



## Central Registrar

### Pupil Personnel Services

196 Main Street, New Paltz, New York 12561

Phone: (845) 256-4040 • Fax: (845)256-4024

[www.newpaltz.k12.ny.us](http://www.newpaltz.k12.ny.us)

Welcome!

The New Paltz Central School District strives to make the school registration process as easy as possible for busy parents. We understand that it can be quite confusing trying to figure out which of the District's schools your child will attend.

To alleviate some of the confusion and help parents get all the information they need, and to assist in completing all the proper forms, the District operates a Central Registration Office where everything parents need is under one roof.

Parents of elementary, middle and high school children (Grades 1 through 12) should contact the Central Registrar at 845-256-4040 to enroll their children in school. The office is located in the Pupil Personnel Services Office in the District Office Building located at Lenape Elementary School, 1 Eugene L. Brown Drive in New Paltz.

*\*\*Parents of incoming Kindergarten children who will attend school in September, should contact the Duzine Elementary Main Office at 845-256-4350. The school building is located at 31 Sunset Ridge in New Paltz.\*\**

The Central Registrar is available to answer any questions you may have about the school registration process. If you are unable to contact Central Registration during the hours of operation (9 AM to Noon and from 1 PM until 3 PM); kindly leave a message, include your name and telephone number. Please allow 24 hours for Central Registration to return your call.

In order to register your child(ren) you must have proof of the child's birth, proof of immunizations, and an acceptable proof of residency. Guardians or agencies must have a court order assignment and/or Department of Social Services assignment that states he/she has authorization to act on behalf of the State of New York. Listed on the accompanying page is a listing of the required documents.

All new entrants are required to have a physical examination within twelve (12) months prior to entering the District. Proof of this examination must be presented within thirty days (30) of the time the student enters the school.

*Duzine Elementary*

*Lenape Elementary*

*Middle School*

*Central High School*



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## Required Documents for Student Registration

To register your child for school in the New Paltz Central School District, you will need to bring proper identification with you to Central Registration.

New York State law requires that documents be presented prior to registering your child(ren) for school proving the child's age and residency within the School District and your custody/guardianship.

### 1. Proof of age

- Original Birth Certificate or a certified transcription of a Birth Certificate (including a foreign certified transcription of the Birth Certificate)
- Baptismal Certificate or a certified transcription of a Baptismal Certificate (including a foreign certified transcription of the Baptismal Certificate)

If the above are not available:

- Passport (including a foreign passport)

If none of the above are available:

- Other acceptable documentation that has been in existence for over two years, such as:
  - Official driver's license
  - State or other government issued identification
  - School photo identification with date of birth
  - Consulate identification cards
  - Hospital or health records
  - Documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement)
  - Court orders or other court-issued documents
  - Native American tribal document
  - Records from non-profit international aid agencies and voluntary agencies.

**2. Parent/Guardian photo identification is required** (valid driver's license, other legal picture identification card, or passport).

### 3. Proof of Custody or Guardianship of the child in question:

- Judicial custody order or guardianship documentation
- Foster parents must provide Form DSS-2999
- If applicable, Affidavits indicating either (1) that the person seeking enrollment is the parent with whom the child lawfully resides; or (2) that they are the person in parental relation to the child, with total/permanent custody and control, describing how they obtained the same:
  - Affidavit of Responsibility (by parents who have surrendered custody)
  - Affidavit of Responsibility (by custodial person)
  - Affidavit of Emancipation (by student)

**4. Proof of residence** (2 items, dated within 30 days) which must include the name and street address of the parent or guardian of the child(ren) being registered.

- Copy of a residential lease or proof of ownership of a house or condominium;

- A sworn statement authored by a third party landlord, owner or tenant from whom the parent/guardian leases or shares property **\*\*document must be notarized and third party will provide proof of residency (2 items):**
- Other acceptable documentation of residency provided by the parent/guardian such as:
  - pay stub
  - utility bills (e.g. electric, gas, garbage disposal, cable/internet)
  - auto insurance policy declarations page
  - voter registration documents
  - official driver's license, learner's permit or non-driver identification card issued within 30 days which displays new address
  - state or other government issued identification
  - documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement)

**We are sorry, but we will not accept the following as proof of identification:**

- U.S. Mail
- Bank or credit card records
- Any proof older than 30 days

**5. Official immunization records and physical examination records.**

**6. Dental Health Certificate is requested.**

New Paltz Central School District  
STUDENT AND EMERGENCY CONTACT INFORMATION

\*Please print\*

Grade \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ D.O.B.: \_\_\_\_\_

(First) (Middle) (Last) (Jr / Sr / III / IV)

STUDENT RESIDENTIAL ADDRESS  
STREET \_\_\_\_\_ APT. \_\_\_\_\_  
CITY \_\_\_\_\_, NY ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_

STUDENT MAILING ADDRESS (only if different than Residential)  
STREET \_\_\_\_\_ APT. \_\_\_\_\_  
CITY \_\_\_\_\_, NY ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_

GUARDIAN NAME \_\_\_\_\_  
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)  
STREET \_\_\_\_\_ APT.# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PH \_\_\_\_\_ WORK PH \_\_\_\_\_ Cell PH \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_  On Active Duty in the Armed Forces

Relationship to student  
\_\_\_\_\_  
Living with Student  
YES / NO

GUARDIAN NAME \_\_\_\_\_  
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)  
STREET \_\_\_\_\_ APT.# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PH \_\_\_\_\_ WORK PH \_\_\_\_\_ Cell PH \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_  On Active Duty in the Armed Forces

Relationship to student  
\_\_\_\_\_  
Living with Student  
YES / NO

Paperless option: Do you wish to receive notifications via your computer? Check if Yes  Preferred email address \_\_\_\_\_

Person(s) to be contacted in case of emergency if parent/guardian cannot be reached. Please list in the order you would like them called.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER CHILDREN IN FAMILY who are in the school district:

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
(First) (Last) (First) (Last)  
NAME \_\_\_\_\_ GRADE \_\_\_\_\_ NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
(First) (Last) (First) (Last)

EMERGENCY INFORMATION If available, provide updated immunization records for your child with this form.

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_ HOSPITAL CHOICE \_\_\_\_\_  
DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_  
Allergies: Food \_\_\_\_\_ Insect \_\_\_\_\_ Medication \_\_\_\_\_ Medical Condition \_\_\_\_\_

EMERGENCY DISMISSAL INFORMATION

In the event of an EARLY DISMISSAL due to inclement weather or other emergency, please indicate if your child will be picked up or bussed. Choose ONE and complete the information. NOTICE: the school WILL NOT contact parents individually in the event of an unexpected school closing.

