



CENTRAL REGISTRATION OFFICE

1500 Colvin Boulevard

Buffalo, NY 14223

(716) 871-2090

Welcome to the Ken-Ton School District!

We are looking forward to working with you as new members of the Ken-Ton school community! The Board of Education, administration, teachers, and support staff are all committed to providing your student(s) with a high quality educational program in safe and secure schools. We encourage you to join us in fulfilling the District's purpose which is "to educate, prepare, and inspire all students to achieve their highest potential."

NEW STUDENT REGISTRATION PACKET

Please complete the attached forms and also provide the required documentation as listed in the grid below. After you have completed all forms and collected the required documentation, call our Central Registration Office at (716) 871-2090 or (716) 871-2091 to schedule an appointment. **All registrations are done BY APPOINTMENT ONLY at our Central Registration Office.** Our address is 1500 Colvin Boulevard, Buffalo, NY 14223. Our FAX number is (716) 871-2092. At the time of your appointment, our staff will review and verify all information and complete the registration process if everything is in order. If you are unable to complete the forms, supply all the required documentation, or have any questions, please contact our Central Registration Office to discuss your circumstances prior to making an appointment.

REQUIRED DOCUMENTATION

	Two proofs of residency as listed below: <ul style="list-style-type: none"> • Lease/Rental Agreement, Mortgage Statement, Deed, or Closing Statement for home purchase • Utility Bills dated within the past 30 days (National Grid, National Fuel, Cable, or Water Bill) • Renter's or Homeowner's Insurance • Property Tax Bills
	Student's original birth certificate or original baptismal certificate; Passport/Visa for student who is not a United States citizen
	Student's immunization records
	Last report card/transcripts/academic records
	For students with special needs - provide a copy of current IEP & psychological report or 504 Accommodation Plan
	Guardianship papers/custody papers if applicable; DSS-2999 Form if living in foster care
	Photo ID of Parent/Guardian

NEW STUDENT REGISTRATION

(To be completed by parent or guardian. Please provide all information requested.)

STUDENT INFORMATION:

Name: _____ Male Female
(last) (first) (middle)

Address: _____ Telephone # _____
(street) (town) (zip code)

Apt. # _____ Upper Left
 Lower Right

Birthdate: _____ Country of birth: _____ Age: _____
(month/day/year)

By what name does this student wish to be called: _____

STUDENT RACIAL and ETHNIC IDENTIFICATION

Please review the Racial/Ethnic definitions which follow. Put a check in the box for the category or categories which best describe your child. The Ken-Ton UFSD 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 district registrar will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging.

Please answer Questions 1 and 2:

1. Ethnicity: 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.

Yes - Hispanic/Latino
 No - not Hispanic/Latino

2. Race: Check all racial groups that apply to your child - you must check at least one box.

AMERICAN INDIAN or ALASKAN NATIVE: A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

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, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

BLACK or AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

FOR OFFICE USE ONLY		
Home School:	Student ID #:	<input type="checkbox"/> IC entry <input type="checkbox"/> Enrolled
Today's Date:	Ktt	<input type="checkbox"/> CEIS Flags <input type="checkbox"/> Title Flags
Start Date:	UPK # <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> UPK Flags <input type="checkbox"/> Schedule <input type="checkbox"/> Location	<input type="checkbox"/> Fax
Entering Grade Level:	<input type="checkbox"/> IEP	<input type="checkbox"/> Conditional Letter
	<input type="checkbox"/> ENL - possible	<input type="checkbox"/> Scanned to CR Files
Verification of Birth Date:	Proofs of Residency (need two): <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Closing Statement <input type="checkbox"/> Deed <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Homeowner's or Renter's Insurance <input type="checkbox"/> Nat'l Grid <input type="checkbox"/> Nat'l Fuel <input type="checkbox"/> Water <input type="checkbox"/> Cable <input type="checkbox"/> OTHER: _____	CR Staff taking Registration: _____ CR Staff processing Registration: _____
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptism Certificate		
<input type="checkbox"/> Passport <input type="checkbox"/> Green Card <input type="checkbox"/> DSS-2999		
<input type="checkbox"/> ID of Parent/Guardian	Conditional Letter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No for: _____	

Parent Name: _____
 Mother Father Guardian Other _____
 Foster Mother Foster Father

