

### Additional Software

HCSD will provide access to synchronize the Chromebooks so that they contain the necessary Apps. All items contained on the Chromebooks must be school appropriate and follow all school guidelines whether personal or not. **Students must remember the Chromebook is property of HCSD.**

## CHROMEBOOK ACCEPTABLE USE POLICY

### Statement of Responsibility

The use of the Chromebook is a privilege. The user is responsible for what he/she says and does on his/her school assigned Chromebook. Network administrators will make reasonable efforts to maintain reliable service. They cannot, however, absolutely guarantee that the system will always be available or operating correctly. Students should know that none of their data is private or confidential. Any communication or data may be subject to review by network or school administration.

### Parent/Guardian Responsibilities

Talk to your student about values and the standards that your student should follow on the use of the Internet just as you would on the use of all media information sources such as television, telephones, movies, and radio.

Should you want your student to opt out of having a Chromebook, you will need to sign the "opt-out" portion of the Chromebook Usage Agreement indicating that you understand your student is still responsible for meeting all course requirements using traditional means. **All necessary textbooks will be issued in place of the Chromebook.**

### School Responsibilities:

Provide Internet and Email access to all students on site only at school.

Provide Internet filtering/blocking of inappropriate materials as able on site only at school. Can not guarantee the quality of filtering when off the school network.

School web filters may not function when used at home.

Provide network data storage areas. These will be treated similar to school lockers. Harrisville Central School District reserves the right to review, monitor, and restrict information stored on or transmitted via HCSD owned equipment and to investigate inappropriate use of resources.

Provide staff guidance to aid students in doing research and help assure student compliance of the Acceptable Use Policy.

### Students Responsibilities:

Using Chromebooks/digital devices in a responsible and ethical manner.

Obedient general school rules concerning behavior and communication that apply to network use and according to

the HCSD Acceptable Use Policy.

Using all technology resources in an appropriate manner so as to not damage school equipment. This “damage” includes, but is not limited to, the loss of data resulting from delays, non-deliveries, miss-deliveries or service interruptions caused by the students’ own negligence, errors or omissions. Use of any information obtained via

HCSD’s designated Internet System is at your own risk. HCSD specifically denies any responsibility for the accuracy or quality of information obtained through its services.

Helping HCSD protect our computer system/Chromebooks by contacting an administrator about any security problems they may encounter.

Monitoring activity on their account(s).

If a student should receive email or other electronic message containing inappropriate, threatening or abusive language or if the subject matter is questionable, he/she is asked to contact a school administrator.

Returning their Chromebook to the IT Tech department (Mrs. LaVancha) at the end of each school year. Students who move schools, are expelled or terminate enrollment at Harrisville Central School District must return their individual school Chromebook and accessories on the last day of attendance.

### **Student Activities Strictly Prohibited**

Illegal installation or transmission of copyrighted materials.

Any action that violates existing HCSD Board Policy, or public law.

Sending, accessing, uploading, downloading, or distributing offensive, profane, threatening, pornographic, obscene, or sexually explicit materials.

Use of sites to sell or buy term papers, book reports and other forms of student work.

Messaging services and chat rooms (i.e.: MSN Messenger, ICQ, etc.) without prior staff permission Internet/computer games with inappropriate content (i.e. extreme violence).

Changing of Chromebook settings (exceptions include personal settings such as font size, brightness, etc.) Downloading non-school appropriate Apps.

Spamming or sending mass or inappropriate emails.

Gaining access to other student’s accounts, files, and/or data.

Use of the school’s Intranet/E-mail accounts for financial or commercial gain or for any illegal activity.

Use of anonymous and/or false communications through web services such as MSN Messenger, Yahoo Messenger, Facebook, etc.

Participation in credit card fraud, electronic forgery or other forms of illegal behavior.

Vandalism (any malicious attempt to harm or destroy hardware, software or data) of school equipment will not be allowed.

Transmission or accessing materials that are obscene, offensive, threatening or otherwise intended to harass or demean recipients.

By passing the Harrisville Central School District’s web filter through a web proxy or Virtual Private Network (VPN)  
Other activities deemed inappropriate by HCSD.

“Jail-breaking” of a Chromebook for any purpose.

**Student Chromebook Care**

Chromebook batteries must be charged and ready for school each day.

Students will be held responsible for maintaining their individual Chromebooks and keeping them in good working order. Only labels or stickers approved by Harrisville Central School District may be applied to the Chromebook device and/or Chromebook device protector/cover if provided.

Chromebooks that malfunction or are damaged must be reported to the IT department. HCSD Information Technology Services will be responsible for repairing Chromebooks that malfunction. Chromebooks that have been damaged from student misuse or neglect will be repaired with cost being borne by the student. Students will be responsible for the entire cost of repairs to Chromebooks that are damaged intentionally.

Students are responsible for any and all damage.

Chromebooks that are stolen must be reported immediately to the school.

**Following the Law**

Comply with trademark and copyright laws and all license agreements. Ignorance of the law is not immunity. If you are unsure, ask a teacher or parent.

Use or possession of hacking software is strictly prohibited and violators will be subject to disciplinary action in accordance with all applicable District, state, federal laws. Violation of applicable state or federal law will result in criminal prosecution or disciplinary action by the District.

**Student Discipline**

The discipline procedure in the HCSD Student Handbook and behavior matrix addresses serious and major offenses such as stealing and destruction of school or personal property; cell phone user policy; possession of improper images on any electronic device; or any other violation of the school discipline policy will apply to the Chromebook device. Depending on the seriousness of the offense students may lose Chromebook and/or network privileges as well as being held for detention, suspension or even in extreme cases expulsion.

**HCSD Information Technology Replacement Costs**

- |  |   |
|--|---|
| • Chromebook base unit with replacement ADH 3 year warranty                      | \$250.00  |
| • AC Charger and power cord  | \$25.00   |
| • Screen replacement   | \$150.00 (Touchscreen)<br>\$50.00 (non-touchscreen) |
| • Key replacement  | \$25.00   |
| • Keyboard replacement   | \$60.00   |
| • Cleaning charge - will be applied if device has marker, stickers, food, ect... | \$30.00   |

\* Prices subject to change based on availability and market changes