- Please transport my child to our home on his/her regular bus.
- My child will be picked up by a guardian or emergency contact. I will listen to the radio for early dismissal information, or call the school closing line at 256-4099 if a winter storm is predicted. I understand that if I am not there by dismissal, my child will be put on the bus.
- Bus my child to the following address in the New Paltz Central School District:

Name \_\_\_\_\_ Tel.# \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Bus # \_\_\_\_\_

The people listed on this form (contacts and guardians) are authorized to pick up my child from school or from the bus stop. In case of a medical emergency, we hereby authorize the school district to seek emergency medical assistance for our child if we cannot be reached.

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

OFFICE USE ONLY ID# \_\_\_\_\_ Date entered into student management system \_\_\_\_\_ School year \_\_\_\_\_

**New Paltz Central School District**  
**ADDITIONAL STUDENT INFORMATION FOR REGISTRATION**

\*PLEASE PRINT\*

\*PLEASE PRINT\*

**STUDENT NAME** \_\_\_\_\_ **GENDER** \_\_\_\_\_  
(M / F / Non-binary)

BIRTH DATE \_\_\_\_\_ BIRTH CITY \_\_\_\_\_ BIRTH STATE \_\_\_\_\_ BIRTH COUNTRY \_\_\_\_\_  
(MM/DD/YYYY)

EVER ATTEND NEW PALTZ SCHOOLS? \_\_\_\_\_ If yes, indicate School / Year \_\_\_\_\_

EVER ATTEND A SCHOOL IN NEW YORK STATE (other than New Paltz Schools)? \_\_\_\_\_ If yes, indicate School / Year \_\_\_\_\_

ANY DISABILITIES/SPECIAL EDUCATION/504 \_\_\_\_\_ If yes, specify \_\_\_\_\_

ANY CURRENT/PAST MEDICAL ISSUES/ CURRENT MEDICATIONS? \_\_\_\_\_

IS STUDENT HOMELESS (living in shelter, doubled up with another family, motel/hotel, awaiting foster care)? \_\_\_\_\_

<b>ETHNIC ORIGIN</b> (for statistical purposes only) 1. Are you Hispanic/Latino? Yes _____ No _____ 2. Select one or more races from the following: _____ White _____ Native Hawaiian or Pacific Islander _____ Asian _____ Black or African American _____ American Indian or Alaska Native	<b>Primary Language</b> _____	<b>LAST SCHOOL NAME</b> _____
		<b>SCHOOL ATTENDED</b> ADDRESS _____ _____ FAX _____ PHONE _____ DATE LEFT _____ GRADE _____

**If there is a legal guardian or parent *not living with the student* who would like to receive mailings, please provide mailing information here:**

NAME _____ <small>(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)</small>	Relationship to student: _____
STREET _____ APT.# _____	
CITY _____ STATE _____ ZIP _____ PHONE _____	
EMAIL ADDRESS _____	

Are there any custody papers, court orders of protection, or restricted visitation papers? (YES) (NO) <i>If YES, legal documentation must be submitted at registration. See the list of "Required Documents", #3.</i> Foster parent (DSS-2999 required) If you are a foster parent, name of agency: _____ Social Worker: _____ Phone: _____
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**Where do you want the bus to pick up your child in the morning? ( must be within New Paltz Central School District ):**

Check this box  to use the student residential address listed above, OR use the address below:

STREET \_\_\_\_\_ APT. \_\_\_\_\_  
 CITY \_\_\_\_\_, NY ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

**Where do you want the bus to drop off your child in the afternoon? ( must be within New Paltz Central School District ):**

Check this box  to use the student residential address listed above, OR use the address below:

STREET \_\_\_\_\_ APT. \_\_\_\_\_  
 CITY \_\_\_\_\_, NY ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

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

*Important note: See the list of "Required Documents" which must be submitted along with this form. Thank you.*

OFFICE USE ONLY ID# _____ Expected grade _____ Date entered into student management system _____ School year _____
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# 2024-25 School Year

## New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**  
All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the [“ACIP-Recommended Child and Adolescent Immunization Schedule.”](#) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule**

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
<b>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)<sup>2</sup></b>	<b>4 doses</b>	<b>5 doses or 4 doses</b> if the 4th dose was received at 4 years or older or <b>3 doses</b> if 7 years or older and the series was started at 1 year or older	<b>3 doses</b>	
<b>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)<sup>3</sup></b>	<b>Not applicable</b>		<b>1 dose</b>	
<b>Polio vaccine (IPV/OPV)<sup>4</sup></b>	<b>3 doses</b>	<b>4 doses or 3 doses</b> if the 3rd dose was received at 4 years or older		
<b>Measles, Mumps and Rubella vaccine (MMR)<sup>5</sup></b>	<b>1 dose</b>	<b>2 doses</b>		
<b>Hepatitis B vaccine<sup>6</sup></b>	<b>3 doses</b>	<b>3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years</b>		
<b>Varicella (Chickenpox) vaccine<sup>7</sup></b>	<b>1 dose</b>	<b>2 doses</b>		
<b>Meningococcal conjugate vaccine (MenACWY)<sup>8</sup></b>	<b>Not applicable</b>		<b>Grades 7, 8, 9, 10 and 11: 1 dose</b>	<b>2 doses or 1 dose</b> if the dose was received at 16 years or older
<b>Haemophilus influenzae type b conjugate vaccine (Hib)<sup>9</sup></b>	<b>1 to 4 doses</b>	<b>Not applicable</b>		
<b>Pneumococcal Conjugate vaccine (PCV)<sup>10</sup></b>	<b>1 to 4 doses</b>	<b>Not applicable</b>		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
  - c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 10: 10 years; minimum age for grades 11 and 12: 7 years)
  - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
  - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 11 and 12.
  - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
  - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
  - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
  - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
  - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
  - d. Rubella: At least one dose is required for all grades (pre-kindergarten through 12).
6. Hepatitis B vaccine
  - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute “dose 4” for “dose 3” in these calculations).
  - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
  - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 11: 10 years; minimum age for grade 12: 6 weeks)
  - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
  - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
  - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
  - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
  - d. If dose 1 was received at 15 months or older, only 1 dose is required.
  - e. Hib vaccine is not required for children 5 years or older.
  - f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
  - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
  - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
  - e. PCV is not required for children 5 years or older.
  - f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)

For further information, contact:

**New York State Department of Health  
Division of Vaccine Excellence  
Room 649, Corning Tower ESP  
Albany, NY 12237  
(518) 473-4437**

**New York City Department of Health and Mental Hygiene  
School Compliance Unit, Bureau of Immunization  
42-09 28th Street, 5th floor  
Long Island City, NY 11101  
(347) 396-2433**

New York State Department of Health/Division of Vaccine Excellence  
health.ny.gov/immunization





**Department  
of Health**

**Office of Children  
and Family Services**

**State Education  
Department**

June 14, 2019

### **Statement on Legislation Removing Non-Medical Exemption from School Vaccination Requirements**

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

#### **What did the new law do?**

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12<sup>th</sup> grade), or
- child day care settings.