D/O/B: _____ EMAIL ADDRESS: _____
 Emergency Attendance General Priority

Address: _____
(street) (town) (zip code)

Home Phone # _____ Cell Phone # _____ Work Phone # _____
 Voice Text Voice Text Voice Text

Messenger Preferences Contact Reasons:
HOME# Emergency Attendance General Priority // CELL# Emergency Attendance General Priority // WORK# Emergency Attendance General Priority

Employer: _____ Occupation: _____

Parent Name: _____
 Mother Father Guardian Other _____
 Foster Mother Foster Father

D/O/B: _____ EMAIL ADDRESS: _____
 Emergency Attendance General Priority

Address: _____
(street) (town) (zip code)

Home Phone # _____ Cell Phone # _____ Work Phone # _____
 Voice Text Voice Text Voice Text

Messenger Preferences Contact Reasons:
HOME# Emergency Attendance General Priority // CELL# Emergency Attendance General Priority // WORK# Emergency Attendance General Priority

Employer: _____ Occupation: _____

● **If there is a custodial parent/guardian who does not reside with the student:**

May the student be released to the non-custodial parent/guardian? Yes No

May the student's educational records be released to the non-custodial parent/guardian? Yes No

Note: If the student or educational records relating to the student may not be released to the non-custodial parent/guardian, legal documents establishing such a prohibition must be provided to the main office by the first day of school.

● Custodial Documentation provided at time of registration? Yes No

● Describe any other custodial arrangements of which the District should be aware -

Please list below the full names of the student's brothers and sisters, if any.

First and Last Name	Date of Birth	School Attending
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____

List other individuals under the age of 18 years who reside at the student's residence:

EMERGENCY CONTACT INFORMATION:

1. Name: _____	Relationship to Student: _____
Address: _____	Home Phone #: _____
	Cell Phone #: _____

2. Name: _____	Relationship to Student: _____
Address: _____	Home Phone #: _____
	Cell Phone #: _____

3. Name: _____	Relationship to Student: _____
Address: _____	Home Phone #: _____
	Cell Phone #: _____



- What was the last school attended by this student? _____
Address of school: _____
Phone #: _____ Last Grade Completed: _____ Grades repeated, if any: _____

- List all other schools your child has attended:
School: _____ City & State: _____

- Has this student previously attended a school in the Ken-Ton School District? Yes No
If yes, name of school: _____

- List below all addresses at which you and/or the student have resided at any time during the past five years and the dates of residence:

Address	Date of Residence
_____	_____
_____	_____
_____	_____

- Specify the length of time that you and/or the student intend to reside at your current address. If you are renting or leasing at your current address, specify the length of the current rental agreement or lease.

- Indicate below any locations, other than the residence specified on page 1 of this form, at which the student resides or spends a substantial amount of time during any day(s) or nights(s) of the week, and also indicate the date, times, and reasons for such arrangements:

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (please check one box)

- In a shelter
- In a hotel/motel
- In a car, park, bus/train station, or campsite
- Temporarily housed in a shelter awaiting an Office of Children and Family Services permanent foster care placement
- With another family or person because of loss of housing or as a result of economic hardship
- In permanent housing (with the parent/guardian)

PRINT Name of Parent/Guardian
or Student - if unaccompanied homeless youth

SIGNATURE of Parent/Guardian
or Student - if unaccompanied homeless youth

.....
Is this student a child of a migrant worker? Yes No
.....

SPECIAL SERVICES:

- Describe any special services that the student is receiving and also indicate if the student has an IEP (Individualized Educational Program) or a Section 504 Accommodation Plan.

DISMISSAL:

- Describe any issues/activities which may affect the student's dismissal at the end of the school day. (ie: day care, athletics, clubs, etc.)

OTHER:

- Describe any conditions or requirements of which the District should be aware (food allergies, asthma, medications, etc.). List any additional information you would like known about this student.

NOTICE

Please be advised that the provision of false information on this registration form could constitute a crime. In addition, the District reserves its right to recover from parents, legal guardians, or other responsible parties the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or under false pretenses. The cost of educating a student in the District ranges from approximately \$8,000 to \$30,000 per school year.

CERTIFICATION

I hereby certify that the student listed on this registration form actually resides at the address specified on Page 1, within the Kenmore-Town of Tonawanda Union Free School District boundaries. I further certify that all the information I provided on this registration form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this registration form.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

=====

COMPLETE THIS SECTION FOR UNIVERSAL PRE-KINDERGARTEN STUDENTS ONLY:

Please indicate if you prefer the morning or afternoon session and state your reason for your choice.

