



171 Hudson Avenue  
Green Island, NY 12183  
P: (518) 273-1422  
F: (518) 270-0818  
[www.greenisland.org](http://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 landlord affidavit - notarized)
- Custody papers (if applicable)

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 this is being used as proof of residency - this form must be notarized)
- Request for School Records
- Parent Guardian Information
- Medication Permission and Attestation Forms (if or when applicable)
- Student Emergency Management Form
- Acceptable Use Policy for Computer and Network
  - o Optional- Grades 7-12 Athletic Participation Registration Form

**Photo Disclaimer**

From time to time, student directory information (name, grade, awards, activities, photograph, etc.) may be published on the district's web site, in school publications or released to the media to recognize student achievement or depict activities of the school. The media and others may visit the School to cover events or activities and may use students' names and/or photographs, videotape, audiotape, and interviews.

Parents who object to the disclosure of their child's directory information should notify BOTH the superintendent of schools and the building principal—in writing—on or before September 15th of each school year.

*PLEASE NOTE: While the district will honor the request of any parent who has submitted written notification opting their child out of publicity efforts, the district is not responsible for external media that covers news happenings, sporting events or school events.*

## 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: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

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

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?

Individualized 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: \_\_\_\_\_

### Parent/Guardian Information

**Mother/Guardian:** \_\_\_\_\_, \_\_\_\_\_

First

Middle Initial

Last

Relationship to child?  Mother  Step-parent  Legal Guardian  Foster parent  Other

Reside in Home?  Yes  No Custodial Parent  Yes  No Is to receive correspondence  Yes  No

Address if different from child: \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_, \_\_\_\_\_

First

Middle Initial

Last

Relationship to child?  Father  Step-parent  Legal Guardian  Foster parent  Other

Reside in Home?  Yes  No Custodial Parent  Yes  No Is to receive correspondence  Yes  No

Address if different from child: \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

### 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 agreement?  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?

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).

## STUDENT EMERGENCY MANAGEMENT FORM

The GIUFSD has developed an Emergency Management Plan to ensure 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 surprises 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:** \_\_\_\_\_ **or Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

### Emergency Contact 2:

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_  
(Other the parent/guardian)  
**Phone:** \_\_\_\_\_ **or 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**

---

---

## Student Residency Questionnaire

Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

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. 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, 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

## Landlord Affidavit

I \_\_\_\_\_ do swear that \_\_\_\_\_ does reside at \_\_\_\_\_  
(NAME OF LANDLORD) (NAME OF PERSON RESIDING AT PROPERTY)  
\_\_\_\_\_  
(STREET ADDRESS) in the village/town of Green Island.

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)

## REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

### TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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

#### STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input checked="" type="checkbox"/> X	
School:	Grade:	Exam Date:

#### HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

☐ Allergies	Type:		
	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached	
☐ Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other:		
	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached	
☐ Seizures	Type:	Date of last seizure:	
	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached	
☐ Diabetes	Type: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		
	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached	

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

MI \_\_\_\_\_ kg/m<sup>2</sup>

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

Hyperlipidemia:  Yes  Not Done

Hypertension:  Yes  Not Done

#### PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:		
Laboratory Testing		Positive	Negative	Date	Lead Level Required for PreK & K	Date
3-PRN		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5 \mu\text{g/dL}$	
Cuckle Cell Screen-PRN		<input type="checkbox"/>	<input type="checkbox"/>			

#### System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
Dental	☐ Cardiovascular	☐ Back/Spine/Neck	☐ Skin	☐ Social Emotional
Mental Health	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list)

ICD-10 Code\*

Additional Information Attached

\*Required only for students with an IEP receiving Medicaid

Name:	Affirmed Name (if applicable):	DOB:
-------	--------------------------------	------

### SCREENINGS

#### Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision Screening	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Color Perception Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>

Notes

Hearing Screening: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz for grades 7 & 11 also test at 6000 & 8000 Hz.	<input type="checkbox"/> Not Done
--	-----------------------------------

Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes	<input type="checkbox"/>
---------------------	---	--	---------------------------------------	--------------------------

Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Referral	<input type="checkbox"/> Not Done
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>

### FOR PARTICIPATION IN PHYSICAL EDUCATION\*/SPORTS\*/PLAYGROUND/WORK

<input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act.	
--	--

Student may participate in all activities without restrictions.