#### **For those children who had a religious exemption to vaccination, what are the deadlines for being vaccinated?**

Children who are attending child day care or public, private or parochial school, and who had a religious exemption to required immunizations, must now receive the first age appropriate dose in each immunization series by June 28, 2019 to attend or remain in school or child day care. Also, by July 14, 2019 parents and guardians of such children must show that they have made appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The New York State Department of Health follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices catch-up immunization schedule and expects children to receive required doses consistent with Table 2 at the following link in order to continue to attend school or child day care: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

#### **What is the deadline for first dose vaccinations if my child is not attending school until September?**

Parents and guardians of all children who do not have their required immunizations are encouraged to have them receive the first dose as soon as possible. The deadline for obtaining first dose vaccinations for children attending school in the fall is 14 days from the first day of school. Within 30 days of the first day of school, parents and guardians of such children must show that they have made appointments for all required follow-up doses.

Additional information will be forthcoming.

# Parents:

All kids entering **Grades 7-12** must have the **meningococcal vaccine**.

**Without it, they can't start school.**

## About the Vaccine:

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- It's not a new vaccine. It's been recommended for a decade.
- Most parents already choose to vaccinate their children.
- The meningococcal vaccine has been **required** for school entry since Sept. 1, 2016.

## About Meningococcal Disease:

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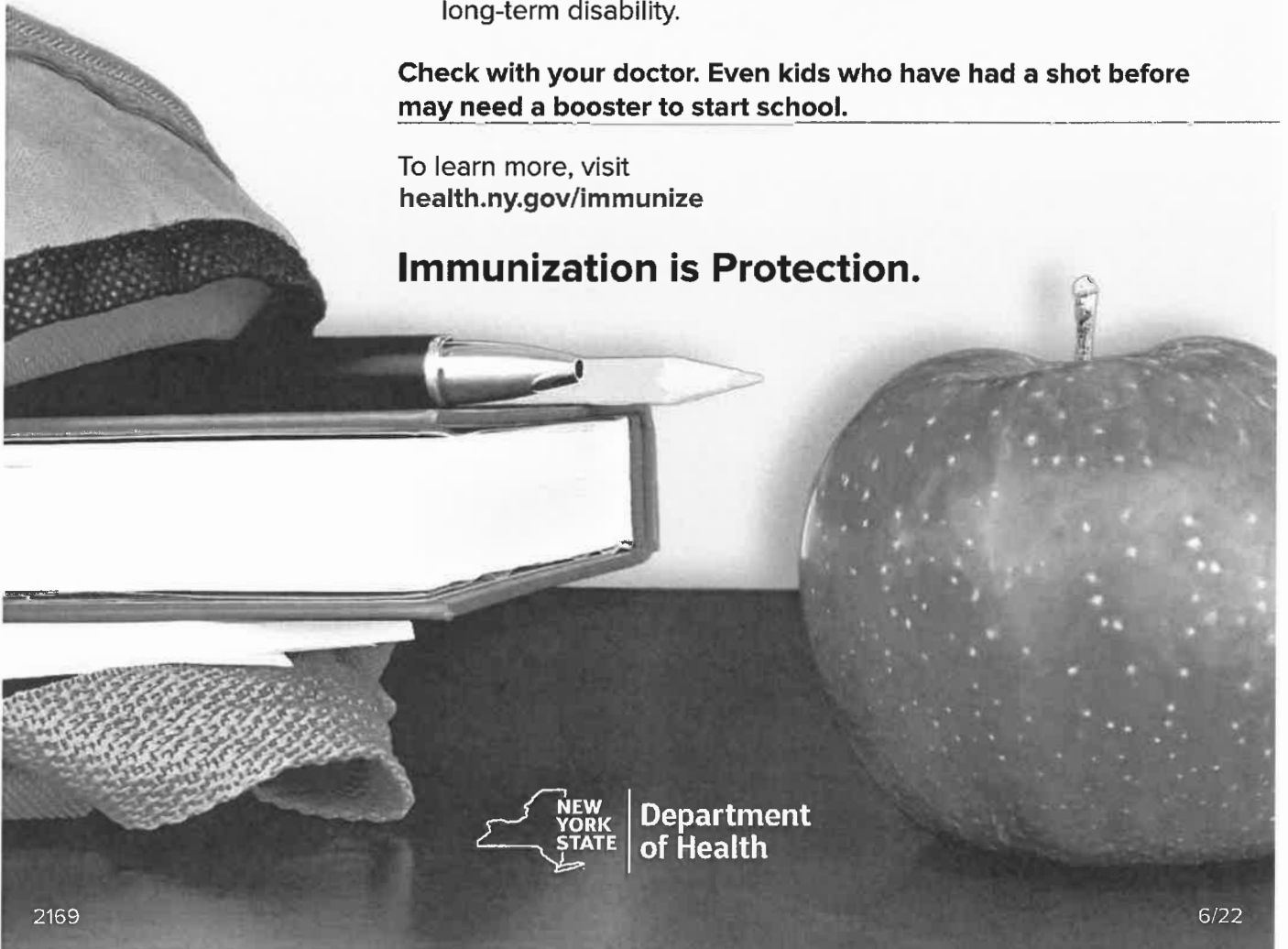
- It causes **bacterial meningitis** and other serious diseases.
- Teens and young adults are at greater risk.
- It comes on quickly and without warning.
- Its symptoms are similar to the flu.
- Every case of this disease can result in death or long-term disability.

**Check with your doctor. Even kids who have had a shot before may need a booster to start school.**

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To learn more, visit  
[health.ny.gov/immunize](http://health.ny.gov/immunize)

**Immunization is Protection.**



Department  
of Health



## Dental Health Certificate and Health Appraisal Certificate

Education Law (Section 903) and regulations of the Commissioner of Education (Section 136.3) have been amended in regard to dental health certificates. Effective September 1, 2008, all public schools must request a dental health certificate from each student at the same times that health certificates are required. The provision of a dental health certificate for a student is not a required condition to attend school.