Morning Afternoon Reason: _____

I have read and understand the criteria for participation in the Kenmore-Town of Tonawanda Universal Pre-Kindergarten Program. If my child is accepted, I agree to follow the established criteria and participate as required.



Health Services

Student Health History

To be completed & signed by parent/ guardian, then returned to school nurse with physical exam form from healthcare provider (use attached Health Appraisal or send provider copy).

Student's name: _____ Date of Birth: _____ circle one: Male Female

Address: _____ Phone: _____

School: _____ Grade: _____

Has this child ever attended Ken-Ton schools before? _____ If yes, when? _____

Has this child attended a New York State school before? _____ If yes, where? _____

Healthcare provider's name: _____ Address: _____

Provider's Phone: _____ Date of last physical exam: _____

Has your child ever been diagnosed with or treated for any of the following:

	NO	YES	DATE
Asthma			
Allergy			
Accident/serious injury			
Birth defect			
Broken bone(s)/ fractures			
Chicken pox			
Concussion			
Diabetes			
Measles, Mumps, or Rubella			
Mononucleosis			
Scarlet fever			
Seizures			
Strep throat			
Tuberculosis (TB)			
OTHER			

Has your child ever had surgery? _____ If yes, give date and description: _____

Does your child wear eyeglasses? _____ If yes, indicate if they are for reading, distance, or both _____

Does your child have a hearing problem? _____ Did your child have frequent ear infections? _____ Ear tubes? _____

Is your child currently on any medication? _____ Name of medication: _____

Reason for medication: _____

Does your child have any mental, emotional or physical conditions that the school should know about? :

Does your child attend a clinic for any health reason? _____ If yes, name of clinic: _____

Signature of parent/guardian: _____ Date: _____

Return this form to the school nurse with a physical from healthcare provider



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or 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 in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____ Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation _____

Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ Mo. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ Mo. DAY YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

Immigrant Student Data Form

Complete this section for ALL students:

Student's Name: _____ Registration Date with Ken-Ton Schools: _____

Country of Birth: _____

If born in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samos, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands, **do not complete the rest of this form.** **The student is NOT an Immigrant.** Leave the rest of the form blank and place in the student's file.

If not born in one of the United States or its' territories as listed above, COMPLETE the rest of this form, place it in the permanent file, and send a copy to the English for Speakers of Other Languages (ESOL) Director.

- Date of entry into the United States: _____
- Date first enrolled in a U.S. School: _____
- Location of **first** U.S. School enrollment: _____
- Name of School, City, and State: _____

- Other previous public or private school enrollments in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samos, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands.

None. This is the first time the student has enrolled in a U.S. School.

_____	_____	_____
State/Territory	Date From	Date To
_____	_____	_____
State/Territory	Date From	Date To

Principal:

Note: If the student has been enrolled in schools in one of the United States or its' territories for MORE THAN three (3) years, they are NOT an Immigrant. Place this form in the student's file, and DO NOT send a copy to the ESOL Director.

Kenmore-Town of Tonawanda Union Free School District

1500 Colvin Blvd.
Buffalo, NY 14223
(716) 874-8400
www.ktufsd.org



Exclusion from Student Photographs, Interviews and Recordings

At times, children in Kenmore-Town of Tonawanda schools may be interviewed, photographed or recorded during the school day in order to recognize their academic, extracurricular and athletic achievements, to report on the positive work taking place in our schools, to highlight special events, activities and projects, for educational purposes, and to educate the community about the District and its schools. This includes:

- The District newsletter
- Slideshows at student assemblies and ceremonies
- News releases to local newspapers such as the Ken-Ton Bee
- The District website and Facebook page
- District publications such as the calendar

Also, representatives from outside media outlets such as newspapers and television stations occasionally desire to visit our schools during the school day to report on educational matters and highlight student accomplishments and distinctions. It is not unusual for students to be interviewed and for photographs or video of students to be featured for print and broadcast purposes.

To best protect our students, you may return this form if you do **not** want your child to be included in any of these communications. *Note: This does not include yearbooks. If you do not wish for your child to be included in yearbooks, please contact your child's school.*

If you do **not** wish for information about and photographs/video of your child to be used for any of these purposes, please fill out this form. Do not fill out this form if you want your child included in school/District communications such as those described above.