Restrictions Apply – Complete the information below

Student is restricted from participation in:

- Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.
- Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- Other Restrictions:

Developmental Stage for Athletic Placement Process **ONLY** required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.

banner Stage:  I  II  III  IV  V

Other Accommodations\*: Provide details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.

### MEDICATIONS

Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE	IMMUNIZATIONS
<input type="checkbox"/> Confirmed free of communicable disease during exam	<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS

### HEALTHCARE PROVIDER

Healthcare Provider Signature:

Provider Name: (please print)

Provider Address:

one:	Fax:
------	------

Please Return This Form to Your Child's School Health Office When Completed.

## Dental Health Certificate- Optional

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

### Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: _____		
Last	First	Middle
Birth Date:    /    / Month    Day    Year		Sex:    Male    Female
School: _____		Grade _____

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities?    Yes    No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

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

### Section 2. To be completed by the Dentist/ Dental Hygienist

**I. The dental health condition of** \_\_\_\_\_ **on** \_\_\_\_\_ **(date of assessment)** **The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:**

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

**Optional Sections - If you agree to release this information to your child's school, please initial here.** \_\_\_\_\_

#### **II. Oral Health Status (check all that apply).**

Yes    No    **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

Yes    No    **Untreated Caries** – Does this child have an open cavity? [At least  $\frac{1}{2}$  mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes    No    **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

#### **II. Treatment Needs (check all that apply)**

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

# Heatly SCHOOL

## **SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES (ACCEPTABLE USE AGREEMENT)**

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 "online 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 agreement 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 agreement 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 agreement 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 that apply to any school activity shall apply to the use of the DCS. This agreement does not attempt to articulate all required and/or acceptable uses of the DCS; nor is it the intention of this agreement 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 may access all such files and communications without prior notice to ensure system integrity and that users are complying with the requirements of this agreement. Students should **NOT** expect that information stored on the DCS will be private.

## **Notification/Authorization**

The District's Acceptable Use agreement 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 agreement to ensure acceptable use of the DCS.

## **Regulations**

All users (*staff and students*) will adhere to the following rules. Acceptance of and agreement to this network and internet agreement 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 agreement.
- 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 Agreement 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.

### **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 that 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.

## **Malicious Use/Vandalism**

Any malicious use, disruption, or harm to the school's 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 the teacher's 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 Agreement. 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 Agreement. 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 Agreement. 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** \_\_\_\_\_

NEW YORK STATE EDUCATION DEPARTMENT  
Emergent Multilingual Learners Language Profile for Prekindergarten Students

**THIS SECTION TO BE COMPLETED BY ENROLLMENT OR  
SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE**

**Date Profile Completed:**

**Student Name:**

**Gender:**

**Date of Birth:**

**District or Community Based Organization Name:**

**Student ID (if applicable):**

**Name of Person Administering Profile:**

**Title:**

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile:  mother  father  other \_\_\_\_\_

In what language(s) would you like to receive information from the school?  English  other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home?  yes  no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings?  yes  no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program?  yes  no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual?  yes  no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes  no

If yes, in what language(s)?

## Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English?  yes  no

16b. Can your child recognize letters or symbols in another language?  yes  no

If yes, in what language(s)?

17a. Does your child pretend to read?  yes  no  unsure

If yes, in what language(s)?

17b. Does your child pretend to write?  yes  no  unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos?  yes  no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning?  yes  no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.



# Green Island Code of Conduct: Summary

Updated: August 2025

## Introduction

The Green Island Board of Education is committed to providing a safe and orderly school environment where students may receive, and District personnel may deliver, quality educational services without disruption or interference. The District has a long-standing set of expectations for conduct on school property and at school functions. These expectations are based on the principles of civility, mutual respect, citizenship, character, tolerance, honesty and integrity.