New students must submit a dental health certificate along with a health appraisal certificate to their School Nurse, within 30 days of entrance into the school district. Students going into grades Pre-K, K, 1, 3, 5, 7, 9 and 11, who are not new to the district must submit a dental health certificate along with a health appraisal certificate within 30 days of entrance into their new grade.

Each dental health certificate must be signed by a licensed dentist and:

- Describe the dental health condition of the student when the examination was conducted.
- Be made no more than 12 months prior to the beginning of the school year in which the examination is requested.
- State whether the student is in fit condition of dental health for attendance at public school.

Health appraisals must be preformed by a NYS licensed physician, physician's assistant or nurse practitioner.

Dental health certificates and Health appraisal forms are enclosed in this packet. They can also be found on the district web-site [www.newpaltz.k12.ny.us](http://www.newpaltz.k12.ny.us) under "Our Departments"- "Nursing".

# Dental Health Certificate



**Parent/Guardian:** New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, Pre-K, K, 1, 3, 5, 7, 9 & 11. 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 dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist 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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
School: Name _____		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

**I. The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of exam) The date of the exam 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 name and address (please print or stamp) _____	Dentist'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 ½ 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): \_\_\_\_\_

**III. 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.

## **STUDENT MEDICATION PROCEDURES**

When your child's physician feels that it is necessary for medication to be taken during the school day, there are certain procedures as mandated by the New York State Education Department which must be followed. School nurses **can not** administer any medication, including over the counter medicines, to students without a written order from a physician. This order must be signed by both the physician and you as the parent/guardian. Our procedures are as follows:

- **EACH SCHOOL YEAR-** At the beginning of each school year, a NEW, completed New Paltz Central School District Authorization for Medication Form must be presented to your child's school nurse. This form must be signed by both the physician and you as the parent/guardian.
  
- **MEDICATION-**
  - Must be delivered directly to the school nurse by the Parent or Guardian. You will be provided with a receipt for the medication. **NO** medication will be accepted from students.
  - Medication **MUST** be in the original labeled container as prepared by the pharmacist. Over the counter medications must be in the original packaging.
  - At the end of the school year medications must be picked up on the last day of school. Nurses by law are not permitted to keep medications over the summer. Medication can also not be returned to students.
  
- **STUDENTS AND SELF CARRY MEDICATIONS-** Certain medications may require a student to carry and administer their own medication. This is generally for medications requiring immediate administration such as inhalers or medication for allergic reactions. If it is necessary for your child to carry the medication, the child's physician **must** indicate that your child has been instructed in and understands the proper use of their medication on the New Paltz Central School District Authorization for Medication Form.
  
- **MEDICAL INFORMATION AND ACADEMICS-** Your child's health plays a part in their academic performance, including behavior and ability to concentrate. In order to help keep your child focused on their academics the nurses are asking permission to share relevant medical information with your child's teachers. To grant this permission please sign the related line on the New Paltz Central School District Authorization for Medication Form.

**Incomplete forms will not be accepted**

**Permission to Administer Multiple Medications**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ School: \_\_\_\_\_

**To Be Completed By Health Care Provider**

Diagnoses \_\_\_\_\_

Medication Name	Dose	Route	Time	<input checked="" type="checkbox"/> applicable boxes below
				<input type="checkbox"/> AM _____ <input type="checkbox"/> FT <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> FT <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> FT <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry

**Prescriber please use codes below for each medication ordered:**

<b>AM</b>	Nurse may administer missed morning dose indicated after verbal or written notification from parent. Please advise parent to send in additional medication
<b>FT</b>	Medication is needed on field trips.
<b>Self-Directed</b>	I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently. <b>NOTE: Must be evaluated/approved by building Nurse.</b>
<b>Self-Administer/ Self-Carry</b>	I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, give them permission to self- carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies. <b>NOTE: Must be evaluated/approved by building Nurse.</b>

**Name and Title of Licensed Prescriber (Please Print)** \_\_\_\_\_

**Prescriber's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**To Be Completed By Parent**

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it. Please note that this information will be shared with School Personnel involved with your child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Self-Administer/Self Carry**

Parent permission and provider consent is required for students to self-administer and self-carry medication. Students with this designation are considered independent in taking their medication at school and **require no supervision by the nurse.** Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/ self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

School Nurse: \_\_\_\_\_ School \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_



196 Main Street, New Paltz, New York 12561 Phone: 845-256-4050 Fax: 845-256-4283 [www.newpaltz.k12.ny.us](http://www.newpaltz.k12.ny.us)

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To accommodate the needs of lactose intolerant children, the NYS Department of Child Nutrition requires that a doctor prescribe a substitute beverage for school meals.

Please have your doctor complete the following form and return it to the school nurse.

### To be completed by physician:

This is to certify that \_\_\_\_\_ has been determined to be lactose intolerant. You may substitute the following beverage in place of milk for school meals.

- Fruit juice
- Water
- Other \_\_\_\_\_

Signature of doctor: \_\_\_\_\_

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

Printed name of doctor: \_\_\_\_\_

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**Registrar**  
**Pupil Personnel Services Office**  
196 Main Street, New Paltz, New York 12561  
Phone: (845) 256-4040  
www.newpaltz.k12.ny.us

## *Records Request Form*

### *To request records from another school*

\_\_\_\_\_ is registered in the New Paltz Central School District.  
(Print student name)

I authorize New Paltz Central School District to obtain any information or records including academic, psychiatric, psychological, medical, social, or guidance materials on this student.

**Note to previous school:** Please send all related material, including student's IEP (if appropriate), most recent report card, transcript, and immunization record, to:

New Paltz Central School District  
196 Main Street  
New Paltz, NY 12561  
Phone: 845-256-4000  
Fax: \_\_\_\_\_

ATTN: \_\_\_\_\_

\_\_\_\_\_  
(previous school)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone)

\_\_\_\_\_  
(fax)

\_\_\_\_\_  
(enrollment dates)

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)

Registrar use only: Date faxed to previous school _____ Notes: _____
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## Computer Network and Internet Acceptable Use Policy (AUP)

### Consent Form for Students and Parents

*Please print all information except the required signatures.*

User's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Best time to be reached \_\_\_\_\_

#### **Student Users:**

I understand and will abide by the Computer Network and Internet Acceptable Use Policy. I understand that this access is designed for educational purposes. I further understand that the activity on my account may be periodically monitored by certified staff. Should I commit any violation, my individual access privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken.