Only fill out this form if you do not wish for your child to be included in school and District communications.

I understand that my child, _____, will **not** be included in
(Please print child's name)
school and District communications such as slideshows, newsletters and news releases.

School: _____

Parent/Guardian Signature: _____

Date: _____

Agreement for Student Use of Kenmore-Town of Tonawanda Union Free School District's Computer System

Important Information

Before you sign: both the student and the parent/guardian should read this entire agreement and the handout entitled "Policy Regarding Student Use of Computerized Information Resources". This signed agreement will be retained by the school.

NOTE: The District reserves the right to pursue legal action against a student and/or the student's parent(s) or legal guardian(s), as appropriate, if there is any damage to or destruction of District property resulting from the student's use of the Kenmore-Town of Tonawanda Union Free School District's Computer System.

Agreement for Student

In consideration of the privilege of using the Kenmore-Town of Tonawanda Union Free School District's Computer System, I agree that I have been provided with a copy of the District's policy on the student use of computerized information resources. I agree to adhere to the policy, other regulations that may be developed, and to any changes or additions adopted by the District. I also agree to adhere to related policies published in the Student handbook.

I understand that failure to comply with these policies may result in the modifications or loss of my access to the District's computer system, and may in addition result in the imposition of discipline under the District's school conduct and discipline policy.

Student User Terms and Conditions

1. It is my responsibility to avoid abusive conduct which would include, but is not limited to, the altering of system software, placing of unlawful information, computer viruses, or harmful programs on or through the system, in either public or private files or messages.
2. I am accountable for the use of my password. My password must not be revealed to anyone nor will I use others' passwords. I will be responsible for any problems which arise from the misuse of my file folder or my home directory.
3. I will not use the school's computer system to obtain, view, download, send, print, display, or otherwise gain access to or transit materials that are unlawful, obscene, pornographic, or abusive.
4. I will not use the District's computer system to harass, insult, or attack others, or to otherwise engage in cyber-bullying or any other conduct prohibited by the Student Code of Conduct.
5. I will use only authorized software on the District's computer system.
6. I will use all computer equipment for the purpose for which it is intended. I will not tamper with terminals, associated equipment, or otherwise disable the system.
7. I will not change, copy, rename, delete, read, or otherwise access files or software that I did not create unless I have permission from my instructor.
8. I will not use a computer for anything other than course-related work without permission from the instructor.
9. I will not violate copyright laws or use the District's computer system for commercial purposes.
10. If I identify a security problem on the District's computer system, I will immediately notify an instructor.

Network Etiquette

You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- a. Be polite. Do not get abusive in your messages to others.
- b. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language. Illegal activities are strictly forbidden.
- c. Do not reveal your personal address or phone number or those of others.
- d. Network accounts are to be used only by the authorized user for the designated purpose.
- e. Do not use the network in such a way that you would disrupt the use of the network by other users.

Student's Name (please print): _____

User Signature: _____ **Date:** _____

Agreement for Parent or Guardian

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

I also acknowledge receiving notice that, unlike most traditional instructional or library media materials, the District's computer system will potentially allow my son/daughter student access to external networks not controlled by the school district. I understand that some of the materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the District to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the District's computer system or any other electronic media or communications.

I agree to release the Kenmore-Town of Tonawanda Union Free School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son's/daughter's use of the District's computer system in any matter whatsoever.

I agree that my son/daughter may have access to the District's computer system, and I agree that this may include remote access from our home.

Parent/Guardian Name (please print): _____

Signature: _____ **Date:** _____

RELEASE OF RECORDS

Kenmore-Town of Tonawanda Union Free School District
Central Registration Office
1500 Colvin Boulevard
Buffalo, New York 14223
(716) 871-2090 or (716) 871-2091
Fax (716) 871-2092

PARENT/GUARDIAN --- ONLY COMPLETE THIS BOXED SECTION:

STUDENT's Name _____ Date of Birth _____

PREVIOUS SCHOOL DISTRICT: _____

PREVIOUS SCHOOL's Name and Address _____

School Phone Number _____ School Fax Number _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY BELOW THIS LINE:

The above-named student has registered in the Kenmore-Town of Tonawanda Union Free School District.