***In an effort to ensure that all students and families are aware of the changes within the Code of Conduct, the District is requiring that each student's parent/caregiver sign to acknowledge they have reviewed the updated Code of Conduct.***

## Student Rights & Responsibilities

The district is committed to safeguarding the rights given to all students under state and federal law. In addition, to promote a safe, healthy, orderly and civil school environment, all district students have the right to:

- Take part in all district activities on an equal basis regardless of race, color, creed, national origin, religion, religious practice, weight, ethnic group, gender, sexual orientation or disability unless suspended from instruction.
- Present their version of the relevant events to school personnel authorized to impose a disciplinary penalty in connection with the imposition of the penalty.
- Access school policies, regulations, and rules when necessary and receive an explanation of those rules from school personnel.

## DASA

The Dignity for All Students Act focuses on making sure that you and your classmates are safe and feel safe at school. The new law says that it is wrong for students to be teased or treated differently because of their race, color, weight, national origin or ethnic group, religion, religious practices, disability, sexual orientation, gender, or sex.

## Academic Integrity

Every student should do his or her own work. It is often important in school work to give credit to other sources of information like the Internet or books. Teachers will talk to students about how to give credit to other information sources.

## Attendance

Attending school every day is important for learning. If a student is absent from school, parents/caregivers are expected to provide a written note for their absence within 24 hours returning.

## Dress Code

All students are expected to dress respectfully and appropriately for school and school functions. Students and their parents have the primary responsibility for acceptable student dress and appearance. Teachers and all other district personnel should exemplify and reinforce acceptable student dress and help students develop an understanding of appropriate appearance in the school setting.

### Guidelines for students in grades PK-8

A student's shall:

- Be safe, and appropriate, and not disrupt or interfere with the educational process.
- Include footwear at all times. Footwear that is a safety hazard will not be allowed. During Physical Education classes and various outdoor physical activities, all students must wear rubber-soled sneakers and clothing that is safe and appropriate for the physical activities that they will be participating in.
- Headgear that does not obscure the face and/or does not distract from instructional purposes is permitted.
- Items that are vulgar, obscene, libelous or denigrate others on account of race, color, religion, creed, national origin, weight, gender, sexual orientation, or disability, are prohibited.
- Not promote and/or encourage other illegal or violent activities including the use of alcohol and drugs.

## **School Visitors**

The board encourages parents and other district citizens to visit the district's schools and classrooms to observe the work of students, teachers, and other staff. Since schools are a place of work and learning, however, certain limits must be set for such visits. The building principal or his or her designee is responsible for all persons in the building and on the grounds.

For these reasons, the following rules apply to visitors to the schools:

- Anyone who is not a regular staff member or student of the school will be considered a visitor.
- All visitors will not be allowed access to the school building without prior permission from an administrator and/or classroom teacher.
- All visitors to the school must report to the Main Office upon arrival at the school. They will be required to provide their ID which will be scanned into our Raptor System. The Raptor System allows a quick background check of all individuals entering the building. Once the scan is complete, the visitor will be given a visitor sticker that must be visibly worn throughout their visit.
- Visitors attending school functions after school hours are not required to register through our Raptor System.
- Any unauthorized person on school property will be reported to the principal or his or her designee. Unauthorized persons will be asked to leave. The police may be called if the situation warrants.
- All visitors are expected to abide by the rules for public conduct on school property contained in this code of conduct and are expected to exhibit our 6 core values of the school district.
  - Any person who exhibits aggressive, verbal, or physical behaviors will be reported to the principal or his or her designee and could lead to a ban from the school building

## **Volunteers in the School (Board Policy 4532)**

The Green Island UFSD welcomes and values the contributions of school volunteers in supporting student learning, enrichment opportunities, and fostering positive school-community partnerships.