Student User signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian** (*Users under the age of 18 must have a parent or guardian read and sign this agreement to receive Network/Internet privileges*).

As the parent or guardian of this user, I have read the Computer Network and Internet Acceptable Use Policy and discussed it with my child. I understand that this access is designed for educational purposes. I will not hold the New Paltz Central School District responsible for materials acquired on the Network/Internet. I further understand that this user's privileges may be restricted or suspended for failure to adhere to the terms and conditions stated above, and accept financial responsibility for expenses incurred due to this user's negligence or misuse.

I agree to abide by the New Paltz Central School District's Acceptable Use Policy and I give my permission for him/her to use the New Paltz Central School District's Internet account.

\_\_\_\_\_  
*Parent/guardian signature*

\_\_\_\_\_  
*Date*

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# POLICY

2021

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Students

## **SUBJECT: STUDENT COMPUTER NETWORK AND INTERNET ACCEPTABLE USE POLICY (AUP)**

The New Paltz Central School District recognizes the value of electronic resources to enhance student learning and the overall operation of our schools. To this end, the District encourages the responsible use of computers, the District Network, the Internet, and other electronic resources to support the mission and vision of the New Paltz Central School District. This policy is designed to protect and provide guidance for our students and staff that will have access to these resources.

The Network and Internet are provided to students and staff for educational purposes. Access to the Network and Internet will be provided to users who act in accordance with this policy. The smooth operation of the Network and Internet relies upon the responsible conduct of the end users and requires efficient, ethical, and legal utilization of the Network and Internet resources.

### **Digital Citizenship and Personal Accountability**

The District advocates for equal digital rights and access for all. Through this process it is imperative that all students and staff understand the importance of being responsible, ethical digital citizens. This includes, but is not limited to:

- (a) Treating all others with respect online;
- (b) Refraining from participating in cyberbullying and reporting any harassing activities you witness;
- (c) Making appropriate decisions while communicating online through any digital channels;
- (d) Respecting others' digital work. Do not steal or damage anyone's digital property;
- (e) Effective use of using network and online tools effectively to empower and enhance your learning experience.
- (f) Limiting screen time and the understanding the health risks of technology. Technology is a learning tool, but should not be used exclusively in the learning environment. Maintaining awareness of the physical and psychological risks.

### **Internet Safety/Managing Your Digital Footprint**

In addition to being a good digital citizen, users must also be aware of their own digital footprint. Developing a positive digital footprint is essential. It can be harmful to the user or District's reputation if mismanaged, or in the event a user's account has been compromised. Good management includes, but is not limited to:

# POLICY

2021

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Students

## **SUBJECT: STUDENT COMPUTER NETWORK AND INTERNET ACCEPTABLE USE POLICY (AUP)**

- (a) Protecting the user: Users may not give out any personal identifiable information online (name, age, ID numbers, address, etc.);
- (b) Protection of passwords: Passwords are confidential. If a user believes their password has been compromised, it should be changed immediately and an administrator alerted. Each user is responsible for keeping their password secure;
- (c) Privacy on the District network: District email, files, and anything else created and stored on local or cloud-based servers are not private. The network administrator may monitor any account at any time for subject, content, and appropriateness. Users are responsible for their actions on the District network and any violations of this policy will be reported to the school administrator;
- (d) Internet etiquette and social media: Users must follow the District Code of Conduct for guidelines on accepted behaviors both online and in our schools. Each user is responsible for what they say online. Social media platforms or other online programs may not be used to create, send, display, or distribute anti-social, harassing or threatening messages, pictures, icons, avatars, or other media, including that which is defamatory, abusive, obscene, profane, racially offensive, or offensive to human dignity;
- (e) Videos and photographs: No user is permitted to take photos or videos of any staff member or student without their explicit consent;
- (f) Proxy use: Users are not permitted to employ the use of proxies to circumvent the content filtering put in place by the District;
- (g) Refraining from plagiarism and adhering to copyright laws.

### **Additional Responsibilities**

- a) Each user must use the school Network and Internet primarily for educational purposes.
- b) Each user is responsible for all material retrieved via the Internet.
- c) Each user may NOT:
  - 1. Attempt to circumvent Network and Internet security measures;
  - 2. Tamper with or in any way adjust default or teacher-created settings;
  - 3. Create a computer virus or place a virus onto any computer;

# POLICY

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Students

## **SUBJECT: STUDENT COMPUTER NETWORK AND INTERNET ACCEPTABLE USE POLICY (AUP)**

4. Trespass in another-user's folder, work, or files;
  5. Share their own ID or password with others;
  6. Log in using another user's account;
  7. Reveal personal information about themselves or others on Websites, including last names, addresses, and/or phone numbers;
  8. Receive or transmit information pertaining to dangerous instrumentalities such as bombs, automatic weapons, or other illicit firearms, weaponry, or explosive devices;
  9. Create, send, or display hate mail, discriminatory or other antisocial remarks, or information which is intended to harass;
  10. Damage, dismantle, detach, or remove computers, mobile devices, network equipment, computer peripherals, printers, scanners, or cameras;
  11. Remove keys from keyboards;
  12. Disconnect or alter cables;
  13. Intentionally waste limited resources (paper, ink and toner, storage space, etc.);
  14. Employ the Network or Internet for commercial purposes;
  15. Bring gum, food, or drink into computer equipment areas;
  16. Access the Network to play non-educational games or for other non-academic activities;
  17. Delete, rename, move, copy, any file or its properties, other than your personally owned data files;
  18. Violate federal copyright laws or software license agreements;
  19. Load, run, or copy software or executable files of any kind onto any of the District's computers or network servers;
- d) User's access and system rights will be assigned by the network administrator.
- e) The user will be responsible for any cost to the District due to user negligence or misuse.

# POLICY

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Students

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**SUBJECT: STUDENT COMPUTER NETWORK AND INTERNET ACCEPTABLE USE  
POLICY (AUP)**

Users must also conform to any additional site restrictions that may be in effect. All Board policies and school regulations apply to the use of the Network and Internet.

**Consequences**

It is the user's responsibility to abide by the rules set forth in this policy. Violations will result in the user's account being removed from the Network or Internet for a period of one week, one month, one semester, or one year depending on the gravity of the offense.

Depending on the gravity of the offense, other administrative and/or legal action may occur.

Attempts to log in to the system as a system administrator will result in immediate cancellation of user privileges.

The network administrator, school administrators, Superintendent, or School Board may request specific accounts to be denied, revoked, or suspended.

