

Green Island Union Free School District

171 Hudson Avenue
Green Island, New York 12183

Kimberly Ross, Superintendent
Erin L. Peteani, Prek-6 Principal
Jodi M. Mazzeo, 7-12 Principal
Angela E. Legault, District Clerk
Christopher Karwiel, Business Manager
Kimberly Watkins, District Treasurer

Phone: (518) 273-1422
Fax: (518) 270-0818
www.greenisland.org

Welcome to Green Island Union Free School District.

In order to register your child, a parent or guardian must present with photo identification at the MAIN OFFICE located on 171 Hudson Avenue, Green Island. Office hours are 7:00am- 3:00pm/Summer hours are 7:00am- 1:00pm.

All attached forms must be completed.

The following documents are also required for registration:

Required documents checklist

- Cumulative Health Records
- Up to date Immunization Records
- Birth Certificate
- Proof of Residency (Mortgage statement, lease, electric bill within 30 days or district residency form with name of parent/guardian- all must include name of parent/guardian)
- Custody papers (if applies)

Questions? Contact the main office at 518-273-1422

Fax- 518-270-0818

The following attached documents must be completed and returned to the district before your child may start school.

- Student Registration Form
- Student Residency Questionnaire
- Landlord Affidavit (if residing in rental property)
- Request for School Records
- Parent Guardian Information
- Annual Student Health Update Form & Authorization for Administration of Medication Form
- Student Emergency Management Form
- Acceptable Use Policy for Computer and Network
 - Optional- Grades 7-12 Athletic Participation Registration Form

Photo Disclaimer

We are happy to announce that we will soon publish a new Green Island Union Free School District Facebook Page. Pictures of students will enhance this page. If you do not want your child/children's pictures used on this page or in other school publications, please notify the school at 273-1422.

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Request for School Records

Attention Registrar/Guidance:

_____ has/will registering at the Green Island Union Free School District on _____ in grade _____. Please send us the following information.

- _____ Academic records-transcripts of grades
- _____ Transfer grades for 1st, 2nd, 3rd, and 4th Quarter
- _____ Health records (Accumulative Health and Law require immunizations for entry into school)
- _____ Scores on standardized tests; NY State Regents, SAT's, NYS Grade Test results
- _____ Information on Special Education/504 needs or concerns
- _____ CSE Classification / Psychological Evaluations/Most current Individualized Education Plan (IEP)
- _____ Attendance Records
- _____ Discipline Records
- _____ Other _____

Date: _____

I give permission for _____ to release the above requested information concerning my son/daughter to the Green Island Union Free School District.

Parent/Legal Guardian

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Student Registration Form

Student Information:

Name: _____ / _____ / _____
First Middle Last

Name of parent/guardian with whom student is living: _____

Address: _____

Home phone number: _____ Parent/guardian cell phone: _____

Gender: _____ SSN: _____

What language is spoken in the students home: _____ Are translation services needed: _____

Race: Select one or more from the five racial groups

Black White Asian American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Ethnicity: Is the student Hispanic, Latino, or of Spanish origin? YES NO

Date of birth: _____ Place of birth: _____

Registering for grade: PreK K 1 2 3 4 5 6 7 8 9 10 11 12
City State Country

Has your child ever been retained? YES NO If yes, what grade _____

Does your child receive services through the Special Education Department: YES NO

If yes, does your child have the following?

Individual Education Plan (IEP) Section 504 Accommodation Plan English as a Second Language (ESL)

Has your child ever received the following services? please circle all that apply:

Speech Therapy Occupational Therapy Physical Therapy Counseling

Academic Intervention Services (AIS/Remedial)

Reading Math Science Social Studies

School Last Attended: District _____

School: _____

Address: _____

Dates Attended: _____ Grades: _____

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Parent/Guardian Information

Mother/Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: Mother Step-parent Legal Guardian Foster Parent Other _____

Resides in Home Yes No Custodial Parent Yes No Is to Receive correspondence Yes No

Address if different then child : _____

Home Phone (____)-_____ Work Phone (____)-_____ Cell Phone (____)-_____

Email Address: _____

Father/Guardian: _____ / _____ / _____
First Middle Initial Last

Relationship to child: Father Step-parent Legal Guardian Foster Parent Other _____

Resides in Home Yes No Custodial Parent Yes No Is to Receive correspondence Yes No

Address if different then child : _____

Home Phone (____)-_____ Work Phone (____)-_____ Cell Phone (____)-_____

Email Address: _____

Other Children Living in the Household- Please include children not of school age