RECORDS REQUESTED (as applicable):

Academic Psychological	Health/Medical Standardized Tests	CSE/CPSE IEP / 504 Accommodations	Scripts Birth Certificate
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PLEASE FORWARD STUDENT RECORDS TO:

ELEMENTARY SCHOOLS

_____ Edison Elementary School
236 Grayton Road
Tonawanda, New York 14150
(716) 874-8416
Fax (716) 874-8526

_____ Franklin Elementary School
500 Parkhurst Boulevard
Buffalo, New York 14223
(716) 874-8415
Fax (716) 874-8520

_____ Holmes Elementary School
365 Dupont Avenue
Tonawanda, New York 14150
(716) 874-8423
Fax (716) 874-8560

_____ Hoover Elementary School
199 Thorncliff Road
Buffalo, New York 14223
(716) 874-8414
Fax (716) 874-8460

_____ Lindbergh Elementary School
184 Irving Terrace
Buffalo, New York 14223
(716) 874-8410
Fax (716) 874-8570

MIDDLE SCHOOLS (attention: Guidance Office)

_____ Franklin Middle School
540 Parkhurst Boulevard
Buffalo, New York 14223
(716) 874-8404
Fax (716) 874-8480

_____ Hoover Middle School
249 Thorncliff Road
Buffalo, New York 14223
(716) 874-8405
Fax (716) 874-8470

HIGH SCHOOLS (attention: Guidance Office)

_____ Kenmore East High School
350 Fries Road
Tonawanda, New York 14150
(716) 874-8402
Fax (716) 874-8630

_____ Kenmore West High School
33 Highland Parkway
Buffalo, New York 14223
(716) 874-8401
Fax (716) 874-8407

STUDENT SERVICES (Special Education)

1500 Colvin Boulevard, Buffalo, New York 14223
(716) 874-8400 Fax (716) 874-8615

POLICY

2000

7314

1 of 2

Students

SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES

The Board of Education will provide access to various computerized information resources through the District's computer system ("DCS" hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, so-called "on-line services" and the "Internet." It may include the opportunity for some students to have independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off school premises, shall be subject to this policy and accompanying regulations. Further, all such use must be in support of education and/or research and consistent with the goals and purposes of the School District.

One purpose of this policy is to provide notice to students and parents/guardians that, unlike most traditional instructional or library media materials, the DCS will allow student access to external computer networks not controlled by the School District where it is impossible for the District to screen or review all of the available materials. Some of the available materials may be deemed unsuitable by parents/guardians for student use or access. This policy is intended to establish general guidelines for acceptable student use. However, despite the existence of such District policy and accompanying guidelines and regulations, it will not be possible to completely prevent access to computerized information that is inappropriate for students. Furthermore, students may have the ability to access such information from their home or other locations off school premises. Parents/guardians of students must be willing to set and convey standards for appropriate and acceptable use to their children when using the DCS or any other electronic media or communications. The District respects the right of each family to decide whether or not to apply for independent computer access.

Student use of the DCS is conditioned upon written agreement by all students and their parents/guardians that student use of the DCS will conform to the requirements of this policy and any regulations adopted to insure acceptable use of the DCS. All such agreements shall be kept on file in the District Office.

Generally, the same standards of acceptable student conduct which apply to any school activity shall apply to use of the DCS. This policy does not attempt to articulate all required and/or acceptable uses of the DCS; nor is it the intention of this policy to define all inappropriate usage. Administrative regulations will further define general guidelines of appropriate student conduct and use as well as proscribed behavior.

District students shall also adhere to the laws, policies and rules governing computers including, but not limited to, copyright laws, rights of software publishers, license agreements, and student rights of privacy created by federal and state law.

(Continued)

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Students

SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES (Cont'd.)

Students who engage in unacceptable use may lose access to the DCS in accordance with applicable due process procedures, and may be subject to further discipline under the District's school conduct and discipline policy and the Student Discipline Code of Conduct. The District reserves the right to pursue legal action against a student who willfully, maliciously or unlawfully damages or destroys property of the District. Further, the District may bring suit in civil court against the parents/guardians of any student who willfully, maliciously or unlawfully damages or destroys District property pursuant to General Obligations Law Section 3-112.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be School District property subject to control and inspection. The computer coordinator may access all such files and communications to insure system integrity and that users are complying with the requirements of this policy and accompanying regulations. Students should **NOT** expect that information stored on the DCS will be private.