Adopted: 7/16/08

Revised: 2/1/12

Revised: 4/24/2019

Revised: 5/5/2021





## Code of Conduct Acknowledgement

**Please read, sign and return this acknowledgement.**

I have received and reviewed the information contained in the New Paltz Central School District's plain language version of the Code of Conduct.

Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_  
(Grades 3 – 12)

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

Day-time Contact Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Date \_\_\_\_\_

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# Code of Conduct Summary

## 2024-2025

The Mission Statement for our school district states that:

**“The New Paltz Central School District exists for the children of the community. The focus of its programs and activities is the commitment to measured excellence and continuous growth and development for all.”**

To achieve that mission, the Board strives to provide welcoming, safe, and orderly schools for all students regardless of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex. The Board expects that all members of the school community will behave with personal responsibility, give mutual respect, and accept accountability for their actions.

The Board recognizes that to maintain such an environment, we must all live within certain boundaries and that inappropriate action by one person can infringe upon the rights of another. When conflicts arise, we are committed to nonviolent resolutions that encourage personal growth, responsibility and that treat each individual with respect and dignity.

This Code of Conduct describes the behavior that the Board expects from all members of the school community, identifies interventions if those standards are not met, and establishes procedures to ensure that discipline, when necessary, is prompt, fair and effective. New Paltz Central School District promotes a preventive, positive approach to discipline rather than focusing exclusively on “punishment.” We respond to misbehavior with interventions and consequences aimed at teaching alternative expected positive behaviors, understanding, and addressing the root causes of the behavior, resolving conflicts, meeting students’ needs, keeping students safe and keeping students in school.

The Board supports a restorative approach that emphasizes relationships and community coexisting with rules and regulations. Restorative discipline helps students understand the impact of their behavior both on themselves and others. Students also learn social and emotional skills to help them respond differently in the future. Using restorative discipline, we resolve conflicts, encourage our school community members to take responsibility for their behavior, repair any harm done, restore relationships, and reintegrate students into the school community.

We are committed to applying school discipline policies and practices in a fair and equitable manner so as not to disproportionately impact students of color, students with disabilities, LGBTQIA+ students, students with limited English proficiency, or other at-risk students that have been historically marginalized in schools.

The full Code of Conduct can be found at [www.newpaltz.k12.ny.us](http://www.newpaltz.k12.ny.us).

**Section I** of the Code of Conduct is an introduction to what information one will find in the Code of Conduct. It lists the purpose of the code as well as the beliefs about the children, learning, and discipline that the Code of Conduct committee followed to create the plan.

**Section II** of the Code of Conduct lists the rights and responsibilities of members of the constituent groups associated with the school, including students, parents/guardians, school

personnel, and the Board of Education members. The code makes it clear that expectations exist for everyone and that everyone has rights to which they are entitled.

**Section III** of the Code of Conduct deals specifically with New York State's Dignity for All Students Act (DASA). DASA seeks to provide the State's public elementary and secondary school students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function. The Board of Education recognizes that a learning environment that is safe and supportive can increase student attendance, enhance student social emotional well-being, and improve academic achievement. A student's ability to learn and achieve high academic standards, and a school's ability to educate students, is compromised by incidents of discrimination or harassment, including but not limited to bullying, taunting, hazing and intimidation. You can read this section of the Code of Conduct to learn more about what can be done if you or another individual experience an inappropriate treatment like one of those described above.

**Section IV** deals with behavior concerns, violations, interventions, and accountability. This section of the Code of Conduct helps determine how to best address behaviors that take away from a safe and welcoming school. In particular, this section of the Code of Conduct lists different types of inappropriate behaviors and specific responses and interventions that would be appropriate when these behaviors occur. These lists of behaviors and responses/interventions are sorted by grade levels as the appropriateness of certain behaviors and responses are different for younger students and older students. Appropriate responses for students with disabilities who commit inappropriate behaviors are also discussed in this section.

Also included in **Section IV** is the school Dress Code. Specifically, the Dress Code says:

1. Certain body parts must be covered at all times. Clothes must be worn so that genitals, buttocks, and nipples are fully covered with opaque fabric. All items listed in the "must wear" and "may wear" categories must meet these basic principles.
2. All attire must support a safe learning environment for all.

Classes that include attire as part of the curriculum, may include assignment-specific attire, but should not focus on covering bodies in a specific way or promoting culturally-specific attire.

Must wear attire that is consistent with the Basic Principles as specified previously in this document:

- Shirt (with fabric in the front, back and the sides under the arms), AND
- Pants/jeans/skirt or the equivalent (for example, sweatpants, leggings, shorts) OR
- Dresses (with fabric in the front, back and sides under the arms), and must follow the basic principle that certain body parts must be covered at all times (genitals, buttocks, and nipples must be fully covered with opaque fabric)
- Shoes, including, but not limited to, boots, slides, flip flops, heels.

May wear attire that is consistent with the Basic Principles as specified previously in this document:

- Hats as long as the entire face is visible
- Cultural or religious headwear or cultural or religious attire
- Hoodie sweatshirts, as long as entire face is visible to school staff (except for cloth/paper masks being worn for medical reasons)
- Fitted pants, including leggings, yoga pants and skinny jeans

- Pajamas, consistent with Basic Principles and Goals, set forth above
- Ripped jeans as long as underwear and buttocks are not exposed
- Tank tops, including spaghetti straps and tube tops
- Athletic attire
- Visible waistbands on undergarments or visible straps on undergarments worn under clothing.

The following, although not an exhaustive listing, are deemed to be inappropriate, either because they interfere with the health and safety of our students or staff, or are disruptive to the educational process.

- Violent language or images on clothing
- Images or language depicting drugs or alcohol on clothing
- Hate speech, profanity or pornography on clothing
- Images or language that creates a hostile or intimidating environment based on any protected class or historically marginalized group on clothing. Swimsuits, except as required in class or athletic practice/performance
- Accessories that could be dangerous or can be used as a weapon
- Any item that obscures the face or ears, except as a religious observance

**Section IV** includes information about the school’s cell phone policy and student use of chromebooks. Cell phones are not allowed to be used in Duzine, Lenape, or the Middle School. In the High School, the following statements about cell phone use are given:

Classroom teachers and study hall teachers have the right to create and enforce cell phone policies in their classrooms. Cell phone limitations in the classroom may range from a complete ban on cell phones to allowing the use of cell phones for educational purposes. Cell phones should not be used for entertainment purposes in classes or in study halls. Students may not use cell phones in the hallways or in the lavatories while class is in session. Special permission to use the phone outside of the room during class may be granted by the teacher, in case of emergency.