Volunteer Guidelines:

All volunteers must complete a volunteer application before beginning service. This includes:

- Disclosure of any criminal convictions.
- Identification of two non-family references who will be contacted to verify good moral character.
- Volunteers are not permitted to have unsupervised direct contact with students under any circumstances.
- Volunteers may not transport students for any school-sponsored activities.
- All volunteers must follow district policies, regulations, and school rules at all times. Violations may result in immediate removal from school grounds.
- School volunteers may not access personally identifiable student information, except where permitted by Policy 5500: Student Records and the Family Educational Rights and Privacy Act (FERPA).
- Each Building Principal will maintain an up-to-date list of active volunteers and their assignments.
- Volunteer Application

All persons on school property are expected to show good citizenship and responsible behaviors. Any person who exhibits verbal or physical intimidation of personnel and/ or other visitors will be reported to the principal or his or her designee and could lead to ban of the school building.

All persons on school property or attending a school function shall conduct themselves in a respectful and orderly manner. In addition, all persons on school property or attending a school function are expected to be properly attired for the purpose they are on school property.

## **Personal Devices (Board Policy 5695)**

In accordance with Education Law §2803 and Healy School's commitment to fostering a safe and focused learning environment, the use of personal internet-enabled devices is prohibited during the school day. This "Bell to Bell" policy applies to all students from the start of the first bell to the end of the last bell each day. During this time, students may not use or access personal devices capable of connecting to the internet, including but not limited to smartphones, smartwatches, and tablets.

All devices must be turned off and securely stored in designated areas appropriate for each grade level. The district assumes no responsibility for lost, stolen, or damaged devices.

Students who violate the Bell to Bell policy will be subject to a progressive response.

On the **first offense**, the device will be held in the school office until the end of the day and the student's parent or guardian will be notified.

A **second offense** will result in the device being held until it is picked up by a parent or guardian.

Continued non-compliance will result in the student losing the privilege of bringing a device to school, along with additional consequences outlined in the district's Code of Conduct.

Each student is provided with a district-issued device for use during class. To ensure open lines of communication, parents and guardians who need to contact their child during the school day may do so by calling the school office or using approved school communication platforms such as ParentSquare or district email. Students may request access to school phones if they need to contact a parent during the day.

### **District Internet Policy (Board Policy 4526.1 & 4526.1-R)**

See the District's Technology Plan and Acceptable Use Policy for Computer and Network use in the GIUFSD. An electronic version of this policy is located on the GIUFSD's website.

While online, student behavior will reflect the Learner Dispositions of Teamwork, Resiliency, Self Motivation, and Self Regulation with the same consideration as in person. This includes, but is not limited to: profanity; racist, sexist, or discriminatory remarks; and personal attacks. All GIUFSD policies and procedures will remain consistent with our educational values when using any type of internet medium.

### **Behavior & Consequences**

Every student who does not follow school rules may face disciplinary consequences. These are different depending on which level of infraction students break and other factors. The possible disciplinary consequences are outlined in the Code of Conduct (page 19)

### **Other Important Laws & School Rules**

- Smoking or possession of any tobacco or materials that can be used to smoke tobacco at school, on buses, or at any other school sponsored event is not allowed. Parents will be called if students are found in possession of tobacco, nicotine devices (vapes), smoking materials etc.
- Drugs, drug paraphernalia, alcohol, or drinking alcohol or taking drugs at school, or any school sponsored event, on or off grounds, is not allowed. Students who break this rule can be suspended and may not be allowed to participate in school activities.
- Weapons are not allowed at school. This includes any object that may appear to be a weapon, even a toy. Students who bring a weapon to school will be suspended.
- It is against the law for anyone to make any threat against a school in New York. It is also against the law for any student to make a false 911 call to emergency services.