Name: _____ Date of Birth: _____

Gender: Male Female Registered at GIUFSD: Yes No

Name: _____ Date of Birth: _____

Gender: Male Female Registered at GIUFSD: Yes No

Name: _____ Date of Birth: _____

Gender: Male Female Registered at GIUFSD: Yes No

Name: _____ Date of Birth: _____

Gender: Male Female Registered at GIUFSD: Yes No

Legal Information (If Applicable)

If parents are divorced or separated, is there a court approved custody document? : Yes No

Who retains legal custody? _____ Relationship to child: _____
If joint, who has residential (physical custody)? _____

Is the child in the care of a guardian(s) other than his/her mother or father? : Yes No

If yes, name of legal guardian(s) _____

Relationship to child: _____

Is the child in foster care? Yes No If yes, please provide copy of placement order (DSS-2999)

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Student Residency Questionnaire

Name of Student: _____

Name of School : _____ Grade: _____

Gender: Male Female Date of Birth: _____

Address: _____ Zip: _____ Phone: _____

This questionnaire is intended to help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Student 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, immunizations 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 permanent housing
- In a shelter
- In a motel/hotel
- With another family or person because of loss of housing or economic hardship
- In a car, park, bus, train, or campsite
- Other temporary living situation _____

Name of Parent/Guardian or Student, please print

Signature of Parent/Guardian or Student

Date

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Landlord Affidavit

I _____ do swear that _____ does reside at
(NAME OF THE LANDLORD) (NAME OF PERSON RESIDING AT PROPERTY)

_____ in the village/town of Green Island,
(STREET ADDRESS)

County of Albany, State of New York.

This affidavit attests to that the relationship between the above named persons is in accordance with Education Law 3202 (1) and 8 NYCRR 100.2(y): and should this relationship be ended, the Green Island Union Free School District will be notified.

(SIGNATURE OF LANDLORD)

(LANDLORD'S STREET ADDRESS)

(LANDLORD'S STREET ADDRESS)

Sworn to before me this _____

Day of _____, 20_____

(NOTARY PUBLIC)

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Annual Student Health Update Form

Name of Student: _____ M _____ F _____ Date of Birth _____ Grade _____

Please take a moment to provide the school nurse with all the necessary health information that will allow her to provide prompt quality care to your child and help your child maximize his/her academic potential in the classroom.

Does your child have a physician? Yes _____ No _____

If yes, Name of physician _____ Address _____ Phone _____

Does your child have a dentist? Yes _____ No _____

If yes, Name of dentist _____ Address _____ Phone _____

Allergies: Yes _____ No _____ Please list allergens _____

Please describe child's reactions to allergens _____

Epi Pen Ordered Yes _____ No _____ Other medication prescribed for allergies _____

Please check the following is applicable

_____ Asthma If on medication, please list: _____

_____ Diabetes If on medication, please list: _____

_____ Seizures If on medication, please list: _____

_____ Bleeding Problems If on medication, please list: _____

_____ Eye/Vision Problems If on medication, please list: _____

Wears Glasses _____ Contacts _____

For reading books _____ For distance _____ both _____

_____ Ear/Hearing Problems Right ear _____ Left ear _____ both _____

_____ Dental Concerns Please list _____

Any other current or past health problems? _____ Yes _____ No

For example, frequent stomachaches, headaches, constipations, kidney problems, lactose intolerance, skin problems, foot or knee problems, cardiac concerns, dietary concerns, broken bones or sprains.

Please explain: _____

Has your child had any recent surgeries? _____ Yes _____ No Please list and date _____

Is your child taking any medications on a regular basis? _____ Yes _____ No

Purpose of Medication: _____

Name of Medication: _____

Does child dosage during the school day: _____ Yes _____ No Please list: _____

Signature of Parent/Guardian _____ Date _____

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Athletic Participation Registration Form

(Only for student athletes who have participated on a scholastic team grades 7-12)

Current School Information

Student Name: _____ Current Grade: _____

Male/Female Date of Birth: _____ New Address: _____

With whom are you living in this district with: _____

Reason for transfer to Green Island UFSD: _____

Date of transfer: _____

Previous School Information

Name of previous school: _____

Dates attended this school: _____

With whom did you live with at this district: _____

Previous Address: _____

Sports Played in Previous School

Fall season _____

Winter season _____

Spring season _____

Level and Number of Years Played

_____ Modified _____ JV _____ Varsity

_____ Modified _____ JV _____ Varsity

_____ Modified _____ JV _____ Varsity

_____ Modified _____ JV _____ Varsity

_____ Modified _____ JV _____ Varsity

Academic Information

Year Entered 9th Grade _____ Verification: _____ (Counselor Initials)

Have you repeated a grade in high school: _____ Yes _____ No If yes, which grade? _____

Year in which you turn 18 years old: _____

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PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES

A. TO BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child _____ DOB _____ receive the medication as prescribed below by our physician. This medication is to be furnished by me in the properly labeled original container from the pharmacy.