Teachers must clearly explain their classroom cell phone policies and include them on their course syllabi so that students and parents fully understand them. Classroom policies and procedures should include personal headphone (wireless or not) use in their classroom. Students are required to follow all classroom cell phone policies. Teachers and study hall monitors have the right to confiscate cell phones that are being used in violation of classroom rules.

Students may use cell phones between periods, during lunch, before and after school, and on school transportation. If listening to music with headphones or earbuds, one of the individual’s ears must remain unblocked at all times so that they can hear people talking to them and so that they can hear safety announcements.

An important part of **Section IV** is the High School/Middle School Extracurricular Guidelines. These guidelines can also be found in the High School Student Handbook. They outline the effects of student attendance, tardiness, behavior, and academics on a student’s eligibility to participate in extracurricular events including interscholastic sports.

**Section V** includes information about possible interventions as a result of inappropriate behavior including detention, suspension from transportation, in-school suspension, removal from a particular class, out of school suspension, long-term suspension, counseling, and PINS Diversion.

**Section VI** gives information about public conduct on school property. The District is committed to providing an orderly, respectful and safe environment that is conducive to learning. All persons on school property or attending a school function, whether on or off of school property, are expected to conduct themselves in a respectful and orderly manner. These expectations are clearly listed in this section.

**Section VII** of the Code of Conduct discusses three particular school policies. The first is policy 7110-Comprehensive Student Attendance. Among other things, this policy explains why it is extremely important for students to come to school every day and to be on time for school. This policy defines chronically absent students as students who miss more than 20 days in a school year. Excused and unexcused absences will both count toward the 20 absence limit (or 10 for a half year course). The District will send home periodic letters to the parents/legal guardians of chronically absent students notifying them of the days of absence. Students and their parents/legal guardians who are nearing the 20 or 10 absent limits will be invited to an attendance conference where all extenuating circumstances, including doctor's notes will be considered. Policy 7110 is included, in its entirety, at the end of the Code of Conduct.

**Section VII** also gives information about student searches and interviews. This policy explains who can perform a search of student property and why a search would be appropriate. Information about the role of law enforcement in searches and interviews is described. This section also comments on the district's expectations of school visitors.

The final portion of **Section VII** of the Code of Conduct explains the requirements for periodic updates of the Code of Conduct and the rights of the members of all constituent groups to review and comment upon the code before it is officially approved by the school board.

**Section VIII** of the Code of Conduct lists the glossary of important terms used in the document.

Dear Students and Parents/Guardians:

New York State enacted Project SAVE (Safe Schools against Violence in Education Act) in 2000, to improve school safety and promote an environment of learning in our schools. To accomplish this end, all school districts must have a Code of Conduct. The purpose of our District Code of Conduct is to set expectations for behavior and to maintain order in our school community. These expectations are based on principles of good citizenship, mutual respect, tolerance and integrity.

The New Paltz District Code was developed by a District Wide Health Advisory Committee, including students, parents, community members, teachers and administrators. We have included feedback from public forums and surveys from students, parents and teachers, administrators and the Board of Education.

We encourage ongoing feedback from all areas of our school community and hope that you will use the tear off sheet below to include your comments and suggestions. Please include your name and telephone number for further contact, if needed, and return to:

New Paltz Central School District

Health Advisory Committee

196 Main St

New Paltz, NY 12561

This Code of Conduct Summary as well as the Full District Code Document is available at each school, the district office and on the district website.

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Name \_\_\_\_\_

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

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Elisa Alvarez, Associate 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 Person in Parental Relation:*  
*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.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to

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"/> Parent 1	_____	<input type="checkbox"/> Parent 2
		<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  
            \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?     Minor     Somewhat severe     Very severe

10a. Has your child ever been **referred** for a special education evaluation in the past?     No     Yes\* \*Please complete 10b below

10b. **\*If referred for an evaluation**, has your child ever **received** any special education services in the past?  
 No     Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):  
 Birth to 3 years (Early Intervention)     3 to 5 years (Special Education)     6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?     No     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? \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation*

Month:    Day:    Year:  
 \_\_\_\_\_  
*Date*

Relationship to student:     Parent     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:     No     Yes

\*\*DATE OF INDIVIDUAL INTERVIEW: \_\_\_\_\_  
 MO.    DAY    YR.

OUTCOME OF INDIVIDUAL INTERVIEW:  
 ADMINISTER NYSITELL  
 ENGLISH PROFICIENT  
 REFER TO LANGUAGE PROFICIENCY TEAM

#### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL ADMINISTRATION: \_\_\_\_\_ PROFICIENCY LEVEL ACHIEVED ON NYSITELL:  
 MO.    DAY    YR.     ENTERING     EMERGING     TRANSITIONING     EXPANDING     COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



## Directory Information Annual Notice

The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose students' information without prior written consent, unless notified to the contrary, in writing, by the end of the first thirty (30) days of the new school year. (Please note that this does **not** mean we will arbitrarily release any information regarding your child to individuals, institutions, or the media). The primary purpose of directory information is to allow the District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- School web site photos;
- Videos of your child in student videos, including "In the Middle TV" and "NPZ-TV";
- Sports activity sheets, such as for wrestling, showing weight and height of team members.
- School publications, including a newsletter, school calendar and District social media posts

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, honor roll lists sent to local newspapers, and companies that manufacture class rings or publish yearbooks.

Please fill out this **optional form** only if you do **NOT** want the information released.

Please check any of the following directory information that you do **NOT** want released:

- Student's name
- Address
- Telephone listing
- Date and place of birth
- Picture and/or video
- The name of the educational agency or institution previously attended by the student
- Major field of study
- Weight and height if members of athletic teams
- Participation in officially recognized activities and sports
- Degrees and awards received
- None of the above information should be released

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

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

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**Michael Logue**

*Director of School Facilities and Operations*

196 Main Street, New Paltz, New York 12561

Phone: (845) 256-4090 • Fax: (845) 256-4089

Email: [mlogue@newpaltz.k12.ny.us](mailto:mlogue@newpaltz.k12.ny.us)

[www.newpaltz.k12.ny.us](http://www.newpaltz.k12.ny.us)

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## Pesticide Notification

New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty, and staff regarding the potential use of pesticides periodically throughout the school year.

The New Paltz Central School District is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirements:

- A school remains unoccupied for a continuous 72-hours following and application:
- anti-microbial products:
- nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children:
- nonvolatile insecticidal baits in tamper resistant bait stations in areas inaccessible to children:
- silica gels and other nonvolatile ready-to-use pastes, foams, or gels in areas inaccessible to children
- boric acid and disodium octaborate tetrahydrate: the application of EPA designated biopesticides:
- the application of EPA designated exempt materials under 40CFR152.25:
- the use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps, and hornet
- In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school please fill out the attached form. For further information, please contact:

Michael Logue  
Pesticide Representative  
New Paltz Central School District  
196 Main St.  
New Paltz, NY 12561

Written notification must be provided to all persons in parental relation and staff at the following intervals throughout the school year: at the beginning of the school year: within two school days of the end of winter recess: within two school days with the end of spring recess: and within ten days of the end of the school year.



**Michael Logue**

*Director of School Facilities and Operations*

196 Main Street, New Paltz, New York 12561

Phone: (845) 256-4090 • Fax: (845) 256-4089

Email: [mlogue@newpaltz.k12.ny.us](mailto:mlogue@newpaltz.k12.ny.us)

[www.newpaltz.k12.ny.us](http://www.newpaltz.k12.ny.us)

## Request for 48 – Hour Notification of Pesticide Application

**If you have previously completed and submitted this form to the New Paltz Central School District...you do not need to fill out this form again. This information is kept in your student’s electronic file until his or her graduation.**

-----  
**If you would like to receive 48-hour prior notification of pesticide applications** that are scheduled to occur in your school, please complete this form. For more information contact:

Director of Facilities and Operations  
New Paltz Central School District  
196 Main Street  
New Paltz, NY 12561

PLEASE PRINT

<b>Please circle building:</b>	Duzine	Lenape	Middle School	High School
Student Name:				
Parent/Guardian Name:				
Home Address:				
Daytime Phone:				
Evening Phone:				
E-Mail Address:				



**Dr. Samuelle Simms**, *New Paltz High School Principal*  
**Kathleen Schneck**, *New Paltz High School Assistant Principal*  
196 Main Street, New Paltz, New York 12561  
Phone: (845) 256-4000 • Fax: (845)256-4109  
[www.newpaltz.k12.ny.us](http://www.newpaltz.k12.ny.us)

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**Military Institutions and Institutions of Higher Learning Exclusion**  
(for high school students and their parents only)

Dear Parent/Guardian:

In the past, it has been the policy of the New Paltz Central School District to limit access to military recruiters about school and student information. However, pursuant to the No Child Left Behind Act, the New Paltz Central School District must disclose to military recruiters and institutions of higher learning, upon request, the names, addresses, and telephone numbers of high school students. The District must also notify parents/guardians of their right and the right of their child to request that the District not release such information without prior written parental consent.

Therefore, if you are a parent/guardian of a high school student, or if you are a high school student, and wish to exercise your option to withhold your consent to the release of the above information to military recruiters and/or institutions of higher learning, please complete, sign, and date the form below.

Sincerely,

Dr. Samuelle Simms  
Principal

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I, the parent/guardian of \_\_\_\_\_, a student, OR

I, \_\_\_\_\_, a student over the age of 18 at New Paltz High School,

do not consent to the release of the name, address, and telephone number of such student to:

\_\_\_\_\_ military recruiters      \_\_\_\_\_ institutions of higher learning

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*Parent/Guardian or Student Signature*

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*Print Name of Parent/Guardian or Student*

PLEASE RETURN THIS FORM TO THE HIGH SCHOOL MAIN OFFICE.

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# TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to:

**UPON RECEIPT OF PART ONE IN THE SECTION OFFICE, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.**

Please check one: **(The required supporting documentation must be attached.)**

       **Waiver Request** *Financial: Requires documented proof of a significant loss of income or a significant increase in expenses. OR Health & Safety: Written documentation from the Superintendent of Schools or HS Principal of the sending school indicating the specific circumstances which necessitated the transfer and must be accompanied by supporting documentation (i.e. police report, DASA report, etc)*

       **Return to School District of Residence (RSDR)** (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.

       **Divorced/Legally Separated Parents** *A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge.*

       **Homeless** Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].

       **Residency Change** *NYS PHSAA transfer/residency policy states: Refer to By-Law & Eligibility Standards #30. (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency. **The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYS PHSAA regulations.***

       **Other Transfer Exemption:** \_\_\_\_\_

**By signing this document I attest that our previous residence has been abandoned by the immediate family and our current residence has been established through action and intent. I attest that the immediate family will be physically residing at our current address as inhabitants and intent to main indefinitely. I attest that the student has transferred without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.**

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

Print Parent's Name: \_\_\_\_\_

## **PART ONE** **TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL**

Receiving School: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade: \_\_\_\_\_

Student/Family Previous Address: \_\_\_\_\_

Student/Family Present Address: \_\_\_\_\_

Parent's Names and Current Address(es)  
**(Parent I name & address)** \_\_\_\_\_

**(Parent II name & address)** \_\_\_\_\_

Name of Sending School \_\_\_\_\_

Did student participate in athletics at sending school? Yes No

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's signature \_\_\_\_\_ Date \_\_\_\_\_

**PART TWO TO BE COMPLETED BY SCHOOL STUDENT PREVIOUSLY ATTENDED  
AND RETURNED TO STUDENT'S PRESENT SCHOOL**

Name of Student \_\_\_\_\_ Date entered 9<sup>th</sup> grade \_\_\_\_\_

Did student repeat any grades? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

Name of School(s) Attended Prior to Transfer \_\_\_\_\_

Date of entrance to this school \_\_\_\_\_ Date of withdrawal from this school \_\_\_\_\_

Student's address while attending the above school \_\_\_\_\_

With whom did student reside at this address (name)? \_\_\_\_\_

Relationship of this (these) person(s)? \_\_\_\_\_

**PART THREE - TRANSFER STUDENT SPORT HISTORY (Please include all sports student participated in.)**

Year	Sport	Level	APP'd (Sel. Class.)		School
7th Grade	_____	_____	Yes	No	_____
	_____	_____	Yes	No	_____
	_____	_____	Yes	No	_____
8th Grade	_____	_____	Yes	No	_____
	_____	_____	Yes	No	_____
	_____	_____	Yes	No	_____
9th Grade	_____	_____			_____
	_____	_____			_____
	_____	_____			_____
10th Grade	_____	_____			_____
	_____	_____			_____
	_____	_____			_____
11th Grade	_____	_____			_____
	_____	_____			_____
	_____	_____			_____
12th Grade	_____	_____			_____
	_____	_____			_____
	_____	_____			_____

The undersigned have no knowledge that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage or to avoid discipline at the sending school.

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director's signature \_\_\_\_\_ Date \_\_\_\_\_