### **Administration & DASA Coordinators**

Daniel Kalbfleish, Superintendent

Stephanie Bouchey, Principal & DASA Coordinator

Jodi Mazzeo, Director of Behavioral Health

(518) 273-1422

**For more information about the Code of Conduct, visit [www.greenisland.org](http://www.greenisland.org)  
or request a hard copy from the main office.**

This brochure is being distributed to all students pursuant to New York State Education Law, Section 2801 – Chapter 16, Title II, Article 55, which requires that the district make a summary of the Code of Conduct available to all students at the beginning of the school year.

---

**Please complete the information below and sign to acknowledge you and your child have reviewed the updated Code of Conduct for the 2025-2026 school year. Please have your student return by Friday, September 19, 2025.**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Caregiver Signature**

GREEN ISLAND UESD 2025-2026 SCHOOL CALENDAR

July 2025						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## July 4 Independence Day

July 7 First Day of Summer School

August 2025						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 19 & 20 Regents Exams

September 2025						
Su	M	Tu	W	Th	F	S
	1	2		4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

**School Day Tally = 21**

- Sept 1** Labor Day
- Sept 2** Superintendent's Conference Day
- Sept 3** Superintendent's Conference Day
- Sept 4** First Day of Classes for Students
- Sept 18** Open House

### **School Day Tally = 21**

October 2025						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9		11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**School Day Tally = 22**

**Oct 10** Emergency Early Release Drill

**Oct 13** Columbus/Indigenous Peoples' Day

**Oct 31-** Half Day Dismissal 11:10

**Nov 4** Superintendent's Conference Day  
**Nov 7** End of Quarter 1  
**Nov 11** Veterans Day  
**Nov 26 – 28** Thanksgiving Recess

December 2025						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**School Day Tally = 15**

**Dec 10** - Half Day Dismissal 11:10-  
Parent Conference

**Dec 22 - Jan 2** Winter Recess

**Dec 10- Half Day Dismissal 11:10-  
Parent Conference  
Dec 22 – Jan 2 Winter Recess**

- Jan 1 New Year's Day
- Jan 2 Winter Recess
- Jan 19 Martin Luther King Day Observed
- Jan 20 – 23 Regents Exams
- Jan 23 End of Quarter 2

February 2026						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

**School Day Tally = 15**

**Feb 13 - Half Day Dismissal 11:10**

**Feb 16 Presidents Day**

**Feb 17 Lunar New Year**

**Feb 18 – 20 February Recess**

**Feb 13- Half Day Dismissal 11:10  
Feb 16 Presidents Day  
Feb 17 Lunar New Year  
Feb 18 – 20 February Recess**

March 2026						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19		21
22	23	24	25	26	27	28
29	30	31				
<b>School Day Tally = 20</b>						

**March 11-** Half Day Dismissal 11:10-  
Parent Conference

**March 20** Superintendent's Conference Day/  
Eid al-Fitr

**March 23** No School

**March 11-** Half Day Dismissal 11:10-  
Parent Conference

**March 20** Superintendent's Conference Day/  
Eid al-Fitr

**March 23** No School

- April 6 – 10** Spring Recess
- April 3** – Good Friday/Easter Holiday Observed
- April 13 – May 15** NYS 3-8 Assessments
- April 17** End of Quarter 3
- April 29** – Half Day Dismissal 11:10

May 2026						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	22	22	23
24	25	26	27	28	29	30
31						
<b>School Day Tally = 20</b>						

Apr 13 – May 15 NYS 3-8 Assessments  
 May 25 Memorial Day

**Apr 13 – May 15 NYS 3-8 Assessments**  
**May 25 Memorial Day**

**June 9 & 10 Regents Exam**  
**June 17 – 26 Regents Exams**  
**June 19 Juneteenth**  
**June 26, Last Day, Rating Day & Graduation**

<b>Legend</b>	
	First/Last Day of School
	Superintendent's Conference Days
	Open House
	Regents Testing Days
	Gr. 3-8 NYS Assessment Days
	Holidays/Recess Days
	Professional Development Days: 4
	Total School Calendar Days: 183
	3 Emergency closing days

**Professional Development Days: 4  
Total School Calendar Days: 183  
3 Emergency closing days**

# PTO NEWSLETTER

## Healy School: The Community & School Unite

### PTO

The Parent Teacher Organization (PTO) is a group of parents, teachers, and staff who work together to support our school community. Through volunteering, fundraising, and organizing events, the PTO helps create fun experiences for students, provides extra resources for classrooms, and builds strong connections between home and school.