Print (Parent or Guardian): _____ Signature _____
Telephone Home _____ Work _____ Date _____

B. TO BE COMPLETED BY PHYSICIAN:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ DOB _____
Diagnosis: _____

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment: _____

Possible side effects and adverse reactions (if any): _____

PLEASE CHECK ONE:

- I deem this child to be **self-directed** and understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.
- I deem this child to be **non self-directed** and understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

Medication must be in original pharmacy labeled container with specific orders and name of medication.
Medication and refills must be brought to school by parent, guardian and responsible adult.

Plan reviewed with parent/guardian(s):

Parent signature: _____ Date: _____

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STUDENT EMERGENCY MANAGEMENT FORM

The GIUFSD has developed an Emergency Management Plan to insure the safety of our students in the event of an emergency (including serious injury) and/or early dismissal. The information you provide is vital.

Please fill out the following form to be sure we have all necessary information in the event of an emergency and/or early dismissal. It is recommended that these directions be discussed with the parties involved so that there are no surprised or misunderstandings in the event of an emergency and/or early closing.

When there is an evacuation to an alternate site or an unscheduled early dismissal, information will be given out as the seen fit by the district safe school committee and district administration.

Student Name: _____ Age: _____
Home address: _____ Grade: _____ ++ _____
Parent/Guardian; _____ Home Phone: _____
Email Address: _____

If not at home, what phone number can parents/guardians be contacted:

Mother/Guardian Phone: _____ or Phone: _____
Father/Guardian Phone: _____ or Phone: _____

Emergency Contact 1:

Name: _____ Relationship to student: _____
(Other the parent/guardian)
Phone: _____ Phone: _____
Address: _____

Emergency Contact 2:

Name: _____ Relationship to student: _____
(Other the parent/guardian)
Phone: _____ Phone: _____
Address: _____

IN THE EVENT OF AN EMERGENCY EARLY DISMISSAL MY CHILD CAN: (please check off one of the following)

- _____ Is to be picked up by parent or guardian
- _____ Go home by him/her self or sibling
- _____ Can go home with _____
- _____ Can go to _____
- _____ Other _____

IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES TO THE ABOVE INFORMATION

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High School Military Recruitment Information Consent

Pursuant to the Federal *No Child Left Behind Act* signed into law in January of 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/guardians of their rights and the rights of their children to request, in writing, that the district NOT release such information if it is requested. Parents/guardians 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 and return the form attached below to school by November 30, 2014.

NOTIFICATION TO SCHOOL DISTRICT

TO: Green Island Union Free School District 171 Hudson Avenue Green Island, NY 12183

RE: Reservation of Consent for the Release of Certain Student Information under the No Child Left Behind Act.

Please DO NOT release the name, address or telephone number of (check those that apply):

_____ to military recruiters

(Print name of student on line above) to institutes of higher learning.

(Parent/Guardian Signature)

Date

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SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES (ACCEPTABLE USE POLICY)

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.

Access to Inappropriate Content/Material and Use of Personal Technology or Electronic Devices

This policy is intended to establish general guidelines for the acceptable student use of the DCS and also to give students and parents/guardians notice that student use of the DCS will provide student access to external computer networks not controlled by the School District. The District cannot screen or review all of the available content or materials on these external computer networks. Thus some of the available content or materials on these external networks may be deemed unsuitable for student use or access by parents/guardians.

Despite the existence of District policy, regulations and guidelines, it is virtually impossible to completely prevent access to content or material that may be considered inappropriate for students. Students may have the ability to access such content or material from their home, other locations off school premises and/or with a student's own personal technology or electronic device on school grounds or at school events. The District recommends that parents and guardians establish boundaries and standards for the appropriate and acceptable use of technology, and communicate these boundaries and standards to their children. The appropriate/acceptable use standards outlined in this policy apply to student use of technology via the DCS or any other electronic media or communications, including by means of a student's own personal technology or electronic device on school grounds or at school events.

Standards of Acceptable Use

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.

Students who engage in unacceptable use may lose access to the DCS and may be subject to further discipline under the District 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. District personnel

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Students

may access all such files and communications without prior notice to ensure 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.

Notification/Authorization

The District's Acceptable Use Policy and Regulations will be disseminated to parents and students in order to provide notice of the school's requirements, expectations, and students' obligations when accessing the DCS.

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 ensure acceptable use of the DCS.