The Superintendent or his/her designee is authorized to establish regulations as necessary to implement the terms of this policy.

Adopted: 7/10/00

Common Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
AIS	Academic Intervention Services
APE	Adapted Physical Education
BIP	Behavioral Intervention Plan
BOCES	Board of Cooperative Educational Services
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FBA	Functional Behavioral Assessment
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IESP	Individualized Education Service Plan
LRE	Least Restrictive Environment
OT	Occupational Therapy
PLEP	Present Levels of educational Performance
PT	Physical Therapy
ST	Speech therapy
SWD	Student with a Disability
TBI	Traumatic Brain Injury

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KENMORE - TOWN OF TONAWANDA
UNION FREE SCHOOL DISTRICT

A PARENT'S GUIDE TO SPECIAL EDUCATION

Special Education Department

1500 Colvin Blvd.
Buffalo, NY 14223

Phone: 716-874-8400

Fax: 716-874-8615

Web: www.ktufsd.org

Additional information concerning special education services, procedures and regulations can be found at:

www.ktufsd.org

Departments → Special Education

www.nysed.gov

Program Offices → P-12 Education → Special Education

Frequently Asked Questions

What should you do if you feel your child has a disability?

If your school-age child is having difficulties in school, first talk to his or her teacher.

Schools offer supports for students within regular education such as psychological services, curriculum and instructional modifications, and Academic Intervention Services. If you, the teacher and principal have not been able to help your child, your child may have a disability which affects his or her learning.

To determine if your child has a disability, you can make a referral to the **Committee on Special Education (CSE)**. Contact the Director of Special Education for guidance on the referral process.

What is special education?

Special education means specially designed individualized or group instruction or special services or programs to meet the unique needs of students with disabilities. Special education services and programs are provided at no cost to the parent.

In order to be eligible, a child must have a disability that affects his or her ability to learn.

Students, ages 5-21, who are identified as having a disability, may have autism, deafness, deaf-blindness, emotional disturbance, hearing impairment, learning disability, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, speech or language impairment, traumatic brain injury, or visual impairment (including blindness).

What are the steps in the Special Education Process?

- 1) Initial Referral for Special Education Services:** Students suspected of having a disability are referred to a multidisciplinary team called the Committee on Special Education or the Committee on Preschool Special Education.
- 2) Individual Evaluation Process:** The Committee arranges for an evaluation of the student's abilities and needs.
- 3) Determining Eligibility for Special Education Services:** Based on evaluation results, the Committee decides if the student is eligible to receive special education services and programs.
- 4) Individualized Education Program (IEP):** If the child is eligible to receive special education services, the Committee develops and implements an appropriate IEP, based on evaluation results, to meet the needs of the student. Based on the IEP, the Committee must determine the student's placement, ensuring that services are provided in the least restrictive environment (LRE).
- 5) Annual Review/Reevaluation:** The IEP is reviewed and, if needed, modified or revised by the Committee at least once a year (annual review). The student has a reevaluation at least once every three years to review the student's need for special education programs and services and to revise the IEP, as appropriate.

The process occurs sequentially with each step, building on the previous one. In this way, comprehensive information about the student is obtained and considered. Timelines are in place so that delays are avoided. Parents are an integral part of this process, and your involvement is needed.

What is an Individualized Education Plan?

If your child is eligible for special education services and/or programs, the Committee must meet to develop a plan to meet your child's unique needs. This plan is called an Individualized Education Program (IEP).

The IEP evolves from a discussion that begins with how your child is doing in school (current level of functioning). From that base, the Committee agrees on the goals your child should be working toward. The Committee then discusses the supports, services and modifications that the child needs to reach those goals. Finally, the Committee determines where those special education services will be provided (location and placement). The location where services will be provided and the student's placement must be in the least restrictive environment.

What resources are available for parents?

A Parent's Guide to Special Education provides information for parents, guardians and other family members about laws, regulations and policies affecting special education programs and services and can be found at the following link: www.p12.nysed.gov/speciated/parentpubs.htm

Parent Network of WNY is a not-for-profit agency that provides education and resources for families of individuals with special needs (birth through adulthood) and for professionals. The Parent Network of WNY can be reached at (716) 332-4175.

The Kenmore-Town of Tonawanda UFSD Special Education Office can be reached at (716) 874-8400 ext. 20362.