### PTO Meetings

PTO meetings will be held monthly at 5 PM on the 1st Monday of the month.

Monday, Nov. 10, 2025  
Monday, Dec. 1, 2025  
Monday, Jan. 5, 2026  
Monday, Feb. 2, 2026  
Monday, Mar. 2, 2026  
Monday, Apr. 13, 2026  
Thursday, May 7, 2026  
Monday, June 1, 2026

### PTO Events

Don't miss out on important already scheduled community gatherings!

Healy Merchandise-Be on the lookout for order forms!

Charity Basketball Game Jan 24th

Talent Show April 17<sup>th</sup> 6-8pm

Field Day June 16th

Stay tuned for more events and fun experiences!

### Who's who!

#### President

Colleen Hildreth

#### Vice President

Riannon Simpson

#### Secretary

Caitlin Childrose

#### Treasure

Genevive Bahret

#### Communications

##### Director

Dawn Hope

Have questions, ideas, or want to get involved? Reach out to the PTO at: giufsdpto@gmail.com



# CLUB SCHEDULE

**M**

**School Nutrition**  
**Ms. ValValkenburgh**  
**Grades 3-8**

**T**

**Garden Club**  
**Ms. Jones**  
**Grades 3-8**  
**Yearbook Club**  
**Mrs. Mazzeo**  
**Grades 6-8**

**W**

**Expressive Art Club**  
**Ms. Truax**  
**Grades 3-8**

**T**

**Music Club**  
**Mrs. Heffern**  
**Grades 3-8**

**F**

**Student Council**  
**Ms. Risch**  
**Grades 3-8**

# SCHOOLTOOL Guide to the PARENT PORTAL

## 1. LOG IN

Enter your district provided **username** and **password**.

OR

Click to **sign in with Google**.

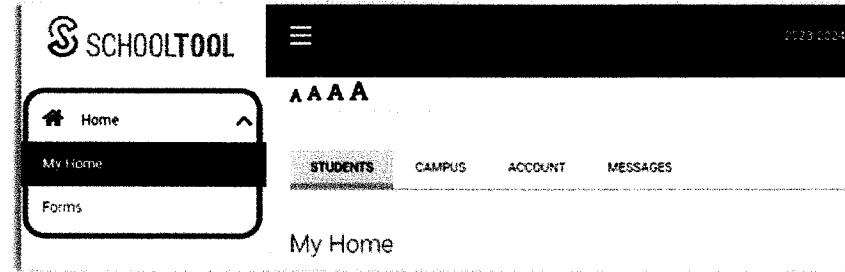
The image shows the SchoolTool Login screen. It has two main sections. The top section is for 'SchoolTool Login' and contains fields for 'Username' and 'Password', a 'LOG IN' button, and a 'Forgot Password' link. The bottom section is for 'Sign in with Google' and features a 'Sign in with Google' button.

## 2. THE SCHOOLTOOL MENU

Use the **menu on the left** to navigate between sub-modules, which may include **My Home** and **Forms** depending on your district's settings.

**My Home** will allow you to view your student(s) and their information.

**Forms** will allow you to complete and review forms that have been shared with you.



## 3. VIEWING STUDENT INFORMATION

Click on the **My Home** sub-module. Then click on the photo or name of the student you wish to view. This will bring you to the **student record**.

Here, you can view the **Personal Information** section at the top.

Underneath this area, you may select to view various **tabs for more information**, based on your district's settings.

See the next page for more information on each tab.