NOTE: Refer also to Policy #8271 -- Children's Internet Protection Act: Internet Content Filtering/Safety Policy 7315-R

Regulations

All users (*staff and students*) will adhere to the following rules. Acceptance of and agreement to this network and internet policy at the point of network logon is required for use of the networked computer system (*this includes internet access, inside and outside of the GIUFSD network, and network usage inside the District*).

- You will only use the system for lawful purposes.
- You will refrain from profane or obscene material, any that advocates illegal acts, or that advocates violence or discrimination toward other people. If you mistakenly access inappropriate information, immediately tell your teacher or Administrator. This will protect you against a claim that you have intentionally violated this policy.
- You will only access and change computer files that belong to you.
- You will not change computer settings put in place by administration.
- You will download files only with permission from a supervising teacher.
- You will use your account for educationally related purposes only.

Technology/Network Acceptable Use Policy Procedures

Password Protection

Internet passwords are provided for each user's personal use only and are, therefore, confidential. Never share your password, steal or use another person's password.

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Privacy

Students and staff need to know that files stored on school computers are not private. GIUFSD has the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access including transmitted and received information. All information files are the property of GIUFSD and no user shall have any expectation of privacy regarding such files.

Online Etiquette

Swearing, vulgarities, suggestive, obscene, belligerent, harassing, threatening or abusive language of any kind is not acceptable. Do not use school online access to make, distribute/redistribute jokes, stories, to bully, or pass along obscene material or material which is based on slurs or stereotypes relating to race, gender, ethnicity, nationality, religion or sexual orientation.

Blogging/Podcasting

Whether at home or in school, speech that is considered inappropriate in the classroom, is also inappropriate in all uses of blogs, podcasts or other Web 2.0 tools. Comments made on school related blogs should follow the rules of online etiquette detailed above and will be monitored by school personnel. If inappropriate, they will be deleted. Never link to websites without reading the entire article to make sure it is appropriate for a school setting.

Plagiarism/Copyright/Licensing/Cheating

Plagiarism is the act of using someone else's words/ideas as your own. Plagiarism of Internet resources is treated in the same manner as other forms of plagiarism, as stated in the school handbook. Copying or downloading copyrighted materials without the owner's permission is a violation of this agreement. All students should adhere to the Creative Commons licenses where the author/artist denotes what media may be shared, remixed or reused. Also unacceptable is using a digital device (*such as cell or camera phones*), electronic technology and/or media to facilitate cheating, plagiarism, etc.

Proxies

The use of anonymous proxies to get around content filtering is strictly prohibited and is a direct violation of this agreement. Use of a proxy will result in suspension of the offender's account and possible disciplinary action.

Accessing/Posting Inappropriate Material

Accessing, submitting, posting, publishing, forwarding, downloading, scanning or displaying materials (*including photos of students and staff*) that are defamatory, abusive, obscene, vulgar, sexually explicit, sexually suggestive, threatening, discriminatory, harassing and/or illegal is a violation of this agreement.

Photos and Video

Students are not to take pictures or videos of faculty, staff or students without staff permission. Any student use of cameras in GIUFSD should be part of a class or club activity. Unapproved camera use is a violation of this agreement.

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Malicious Use/Vandalism

Any malicious use, disruption or harm to the school technology, networks and Internet services, including but not limited to hacking activities and creation/uploading of computer viruses is a violation of this agreement.

Classroom Expectations

Failure to follow teacher direction in the use of devices/tools/websites during class is a violation of this agreement.

----- **RETURN THIS SECTION TO SCHOOL** -----
(Students will not have network access if this agreement is not signed and returned.)

Green Island Union Free School District (GIUFSD) Statements Of Responsibility

Student Expectations

I have read, understand and will follow this Acceptable Use Policy. If I break this agreement, the consequences could include suspension of computer privileges and/or disciplinary action. I also understand the school network and e-mail accounts are owned by the GIUFSD and that GIUFSD has the right to access any information used through the mediums provided through the school at any time.

Student Name (please print) _____ **Grade** _____

Student Signature _____ **Date** _____

Parent/Guardian Understanding

I have read the GIUFSD Acceptable Use Policy. I understand that technology is provided for educational purposes in keeping with the academic goals of GIUFSD, and that student use for any other purpose is inappropriate. I recognize that it is impossible for the school to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the school network. I understand and will support my student in adhering to the Acceptable Use Policy. I am aware that if my child breaks this agreement, the consequences could include suspension of computer privileges and/or disciplinary action. I also understand the school network e-mail accounts are owned by the GIUFSD and that GIUFSD has the right to access any of the information used through the mediums provided through the school at any time. I hereby give permission for my child to use technology resources at GIUFSD.

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____ **Date** _____