The image shows a detailed view of a student record in the SchoolTool system. At the top, there is a photo of a student and basic information: 'Jane Howard, 2019-2020, Elizabethtown, NY, 12345'. To the right, there is a note: 'Daughter, Home (518) 562-4946'. Below this, the 'Personal Information' section displays the student's name, address, phone number, and other details. At the bottom, there are several tabs: 'CONTACTS', 'SCHEDULE', 'ATTENDANCE', 'GRADE', 'ASSESSMENTS', 'ASSESSMENT', and 'LICENSED'.

**PARENT PORTAL TABS****\*Note: Tabs vary by district****CONTACTS TAB**

This tab displays contacts listed for the selected student.

Icons to the right of each contact will show their contact rights.

Icon	Contact Right
	Primary contact
	Receives mail
	Pickup
	Parent Portal

**TIP:** Click the button above all contacts to view the call order for contacts.

Click the button at the top right of the personal info section to request contact changes.

Mother  
Home: (555) 502-4946  
Text: (555) 433-4998  
Address: 20 Opager Drive Rochester, NY 12345  
Phones: H: (555) 502-4946

**SCHEDULE TAB**

View the student schedule in Standard or Grid format. If enabled, click the printer to print the schedule.

**DISCIPLINE TAB**

View Discipline Incidents by year.

**ASSESSMENTS TAB**

View 3-8 Testing and User Defined Assessments. Click the printer to print 3-8 Assessment scores.

**ATTENDANCE TAB**

View attendance data for Daily or Course Attendance by year. When viewing Course Attendance, click the button, to view attendance tallies.

**GRADES TAB**

View published student grades by year and marking period. If enabled, click the printer to print report cards.

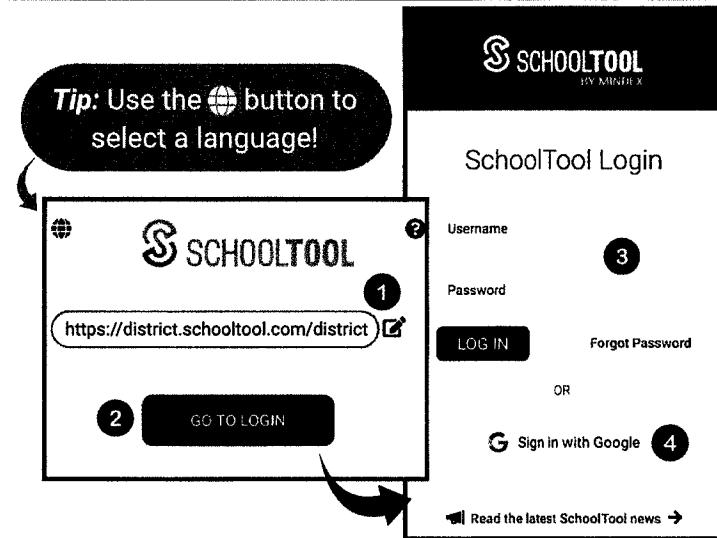
**ASSIGNMENTS TAB**

View course assignments and their grades for selected courses by marking period.

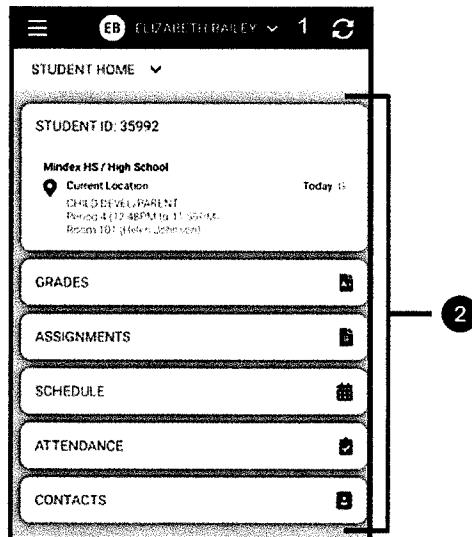
# SCHOOLTOOL Guide to the MOBILE APP

## 1. LOG IN

- 1 Enter your school's **SchoolTool Website** using the **Edit Button** 
- 2 Click **GO TO LOGIN**
- 3 Enter your **Username and Password** and click **Log In**
- OR
- 4 Click to **Sign in with Google**



## 2. STUDENT HOME

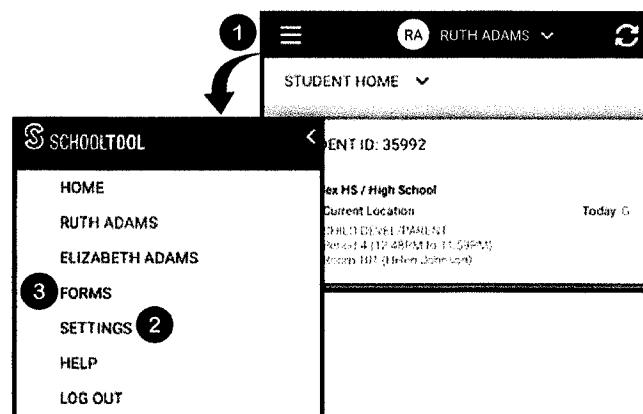


- 1 Use the **down arrow**  to **select the student** you would like to view
- 2 Select which **tab** you would like to view: Student Information, Discussions, Grades, Assignments, Schedule, Attendance, or Contacts

**Note:** Available tabs may vary based on district and student.

## 3. SETTINGS & NOTIFICATIONS

- 1 Click  to go to the **Menu**
- 2 Click **Settings** to change your Notification and/or Language preferences
- 3 Click **Forms** to review or complete any Forms





# Getting Started with ParentSquare for Parents and Guardians

Welcome to ParentSquare! This guide will help you activate your account, find helpful resources, and download the free ParentSquare app so you can start receiving updates from your school.

## Activate your ParentSquare account

Your school will send you an invitation using your email address or phone number on file.

1. Open the invitation from ParentSquare in your email or text messages.
2. Click **Activate your account** or tap the link to go to the account registration page.

3. Enter your email or phone number, then click **Get Started**.

*(Optional: You can also sign in with Google or Microsoft.)*

4. Check your contact information. If it looks correct, click **Confirm**. You'll receive a code by text or email.
5. Enter the verification code when asked.
6. You'll see your children's names. Click **Confirm** next to each child who should be connected to your account.  
*If a child is listed by mistake, click **Not my child**.*
7. If everything looks correct, click **Yes, this is me**.

Now you're ready to start using ParentSquare!



## Need help with your account?

Contact your school if:

- A name is spelled wrong
- Your email address or phone number is incorrect
- A child is missing from your account

## Access helpful resources

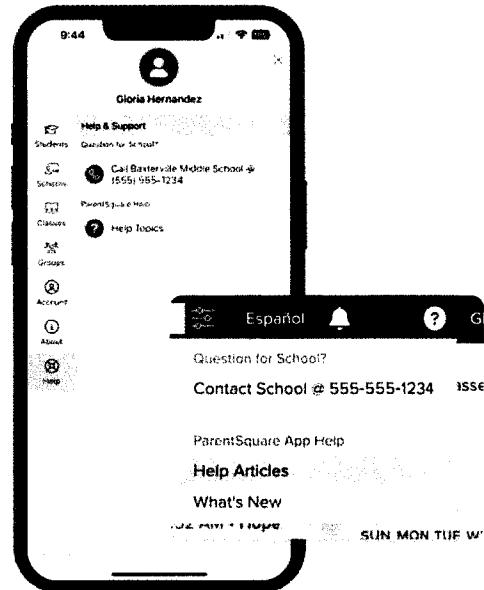
When you're logged in, you can access resources to help you with using ParentSquare.

On a computer, click the **question mark (?)** in the top menu.

In the app, tap the **Help** icon in the app.

You'll see these options:

- **Contact School** - Send a question to your school or find contact details.
- **Help Articles** - Search for answers or step-by-step guides.



## Download the ParentSquare app

The free ParentSquare app helps you stay connected on the go. It's available for iPhone and Android.

Scan the QR code below to download the app:

