



315-482-9971



[alexandriacentral.org](http://alexandriacentral.org)



## Alexandria Central School



**2023**  
**2024**

# ELEMENTARY **HANDBOOK**

34 Bolton Ave. Alexandria Bay, NY  
13607

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August 2023

Dear Students and Families,

The purpose of this handbook is to provide you with important information you will need throughout the year. It provides an outline of essential procedures and expectations for the school. Please note that this handbook is a guide and is not intended or able to cover every situation or need that may occur throughout the year. Please do not hesitate to contact the office if you have specific questions that are not answered in the handbook.

Please, as a family, read the handbook and use it as a reference during the school year. After reviewing the handbook together, please sign the last page. Also included at the end of the handbook is a copy of the 2023 - 2024 lunch application. It is critical for the district to have a copy of this information each year to ensure that we can best serve your family's needs, as well as provide benefits related to scholarship opportunities for students and our state aid funding. Please return these sheets to your child's classroom teacher.

We have a talented and dedicated staff that strives to meet each student's needs. We believe strongly that daily attendance is critical to ensure that students are successful in all areas of their education. We also believe that communication between home and school is a critical part of each student's success. In order for each individual to reach his or her potential, we must work together.

*Kylie Morgia*

Elementary Principal

Alexandria Central School District

34 Bolton Ave.

Alexandria Bay, NY 13607

(315) 482-9971



Scan here to sign up

## Alexandria Central's Mission Statement

*The mission of Alexandria Central School is to ensure that all students become responsible lifelong learners in a positive and safe environment that promotes academic excellence.*

*(approved by the BOE)*



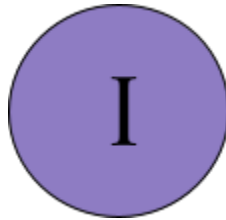
P

*I am...  
Positive*



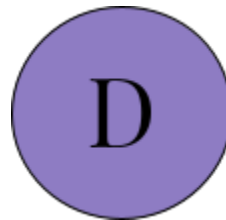
R

*I am...  
Responsible*



I

*I demonstrate...  
Integrity*



D

*I demonstrate...  
Dignity*



E

*I demonstrate...  
Empathy*

*Students will be Positive*

*Students will be Responsible*

*Students will demonstrate Integrity*

*Students will demonstrate Dignity*

*Students will demonstrate Empathy*

# ALEXANDRIA CENTRAL BELL SCHEDULE 2023 - 2024

<i>Period</i>	<i>Time</i>
Student Arrival	8 am -8:12 am
Announcements/Attendance	8:12 am - 8:15 am
Period 1	8:15 am - 8:54 am
Period 2	8:57 am - 9:36 am
Period 3	9:39 am - 10:18 am
Period 4	10:21 am - 11 am
Period 5	11:03 am - 11:46 am
Period 6	11:49 am - 12:31 pm
Period 7	12:34 pm - 1:13 pm
Period 8	1:16 pm - 1:55 pm
Period 9	1:58 pm - 2:37 pm
Dismissal	2:40 pm

# ALEXANDRIA CENTRAL SCHOOL 2023-2024

<p><b>July</b></p> <table style="width: 100%; text-align: center;"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>31</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	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						<table style="width: 100%; text-align: center;"> <tr><th colspan="2" style="background-color: #c6e0b4;">September (19)</th></tr> <tr><td>4</td><td>Labor Day</td></tr> <tr><td>5</td><td>Superintendent's Conference Day Open House</td></tr> <tr><td>6</td><td>Superintendent's Conference Day</td></tr> <tr><td>7</td><td>Opening Day of Classes</td></tr> <tr><th colspan="2" style="background-color: #c6e0b4;">October (21)</th></tr> <tr><td>6</td><td>End of 5 Weeks</td></tr> <tr><td>9</td><td>Columbus Day</td></tr> <tr><th colspan="2" style="background-color: #c6e0b4;">November (18)</th></tr> <tr><td>9</td><td>End of 10 Weeks</td></tr> <tr><td>10</td><td>Veterans Day</td></tr> <tr><td>20-21</td><td>Superintendent's Conference Days Parent / Teacher Conferences</td></tr> <tr><td>22-24</td><td>Thanksgiving Holiday</td></tr> <tr><th colspan="2" style="background-color: #c6e0b4;">December (15)</th></tr> <tr><td>15</td><td>End of 15 Weeks</td></tr> <tr><td>22</td><td>Christmas Holiday</td></tr> <tr><td>25-29</td><td>Christmas Holiday</td></tr> <tr><th colspan="2" style="background-color: #c6e0b4;">January (21)</th></tr> <tr><td>1</td><td>New Year's Holiday</td></tr> <tr><td>15</td><td>Martin Luther King Day</td></tr> <tr><td>23-26</td><td>Regents Exams</td></tr> <tr><td>26</td><td>End of 20 weeks</td></tr> <tr><th colspan="2" style="background-color: #c6e0b4;">February (16)</th></tr> <tr><td>19</td><td>President's Day</td></tr> <tr><td>20-23</td><td>Winter Recess</td></tr> <tr><th colspan="2" style="background-color: #c6e0b4;">March (20)</th></tr> <tr><td>8</td><td>End of 25 Weeks</td></tr> <tr><td>29</td><td>Good Friday</td></tr> <tr><th colspan="2" style="background-color: #c6e0b4;">April (17)</th></tr> <tr><td>12</td><td>End of 30 Weeks</td></tr> <tr><td>22-26</td><td>Spring Recess</td></tr> <tr><th colspan="2" style="background-color: #c6e0b4;">May (22)</th></tr> <tr><td>24</td><td>End of 35 Weeks</td></tr> <tr><td>27</td><td>Memorial Day</td></tr> <tr><th colspan="2" style="background-color: #c6e0b4;">June (17)</th></tr> <tr><td>4</td><td>Regents Days</td></tr> <tr><td>14-18</td><td>Regents Days</td></tr> <tr><td>20-25</td><td>Regents Days</td></tr> <tr><td>19</td><td>Juneteenth Holiday</td></tr> <tr><td>26</td><td>Regents Rating Day</td></tr> <tr><td>26</td><td>Last Day of School</td></tr> <tr><td>26</td><td>End of 40 Weeks</td></tr> <tr style="background-color: #c6e0b4;"><td colspan="2" style="text-align: center;"><b>Total number of days 186</b></td></tr> </table>	September (19)		4	Labor Day	5	Superintendent's Conference Day Open House	6	Superintendent's Conference Day	7	Opening Day of Classes	October (21)		6	End of 5 Weeks	9	Columbus Day	November (18)		9	End of 10 Weeks	10	Veterans Day	20-21	Superintendent's Conference Days Parent / Teacher Conferences	22-24	Thanksgiving Holiday	December (15)		15	End of 15 Weeks	22	Christmas Holiday	25-29	Christmas Holiday	January (21)		1	New Year's Holiday	15	Martin Luther King Day	23-26	Regents Exams	26	End of 20 weeks	February (16)		19	President's Day	20-23	Winter Recess	March (20)		8	End of 25 Weeks	29	Good Friday	April (17)		12	End of 30 Weeks	22-26	Spring Recess	May (22)		24	End of 35 Weeks	27	Memorial Day	June (17)		4	Regents Days	14-18	Regents Days	20-25	Regents Days	19	Juneteenth Holiday	26	Regents Rating Day	26	Last Day of School	26	End of 40 Weeks	<b>Total number of days 186</b>		<p><b>January</b></p> <table style="width: 100%; text-align: center;"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	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			
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NOTE: Occasional 1/2 days for students may be added to meet emerging staff PD demands. If additional days must be used for emergency closings and remote days cannot be used, make up days will be used from Good Friday, March 29 and the Spring Recess April 22-26. In the event of long term emergency closings, the Board of Education reserves which makeup days will be used from any scheduled recess periods and/or holidays, consistent with any language that may exist in district labor agreements.

## AGENDAS

Students in grades 4th - 6th will be provided an agenda. Please make sure you check your student's planner daily. It is a great tool for teachers and parents to communicate. It also supports student organization and time management for long-term assignments.

## GENERAL SCHOOL ADMINISTRATIVE POLICIES

Students are to be in their homeroom by 8:10 a.m., seated and ready for class. ACS is a **CLOSED** campus, and students are not allowed to leave school grounds after their arrival unless they are signed out by a parent. Students will be dismissed at 2:40 p.m.

## LATE BUS AND HALLWAY PASSES

There will be a late bus at 4:30 pm Monday - Friday.

## CUBBIES & LOCKERS

Students will be provided a cubby. **School lockers and cubbies are the property of the Alexandria Central School District and, under the law, are subject to control and inspection. The building principal may access all lockers/cubbies to ensure that users are complying with school requirements. Students should NOT expect that lockers/cubbies will be private.** You are responsible for school items issued to you. Do not leave money or other valuables in your locker/cubby under any circumstances. **The school district does not assume any responsibility for objects or valuables stolen from your locker/cubby.** Lockers/cubbies should be cleaned out periodically. All belongings should be taken home on the last full day of classes.

## HEALTH OFFICE

New York State Education Law requires all students who will receive medication in school to have a written note from both the physician and the parent on file in the health office. This is required for all prescription and over-the-counter medications. The medication must be in the original container. The school nurse must administer all medications unless indicated otherwise by the physician. Medications must be brought to school by an adult. Please encourage your child to report all accidents to the school nurse when they occur. After appropriate medical attention is given, an accident report will be filled out and kept on file.

## COUNSELING OFFICE

The counselors are available to help in the areas of academic achievement, career and social-emotional development, and career planning, ensuring today's students become productive, well-adjusted adults for tomorrow. The counselor's duties are delivered through a comprehensive counseling plan, which includes parental support, student planning, responsive services, direct counseling support, prevention, behavioral interventions, teaching, and guiding. If you have any concerns or questions for a counselor, please reach out to Katie Durand, Elementary Counselor, at [kdurand@acsghosts.org](mailto:kdurand@acsghosts.org).

## SPECIAL EDUCATION

Please contact the district special education office if you have questions regarding any academic, medical, or emotional concerns. Please see the following special education contact information.

Kylie Morgia - Director of Special Education

Pamela Monica - Chairperson for Special Education and Pre-school Education, 504 Compliance Officer

Andrea Miller - School Psychologist

Stacie Lambert - Administrative Assistant for the Special Education Department

## **TELEPHONE**

Since it is sometimes important for families to be in contact during the school day, there are phones available for use with the assistance of almost any teacher or in the office. **STUDENTS SHOULD NOT CALL HOME FOR ILLNESS.** Any student who is not feeling well needs to report to the nurse. They must see the nurse who will make the call for them. Elementary students who bring a cell phone to school must turn it into their homeroom teacher and then collect it at the end of the day (See student cellular policy below). There is a phone in the elementary office that students have access to. Students should **NOT** be using their cell phones during school hours.

## **CELL PHONE POLICY**

Cell Phones are to be turned in to the student's homeroom teacher at the beginning of each school day. It is the student's responsibility to collect their cell phone at the end of the day. Audio and video recording devices are not to be used without the permission of the faculty members present. Recordings must also have the permission of those being recorded, and intent must be communicated, or it is a violation of the school rules and law.

Consequences for using and/or having a cellular phone visible are as follows:

- 1<sup>st</sup> Infraction: The phone will be taken, sent to the office, and may be picked up at the end of the school day. - *WARNING.*
- 2<sup>nd</sup> OFFENSE: The phone will be taken, sent to the office, and may be picked up at the end of the school day. The office will contact parents at home - *Discipline Referral & Consequence*
- 3<sup>rd</sup> OFFENSE: The phone will be taken and sent to the office. The office will contact parents at home. The parents will have to pick up their child's phone from school. - *Consequences to be determined by the administration.*

## **MATERIALS AND SUPPLIES**

It is the responsibility of the student to pay the school for any lost or damaged school materials that are issued throughout the school year (calculators, novels, textbooks, science equipment, electronic devices, school property, etc.).

## **ACADEMIC INTEGRITY**

The goal of the Alexandria Central School is to create independent and responsible learners. Academic dishonesty - which includes but is not limited to *cheating, copying, plagiarizing, use of technology for dishonest means related to school work, and communication amongst students in order to gain an unfair advantage during tests, quizzes, and exams* - will be addressed through instruction and, if necessary, disciplinary measures. The range of consequences may include but is not limited to a zero on the assignment, removal from class, parent notification/conference, counselor notification/conference, detention, restriction from technology devices, and restriction from extracurricular participation.

## **OTHER INFORMATION AND GUIDELINES**

- All student organizations distributing posters or flyers must have approval from the faculty advisor of the organization and the Principal. No poster or flyer shall be posted without administrative approval from the elementary office.



- Students are not allowed to leave the building at any time during school hours without the permission of the Principal. **Regardless of age, students are not allowed to sign themselves out.**
- No student is allowed in the building after school unless supervised by a faculty or staff member.
- The *Faculty Rooms* and *Teacher Workrooms* are off-limits to all students.
- Students in *Grades UPK-6th* will not be in designated secondary school areas without permission from the office. If students are working in the secondary for a specific project or class, please notify the elementary office.
- Students are not to use tobacco products, cigarettes, or vapes on school grounds or on school transportation.

## **ATTENDANCE**

Regular attendance is essential to learning and growth. If you are not legitimately ill or have another valid excuse, you are expected to be at school on time each day. Parents/Guardians will be notified via our school-home communication platform if their student is absent. After several absences, the district will reach out to families to set up a parent-teacher conference to develop a plan to improve student attendance. If a student's attendance does not improve after twenty or more absences, a referral could be made to Child Protective Services.

- **Absences:** If a student is absent from school, the parent should receive notification from the attendance office. If you feel this is an error, please contact the Attendance Office. **Upon their return, it is required that they present a written and signed excuse for each absence indicating the reason for absence. A student participating in after-school activities, such as sporting events, musical events, and field trips, may not miss school on the day of the event to be eligible to participate that day. Exceptions may be made by the principal for students presenting with a doctor's note.** If a student misses two or more periods, they are no longer eligible for perfect attendance. (See the Alexandria Central Attendance Policy)
- **Homework:** If a student is absent, he/she should make every effort to get their assignments from a classmate and keep up on the work. Homework may also be requested if a student is going to be out for more than two consecutive days. To request homework, call the Attendance Office. Assignments may be picked up in the Attendance Office after 1 p.m. Repeated failure to complete the assignments or have them picked up may result in future requests not being honored. Students are responsible for making up missed work. Failure to complete work, regardless of the reason for the absence, will result in an "incomplete" on the report card.
- **Tardies:** Students arriving at school after the 8:12 a.m. homeroom bell are considered tardy and must report to the Attendance Office to sign in. If a student has several tardies during the academic year, a call to the parent/guardian will be made. If the tardies continue to occur and affect the child's learning process, a plan will be developed between the family, student, counselor, teacher, and administration. If the plan is not successful and the student continues to be tardy to school, a referral to Child Protective Services could be initiated.
- **Moving:** Please notify the Elementary Office or Elementary Counseling Office of a new address and telephone number. If a student is moving out of the district, a records release form must be secured. Return all school-owned items to respective teachers, return all library books, and clean out lockers/cubbies.

- **List of Legal/Excused, Illegal/Unexcused, and Suspended Absences**

- ❖ **Legal/Excused:** School-sponsored and/or approved classes, trips, assemblies, and other school events. Illness or death in the family, religious observance, quarantine, required court appearance, college or school visit, funerals, necessary medical appointments, and military obligations.
- ❖ **Illegal/Unexcused:** Any absence or tardiness without a written excuse from the parent. Truancy, vacation, family trips and visits, babysitting, obtaining permits, hair appointments, avoidable medical appointments, non-school sponsored sporting events, shopping, etc.
- ❖ **Suspension:** An absence from class(es) due to a school-imposed disciplinary suspension is a special type of absence termed "suspension."

**ACADEMICS**

- **Honor Roll:** Honor roll status is determined every 10-week period. Students must have an 85% or better average. All courses are included for averaging except Response to Intervention courses. An incomplete will count as a zero in computing the honor roll. When it is made up, a new report card will be issued with the correct average.
- **Report Card Marking Periods:** All quarterly report cards will be either mailed home or sent home in the student's "take-home folder." They will also be available for viewing on the parent portal of School Tool.

Report Card	Report Period Ending Date	Grades Due	Report Cards Published
5 Week Progress Report	Friday, October 06, 2023	Tuesday, October 10, 2023	Wednesday, October 11, 2023
10 Week Report Card	Thursday, November 09, 2023	Tuesday, November 14, 2023	Wednesday, November 15, 2023
15 Week Progress Report	Friday, December 15, 2023	Tuesday, December 19, 2023	Wednesday, December 20, 2023
20 Week Report Card	Friday, January 26, 2024	Tuesday, January 30, 2024	Wednesday, January 31, 2024
25 Week Progress Report	Friday, March 8, 2024	Tuesday, March 12, 2024	Wednesday, March 13, 2024
30 Week Report Card	Friday, April 12, 2024	Tuesday, April 16, 2024	Wednesday, April 17, 2024
35 Week Progress Report	Friday, May 24, 2024	Tuesday, May 28, 2024	Wednesday, May 29, 2024
40 Week Report Card	Wednesday, June 26, 2024	Tuesday, July 02, 2024	Wednesday, July 03, 2024

**Extra-Curricular Activity Regulation (Athletic Policy 311A)**

Commendable citizenship is a worthy aspiration and standard for all students at Alexandria Central. Our students are held to a high standard of behavior, especially if they have the privilege of participating in an extra-curricular activity or club.

1. Each student will sign the activity/club contract designed by the advisor that establishes the club/activity regulations. (Reviewed by the principal). The "club" contract is not to be considered all-inclusive but will elaborate on the rules expected by the club's advisor and disciplinary consequences. Each activity/club will have its own code of conduct, which will be on file in the principal's office.
2. Board Policy on Drugs, Alcohol, Tobacco, and E-cigarettes for violations that have been

reported and proven to be true for incidents on and off school property will result in the following consequences:

- A. First offense will result in suspension from the club/activity for 2-4 weeks as determined by the administration and a preliminary session with the ACS drug counselor.
  - B. Second offense will result in a suspension from the club/activity for  $\frac{1}{3}$  of the school year or 12 weeks as determined by the administration and additional sessions with the ACS drug counselor.
  - C. Third offense: will result in a suspension from all clubs/activities for the period of one calendar year from the date of suspension.
3. Any notification of an alleged violation must include the name of the person providing the information. Anonymous complaints will not be processed.
  4. Students who are suspended from school (in school or out of school) may not participate until they are eligible, as determined by the Superintendent. Detentions are served prior to participation.
  5. Students who become ineligible and want to remain an active member of their club must meet with the Administration to develop a return to activity plan. Otherwise, their club status during their ineligibility is dormant.
  6. A student must be in attendance the entire school day in order to participate in that day's club activity. Only legal excuses will be the exception.
  7. On trips, all students will ride via provided transportation per board policy. Exceptions are granted only when the parents/guardians have a written request signed by the principal and given to the advisor.
  8. Due process procedures for any disciplinary action imposed on a student are afforded through informal and formal opportunities in which the student and his/her parents will have the opportunity to discuss the factual situation underlying the disciplinary action.
    - Informal: Conference with the Advisor, student, and parent
    - Formal: Administration, advisor, counselor, B.O.E member(s), student and parent, and student council representative.

A formal disciplinary meeting is activated only after the informal conference, and the meeting will be convened no more than five (5) school days following the informal conference.

## Alexandria Central School Code of Conduct

### **Student Rights**

The district is committed to safeguarding the rights given to all students under state and federal laws. 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, gender or sexual orientation, or disability.
- 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 rules and, when necessary, receive an explanation of those rules from school personnel.

### **Student Responsibilities**

All district students have the responsibility to:

1. Contribute to maintaining a safe and orderly school environment that is conducive to learning and showing respect to other persons and to personal and school property.
2. Be familiar with and abide by all district policies, rules, and regulations dealing with student conduct.
3. Attend school every day unless they are legally excused and be in class on time and prepared to learn.
4. Work to the best of their ability in all academic and extracurricular pursuits and strive toward their highest level of achievement possible.
5. React to the direction given by teachers, administrators, and other school personnel in a respectful, positive manner.
6. Work to develop mechanisms to control their anger.
7. Ask questions when they do not understand.
8. Accept responsibility for their actions.
9. Dress appropriately for school and school functions.
10. Conduct themselves as representatives of the district when participating in or attending school-sponsored extracurricular events and hold themselves to the highest standards of conduct, demeanor, and sportsmanship.

## SCHOOL CONDUCT

### CONDUCT DEEMED APPROPRIATE AND ACCEPTABLE

Student's conduct shall be considered appropriate if it is in compliance with all provisions of this Code of Conduct. Students shall treat teachers, school administrators, other school personnel, fellow students, and visitors on school property and school buses and at school functions in a civil and respectful manner at all times.

The following conduct shall be deemed **inappropriate and unacceptable** on school grounds, in school vehicles, and at school functions:

- Fighting
- Bomb threats
- Stealing
- Trespassing
- Public displays of affection

- Possession of obscene material
- Running in the hallways
- Making excessive noise
- Smoking, vaping, e-cigarettes, using chewing tobacco, or similar tobacco products
- Gambling
- Vandalism
- Truancy
  1. Skipping school for a day
  2. Tardiness
  3. Cutting Class
  4. Leaving class/school without permission
  5. Skipping
- Discrimination, Intimidation, Harassment, Bullying (including cyberbullying)
- Sexual Harassment in any form
- Inappropriately using or sharing prescription and over-the-counter drugs
- Initiating a report warning of fire or another catastrophe without valid cause, misuse of 911, or discharging a fire extinguisher
- Missing school functions (if required by a particular course)
- Violating the School bus behavior policy (see Board policy)
- Classroom misbehavior
  1. Talking out of turn
  2. Being late for class
  3. Being unprepared for class
  4. Cheating
  5. Plagiarism
  6. Failing to do homework
  7. Being disrespectful
  8. Disrupting class
- Leaving class without permission
- Use of cell phones and electronic devices during the instructional day
- Engaging in conduct that interferes with the Teaching/Learning process
- Violating the District's Drug and Alcohol Policy (see Board policy)
- Violating the District's Acceptable Use Policy for computers
- Computer/electronic communications misuse, including any unauthorized use of computers, software, or inter/intranet account; accessing inappropriate websites; or any other violation of the district's acceptable use policy
- Other insubordinate or disorderly behavior

Harassment, bullying (including cyberbullying), and discrimination against any student that creates a hostile environment will be addressed through a progressive discipline approach that includes chronologically and developmentally appropriate responses.

A hostile environment is created through conduct, threats, intimidation, or abuse and includes any action that would create a risk of substantial disruption within the school environment or would reasonably be expected to cause physical or emotional harm to a student. This can include bullying (including cyberbullying) and harassment that occurs on school property, at a school function, or off school property.

Administrative responses will include the use of prevention, education, intervention, and discipline considering the nature and severity of the behavior, developmental age, previous record, other extenuating circumstances, and the impact on the student who was physically or emotionally harmed.

Response to each incident will be reasonably calculated to end the behavior, prevent reoccurrence, eliminate a hostile environment, and ensure the safety of students.

## STUDENT DRESS

All students are expected to give proper attention to personal cleanliness and to dress appropriately for school and school functions. Students and their parents have the primary responsibility for acceptable student dress and appearance. The following clothing shall be deemed inappropriate and unacceptable on school grounds, school vehicles, and at school functions:

- Sexually revealing clothing (such as extremely brief garments, tube tops, nettops, halter tops)
  - Shorts, skirts, and dresses must be below the fingertips
  - No cleavage, no midriff skin may show
- Clothing and jewelry that presents a safety hazard;
- Clothing that represents or advocates the use of drugs or alcohol;
- Clothing with offensive messages;
- Footwear that is a safety hazard;
- Underwear that is not completely covered with outer clothing
- Gang-related attire and jewelry;
- Hats (in the school building)
- Costumes that can be a safety hazard or distraction to the learning environment.
- Any clothing or jewelry that is inappropriate for or disruptive of the educational process.

Students who violate the District's dress code shall be requested to modify their appearance by replacing, covering, and/or removing the offending item. Consistent violations will result in additional consequences.

## HAND WASHING POLICY

All students will be instructed on proper handwashing techniques and encouraged to do so several times throughout the school day. All students will wash their hands before their special area classes.

Hand sanitizer will be readily available throughout the school and in the classrooms.

## LANGUAGE DEEMED APPROPRIATE AND ACCEPTABLE

Students should use language that is civil and respectful toward teachers, school administrators, fellow students, visitors, and other school personnel on school property and school vehicles and at school functions at all times. The following language shall be deemed **inappropriate and unacceptable** on school grounds, in school vehicles, and at school functions:

- Profanity-cursing
- Racial epithets and other discriminatory epithets or hate speech, i.e., speech that demeans or harasses another individual because of his/her race, gender, disability status, age, religion, or other protected status
- Loud, disruptive speech
- Sexually suggestive, indecent, or vulgar language
- Any language deemed to suggest harassment
- Threats of violence
- Excessive arguing with a teacher or other supervisors
- Lying to a teacher, administrator, or supervisor

## REPORTING VIOLATIONS

Any student observing a student possessing a weapon, alcohol or illegal substance on school property or at a school function shall report this information immediately to a teacher, building principal, the principal's designee, or the superintendent.

Any weapon, alcohol, or illegal substance found shall be confiscated immediately. This will be followed by parent notification of the offense and the appropriate disciplinary sanction if warranted, which may include permanent suspension and referral for prosecution.

The Superintendent or designee must notify the appropriate local law enforcement agency of those code violations that constitute a crime and substantially affect the order or security of the school.

## **RANGE OF DISCIPLINE MEASURES**

If there is any violation of classroom or school expectations, the following consequences are available to teachers and administrators:

1. Conference with students
2. Verbal and written warnings
3. Written parental notification
4. Time-out or in-class sequestration
5. Temporary removal from the classroom
6. Lunch detention or isolation
7. After-school detention
8. Behavior contracts
9. Referral to the Counseling office
10. Conference with Parents

Only district administrators or administrative interns may impose the following consequences:

1. Lunch Detention or Detention
2. In-school suspension, students will not be excused from this penalty
3. Social probation
4. Suspension from Transportation
5. Suspension from extracurricular or other privileges
6. Out-of-school suspension
7. Referral to law enforcement.

The Superintendent can recommend long-term suspension to the Board of Education.

## **TEACHER DISCIPLINARY REMOVAL OF REPEATEDLY DISRUPTIVE STUDENTS**

A student's behavior can affect a teacher's ability to teach and can make it difficult for other students in the classroom to learn. In most instances, the classroom teacher can control a student's behavior and maintain or restore control over the classroom by using good classroom management techniques. These techniques may include practices that involve the teacher directing a student to briefly leave the classroom to give the student an opportunity to regain his/her composure and self-control in an alternative setting. Such practices may include but are not limited to

- Sending a student to the Structured Studies for the remainder of the class time only or
- Sending a student to a counselor or other district staff member for counseling.  
(This allows students an opportunity to take a break from a class period and/or receive support from a counseling professional.)

Time-honored classroom management techniques such as these do not constitute removals for the purposes of this code.

## **CORPORAL PUNISHMENT**

Corporal punishment is any act of physical force upon a student for the purpose of punishing that student. Corporal punishment of any student by any district employee is strictly forbidden. However, in situations where alternative procedures and methods that do not involve the use of physical force cannot reasonably be used, reasonable physical force may be used to

- Protect oneself, another student, a teacher, or any person from physical injury.
- Protect the property of the school or others.
- Restrain or remove a student whose behavior interferes with the orderly exercise and performance of school district functions, powers, and duties if that student has refused to refrain from further disruptive acts.

## **STUDENT SEARCHES AND INTERROGATIONS**

The Board of Education is committed to ensuring an atmosphere on school property and at school functions that is safe and orderly. To achieve this kind of environment, any school official who is authorized to impose a disciplinary consequence may question a student about an alleged violation of law or the district code of conduct. Students are not entitled to any sort of "Miranda" type warning before being questioned by school officials, nor are school officials required to contact a student's parent before questioning a student. However, school officials will tell all students why they are being questioned.

In addition, the Board authorizes the superintendent and the building principals, with the assistance of law enforcement personnel, when deemed appropriate by such administrators, to conduct searches of students and their belongings if the authorized school official has reasonable suspicion to believe that the search will result in evidence that the student violated the law or the district code of conduct. One method for obtaining reasonable suspicion may be the use of specially trained drug-sniffing dogs to conduct searches of school lockers/cubbies or students' belongings such as, but not limited to, book bags, outer clothing, purses, etc. Any search of student belongings will be undertaken by placing such belongings in a hallway outside the classrooms so that students are not within proximity of the dogs while the search is conducted.

An authorized school official may conduct a search of a student's belongings that is minimally intrusive, such as touching the outside of a book bag without reasonable suspicion, so long as the school official has a legitimate reason for the very limited search.

An authorized school official may search a student or the student's belongings based on information received from a reliable informant. Before searching a student or the student's belongings, the authorized school official should attempt to get the student to admit that he or she possesses physical evidence that they violated the law or the district code or get the student to consent to the search voluntarily.

## **POLICE INVOLVEMENT IN SEARCHES AND INTERROGATIONS OF STUDENTS**

District officials are committed to cooperating with police officials and other law enforcement authorities to maintain a safe school environment. Police officials, however, do not have the general power to interview or search students in schools or at school functions or to use school facilities in connection with police work. Police officials may enter school property or a school function to question or search a student or to conduct a formal investigation involving students only if they have:

- Search or an arrest warrant; or
- Probable cause to believe a crime has been committed on school property or at a school function; or
- Been invited by school officials



Students who are questioned by police officials on school property or at a school function will be afforded the same rights they have outside the school this means:

- They must be informed of their legal rights
- They may remain silent if they so desire
- They may request the presence of an attorney

## **STUDENT CONDUCT ON SCHOOL BUSES**

The Alexandria Central School District furnishes transportation to those students whose disability or distance from the school makes the service essential. Except as otherwise mandated in a student's Individualized Education Program (IEP), riding these buses is a privilege and may be withdrawn if the student does not comply with the rules and regulations set forth in this District.

Bus Drivers shall be held responsible for the reasonable and acceptable behavior of students while riding the school bus. Students riding the school bus are expected to conform to the rules of conduct in order to permit the bus driver to transport his/her passengers safely.

The Board of Education, the Superintendent, and/or his/her designee have the authority to suspend the transportation privileges of children who are disorderly and insubordinate on buses. Generally, parent(s)/guardian(s) will be required to make alternative transportation arrangements for their children who have been suspended from riding the bus. However, the effect of a suspension from transportation on the student's ability to attend school will be considered.

If a student with a disability who receives transportation as a related service as part of his/her Individualized Education Plan (IEP) is being considered for suspension from transportation, and that suspension would effectively result in a change in placement, the student shall be referred to the Committee on Special Education.

The Board directs the administration to establish rules and regulations for student conduct on buses, including applicable due process rights to be afforded to students suspended from transportation privileges. These rules and regulations shall be promoted to all concerned, including non-public schools to which students may be transported.

Legal References: Individuals with Disabilities Act (IDEA), 20 United States Code (USC) Sections 1400-1485, 8 New York Code of Rules and Regulations (NYCRR) Section 156

Adopted: Board of Education Meeting - 2009

## **STUDENT CONDUCT ON SCHOOL BUSES - REGULATIONS AND PROCEDURES**

The following rules of conduct will apply to students on school buses:

1. Students must be ready ten (10) minutes before the bus arrives.
2. Students must wear seat belts and conduct themselves in a manner that will not interfere with the safe operation of the bus and, subsequently, the safety and well-being of its passengers.
3. Students must obey the instructions of the bus driver and/or bus aide at all times.
4. Students must exercise respect for the property of others.
5. Students will enter and leave the bus only when it is parked.

6. Students will cross at least 15 feet in front of the bus in full view of the driver when crossing the street to enter a bus or after leaving a stopped bus. The driver will signal when it is safe to cross.
7. Students will not extend part(s) of bodies or objects out of the school bus windows.
8. Students will remain in their seats once they have boarded the bus.
9. Students will obey all rules of conduct as outlined in the A.C.S. discipline code.

### **PROCEDURES TO BE FOLLOWED WHEN INFRACTIONS HAVE OCCURRED:**

1. School bus drivers are instructed to deal with disciplinary matters involving students on their bus as expeditiously as is practical at the time that the infraction occurs.
2. When a student persistently violates the rules after warnings by the school bus driver or commits a severe infraction, the driver is instructed to submit a discipline report through School Tools for the offending student.
3. Upon receipt of an infraction, the Principal/Administrator will discuss the circumstances of the infraction with the student. The Principal/Administrator will determine the consequences for the student.

Updated: 8/19

### **DIGNITY FOR ALL STUDENTS ACT (DASA)**

The Alexandria Central School Board of Education, administration, and all staff are committed to providing a safe school environment. At Alexandria Central School, students will receive, and district personnel will deliver quality educational services without disruption or interference. Responsible behavior by students, teachers, other district personnel, parents, and visitors is essential to achieving this goal.

#### **What is DASA?**

The "Dignity for All Students Act" is a New York State law effective July 1, 2012. It is designed to provide a learning environment free of discrimination and harassment. Bullying behaviors may be a larger problem of discrimination and harassment. DASA works to help prevent discrimination and harassment through civility, citizenship, and character education.

#### **What Behaviors Are Reportable?**

**Bullying:** A form of harassment that consists of persistent inappropriate behavior that is done indirectly, remotely, or face-to-face.

**Cyber-Bullying:** A form of bullying that is done through electronic communication (i.e., the Internet, cell phones, Facebook, etc.)

**Discrimination:** The denial of rights because of a person's group, class, or category to which a person belongs.

**Harassment:** The creation of a hostile environment by conduct or verbal threats, intimidation, or abuse that interferes with a student's educational performance.

The Dignity Act states that NO student shall be subjected to harassment, discrimination, or bullying (including cyberbullying) by employees or students on school property or at a school function based on their *actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender, or sex.* Mrs. Katie Durand is Alexandria Central School's Dignity For All Elementary Student Coordinator. To contact her, please email [kdurand@acsghosts.org](mailto:kdurand@acsghosts.org).

## **ACS SAFE and ACCEPTABLE USE of ELECTRONIC TECHNOLOGY**

The Alexandria Central School District (ACS) is committed to providing students access to technology in order to enhance opportunities in education. To aid in this process, ACS provides students access to the district's computer network, student accounts in compliance with NYSED Law 2D, and one-to-one devices. It is expected that students use the ACS computer network and student accounts and devices for educational purposes only.

Please be advised that ACS has filtering/blocking technology. However, this technology does not guarantee that students will be blocked from accessing all inappropriate sites.

It is imperative that students conduct themselves in a responsible and legal manner while using ACS's computer networks, accounts, and/or devices. This policy provides general guidelines for students. The final determination of acceptable behavior rests with the ACS school administration.

### **Privilege**

The use of the district's computer network, account, and device is a privilege, not a right, and inappropriate activity may result in the cancellation of those privileges. ACS administration may close an account or revoke a device at any time.

### **Monitoring**

ACS's computer equipment and network are monitored for maintenance and safety and to ensure the students are following this policy. The district reserves the right to inspect the contents of files stored on the computer network at any time.

### **Prohibited Activities and Uses**

1. Using personal technology equipment to access ACS's computer networks without administrative approval.
2. Using ACS's technology equipment or network for commercial activity.
3. Using ACS's technology equipment or network in a manner that violates any copyrights or other intellectual property rights.
4. Using ACS's technology equipment or network to receive, transmit, or make available to others obscene or offensive material.
5. Using ACS's technology equipment or network to receive, transmit, or make available to others material that is racist, sexist, abusive, obscene, or harassing to others.
6. Using another student's account or password to log onto the ACS network or log onto any website, database, or educational site that ACS has provided students with individual accounts.
7. Using ACS's technology equipment or network in a manner that disrupts others' use or invades the privacy of others.
8. Using ACS's technology equipment or network in a fashion inconsistent with directions from teachers and other staff.

## **ONE-TO-ONE DEVICE DAMAGE & REPLACEMENT CONTRACT**

### **REPAIRS & RESPONSIBILITY FOR CHROMEBOOKS**

Students are expected to use their devices in accordance with the handbook, Alexandria Central School District's Acceptable Use Policy, and the law. Students are responsible for maintaining a working device at all times and shall use care to ensure that the device is not damaged. Alexandria Central School District reserves the right to charge the student or parent up to the full cost for repair or replacement when damage/loss occurs.

### **DEVICE REPAIR**

Devices are the property of Alexandria Central School District and are only to be repaired by district-authorized personnel. Students will take the device to the Information Technology department and fill out a Repair Sheet. Upon receiving the damaged device and Repair Sheet, the district's Information Technology Department will assess the damage and then determine any applicable repair/replacement fees. The Business Office will issue a bill, and payment will be made to the Business Office. If a loaner device is available, one will be issued to the student until the original device is repaired. After two incidents of accidental damage, the student may lose some privileges of the one-to-one program and may not be permitted to take the device home.

### **Student and Family Pledge for Empowered Use**

#### **I will take care of my device.**

- I will never leave the device unattended and know where my device is at all times.
- I will never loan out my device to other individuals.
- I will charge my device's battery daily.
- I will keep food and beverages away from my device since they may cause damage to the device.
- I will not disassemble any part of my device or attempt any repairs.
- I will use my device in ways that are appropriate, meet Alexandria Central School District expectations, and are educational.
- I will not deface the serial number or device label on any device.
- I will follow the policies outlined in the Acceptable Use Policy while at school as well as outside the school day.
- I will immediately notify the building administration in cases of theft and vandalism.
- I will be responsible for all damage or loss caused by neglect or abuse.
- I agree to return the device and power cord in good working condition.

#### **I will think first.**

- I will not bully, humiliate, or upset anyone online or with my device—whether through sharing photos, videos, or screenshots, spreading rumors or gossip, or setting up fake profiles—and I will stand up to those who do.
- I know that whatever I share online or with my device can spread fast and far. I will not post anything online that could harm my reputation.
- Whenever I use, reference, or share someone else's creative work online, I will give proper credit to the author or artist.

#### **I will stay balanced.**

- I know that not everything I read, hear, or see online is true. I will consider whether a source or author is credible.
- I will help my family set media time limits that make sense, and then I will follow them.
- I will be mindful of how much time I spend in front of screens, and I will continue to enjoy other activities—and people—in my life.

#### **In exchange, my family agrees to...**

- Recognize that the media is a big part of my life.
- Talk with me about what worries them and why.
- Talk to me about my interests and embrace my world, including helping me find media that's appropriate and fun.

### **SAFETY & SECURITY**

#### **• Fire and Emergency Drills**

Fire and emergency drills are extremely important safety precautions and are required by law. It is essential that when the fire alarm sounds, everyone promptly and silently exits the building by prescribed routes (indicated by signs) as quickly as possible. Students should move well away from the building (100 feet) and remain with their teacher until a signal is given to re-enter the building. It is the

responsibility of each teacher to post an exit route and to review the fire exit procedure with students on the first day of classes.

- **Emergency School Closing**

Notice of an emergency school closing due to storm conditions or other unusual situations will be announced over local radio stations. It will also be broadcast on Newswatch 50, WWNY-TV, Channel 7 from Watertown, and Channel 2 for local Castle Cable customers. Our school notification system will also text/email/call in the event of a closing/delay. Social media will also have the most up-to-date information regarding weather conditions and cancellations.

- **Visitors:**

The front doors will be the single point of entry to the building. You will need a valid form of id to receive a visitor's badge. These badges must be visible throughout the visit to ACS. All visitors must sign out at the Attendance Office as they are leaving. The door located at the parking lot entrance is designated as our handicap-accessible entrance only. If this service is required, the buzzer must be pushed to indicate to the office that you need to enter.

Doors should NEVER be opened from the inside of the building by anyone, including staff, students, and parents, to allow entry to the building. We ask that all visitors be directed to the Attendance Office to sign in. Former students shall not be allowed to visit the school for any reason during school hours without permission from the Principal. The Principal will notify the Attendance Office of which staff will be responsible for the alumni.

- **Student Visitors from Other Schools**

Unless they have a specific reason and prior approval of the Principal, Student visitors from other schools shall not be given permission to enter school buildings.

- **Threats**

Students who become aware of potential threats or hazards are required to report that threat to a staff member whom they trust. Students who have knowledge of a potential threat and don't report it may be subject to disciplinary action.

### District Communication

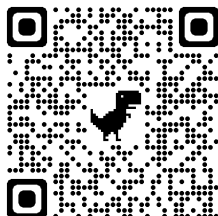
If you have a question regarding your child's education, please follow the chain of command unless otherwise instructed.

1. Teacher
2. Support Services (counseling, special education services related service(s), etc.)
3. Administration - Building Principal
4. Director of Athletics or Director of Special Education
5. Superintendent

The majority of the questions should be answered at the building level. If you need further assistance, please contact the appropriate individual or elementary office.

### District Nutrition

For the 2023-2024 school year, all students will receive a FREE breakfast and lunch. A monthly menu will be provided through ParentSquare, and it will be located on the district website. Please enroll in "My School Bucks" so your child has money on their account for an extra lunch or water. To sign up for "My School Bucks," scan here



## FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

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

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

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

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

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

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

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

Examples of gross income are:

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

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

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

Name: Ashley Watkins

Title: Co-Cook Manager

Telephone Number: 315-482-9971, option 9

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

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

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

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **315-482-9971**, if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to:** **Alexandria Central School**  
**34 Bolton Ave**  
**Alexandria Bay, NY 13607**

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

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

2. SNAP/TANF/FDPIR Benefits:

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

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

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

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

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

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

Total Household Members (Children and Adults)

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

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

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

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

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

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

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

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

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

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

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

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

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to the Main Office. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: 315-482-9971, option 9. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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

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

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

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

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

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

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

### **USE OF INFORMATION STATEMENT**

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

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

### **DISCRIMINATION COMPLAINTS**

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

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

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

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

This institution is an equal opportunity provider.





Alexandria Central School  
Home of the Purple Ghosts



34 Bolton Avenue, Alexandria Bay, New York 13607 Phone: 315-482-9971 Fax: 315-482-9973

---

Dear Parent / Guardians:

As part of a school health examination, a student is weighed, and his / her height is measured. These numbers are used to figure out the student's body mass index or "BMI." The BMI helps the doctor or nurse know if the student's weight is in a healthy range. New York State Education Law requires that BMI and weight status groups be included as part of the student's health examination. A sample of school districts will be selected to take part in the survey. We will be reporting to the New York State Department of Health information about our students' weight status group. Only summary information is sent. No names and no information about individual students are sent. However, you may choose to have your child's information excluded from this survey report.

The information sent to the New York State Department of Health will help health officials develop programs that make it easier for children to be healthier.

If you do not wish to have your child's weight status group information included as part of the Health Department's survey this year, please print and sign your name below and return this form to your child's homeroom teacher.

Please do not include my child's weight status information in the Health Department's survey.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent's signature



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4/28/2021

Dear Parents / Guardians:

State law requires a medical examination for students upon entering school and at grades 1, 3, 5, 7, 9, and 11, and at any other times deemed necessary by school officials. This is to identify any health problems and maintain accurate records of the student's health status. Each district is mandated by law to provide an examination by the school physician of those students whose parents do not provide a report from the family physician.

Privacy is provided, and the school nurse is present and assists during the examination.

The following items are examined: skin, hair, eyes, ears, nose, teeth and gums, thyroid and lymph nodes, chest and heart, abdomen, external genitalia (males), bones, feet, and joints. The child's weight, height, and blood pressure are also checked at that time and entered on their health record.

**\*\*ANY PARENT WHO DOES NOT WISH TO HAVE THE SCHOOL PHYSICAL EXAMINATION FOR THEIR CHILD AT SCHOOL SHOULD CONTACT THE SCHOOL NURSE WITHIN THE FIRST TWO WEEKS OF YOUR CHILD STARTING OR SEND A COPY OF THE PHYSICAL BY A PRIVATE M.D. TO THE NURSE.**

For any questions, please contact the nurse at 315-482-9971, option 7.

Thank you,

*Pat Hunneyman*

Pat Hunneyman  
School nurse



Alexandria Central School  
Home of the Purple Ghosts



34 Bolton Avenue, Alexandria Bay, New York 13607 Phone: 315-482-9971 Fax: 315-482-9973

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Dear Parent / Guardian:

A Law was enacted that expanded health screening to include the dental health of students in New York State. This is part of your child's requirement for school and pre-kindergarten or kindergarten, grades 1, 3, 5, 7, 9, and 11.

After September 1, 2008, we will be requesting a dental certificate for your child. Please use the following certificate to take to your child's dentist. Once it is completed, it should be returned to the School Nurse as it will be filed in your child's Cumulative Health Record.

Thank you for your cooperation in this health endeavor. Our students benefit when we work together to promote the health and achievement of all students.

Please call the Nurse's Office at 315-482-9971, option 7, if you have any questions or concerns.

Thank you,

*Pat Hunneyman*

Pat Hunneyman  
School Nurse

# Dental Health Certificate - Optional

**Parent/Guardian:** Please complete Section 1 and take the form to your dentist/dental hygienist for an assessment. Request your dentist/dental hygienist to fill out Section 2. Return the completed form to your child's teacher as soon as possible.

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

Child's Name: <small>Last</small> _____ <small>First</small> _____ <small>Middle</small> _____		
Birth Date:    /    / <small>Month    Day    Year</small>	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: <small>Name</small> _____		Grade _____

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

**I. 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**

Yes  No **Soft Tissue Pathology**

Yes  No **Malocclusion**

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

**No need for Treatment**

**Urgent Treatment** – abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

**Restorative Care** – amalgams, composites, crowns, etc.

**Preventive Care** – sealants, fluoride treatment, prophylaxis, mouthguard etc.

**Other** – periodontal, orthodontic treatments

**Please note** \_\_\_\_\_

The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of exam) Check one:

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

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

Dentist's Name and Address (Please Print or Stamp):   	Dentist/Dental Hygienist Signature:  Date of Exam:    /    /  * The dental health condition of the student when the exam is made and the date of exam shall not be more than 12 months prior to the commencement of the school year in which the exam is requested.
---	---



# P.A.C.E

## Partners in Alexandria Central Education

### **Welcome to PACE!**

We are Alexandria Central Schools Parent Teacher Organization (PTO). Our mission is to support the educational needs of ACS students and provide student-centered activities. We are always looking for more members to join our organization!

### **What we do:**

We provide students with all the little extras that make school FUN! We run contests, fund field trips, host ice cream socials, hold dances, including the elementary snowball, purchase classroom supplies, supply student holiday refreshments throughout the year, and support all student graduations as well as the senior class picnic. We are busy all year long trying our best to make ACS a great place to be for our students and staff.

### **How do we do this?**

We rely on fundraisers, donations, and volunteers to help pull all this together! Each year, elementary students are sent home with a catalog-style fundraiser. This is our major fundraiser. In the past, we have fundraised with Cherrydale and Java Joe's. Everything we raise is put back into our school to assist our students and staff.

### **How can you HELP?**

Join our email list and become a member! Joining is completely FREE. We email out our monthly meeting minutes, volunteer opportunities, and donation requests. If you are available, attend our monthly meeting. Meeting attendance is not required to join. We meet one evening a month and plan upcoming events. Consider purchasing from our fundraisers. Even the sale of one single item adds to our funds! Make a donation! Several times a year, we make requests for the donation of items to keep the cost of events down.

### **How can you reach us?**

Like and Follow ACS PACE on Facebook for contests, updates, and events. To request to be added to our email list, please email us at [AlexandriaCentralPACE@gmail.com](mailto:AlexandriaCentralPACE@gmail.com) or reach out via Facebook Messenger. PACE monthly meeting details will be posted to the school calendar, on Facebook, and emailed out to our email list each month. We welcome all questions, comments, and suggestions from parents. We are looking for new ideas for contests, events, and fundraisers.



## ACS SPORTS BOOSTER CLUB

### Welcome back to the new school year from your ACS Sports Booster Club!

The Booster Club's mission is to unite the local community in supporting the Alexandria Central School athletics department while recognizing the importance that athletics play in student development and morale.

### What we do:

This past year, we purchased a portable skate sharpener for the hockey teams, Coaches vs Cancer basketball jerseys, senior banners, various team dinners, t-shirts for JV/V players for each team, basketball tickets to a SU Women's game, plaques for the Varsity Softball team, Championship banner for golf, fencing for the soccer field, and offered spaghetti dinners for athletes. This year we are hoping to purchase home run fencing for the baseball field, a scorekeeper table for the basketball court, a scorekeeper tent for the soccer field, and purple and black striped soccer nets.

### How do we do this?

We rely on fundraisers, donations, event admissions and concessions, and volunteers to help pull all this together! This past year, our major fundraising came through the TI Half Marathon, can drives, an ACS spirit wear clothing sale, and Riley's lunch/dinner fundraiser. All proceeds from our events and fundraisers are put right back into our athletic department.

### How can you HELP?

The Boosters' community is at its best when we have volunteers to help run the many activities throughout the school year. Check out our Facebook page (<https://www.facebook.com/ACSSportsBooster/>) for volunteer opportunities, or email [acssportsboosterclub@gmail.com](mailto:acssportsboosterclub@gmail.com) if you are interested in helping us out. Students and/or parents are welcome to volunteer. Student volunteer hours will go towards their community service graduation requirement and our scholarship requirements. If you would like to help by making a tax-deductible donation to support the mission of the ACS Sports Booster Club, please fill out and return the form below along with your donation.

### Check us out!

We have monthly meetings throughout the school year that members of the community are welcome to attend. Please check our Facebook page for announcements of these meetings or contact us by email if you would prefer to receive email notifications of the meetings.

---

\_\_\_\_\_ \$10 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ other

Method of payment: \_\_\_\_\_ cash \_\_\_\_\_ check \_\_\_\_\_ Venmo (@ACSSportsBoosterClub)

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

Please mail to: ACS Sports Booster Club, PO Box 523, Alexandria Bay, NY 13607

# **N<sup>o</sup>Co** North Country Family Health Center School-Based Dental Program

## **Welcome . . .**

Your school district offers an in-school preventative dental program through North Country Family Health Center for ALL students.

## **What is the School-Based Dental Program?**

The school-based dental program provides dental services to students, Pre-K through 12<sup>th</sup> grade, where they are – in school. The dental program operates within the school building while the school is in session and serves the students enrolled in the school district. The dental program uses portable equipment that is easily set up and broken down.

## **What Services are Offered?**

Preventative services offered are screenings, cleanings, fluoride treatments, and sealants. Additionally, dental education is provided to individual students and can be provided in classroom sessions as well. Services are provided by a New York State Licensed Dental Hygienist on the staff of North Country Family Health Center.

## **What Does it Cost?**

There are NO out of pocket expenses for preventative services. If there is insurance associated with the student, North Country Family Health Center will bill the insurance company to cover expenses.

## **Who is Eligible for the Program?**

All students may receive preventive dental care. If you have a family dentist, your student can still get preventive care (dental screenings, cleanings, sealants, and fluoride treatments) at school.

There are no eligibility or income requirements.

## **How do I Enroll my Student?**

Please complete the attached **Dental Enrollment Form** and return it to your student's school. If you have questions, please call Melissa Robinson at 315-779-5611.

## **How are Appointments Scheduled?**

Once the enrollment form has been returned to school, you will be contacted before your student is scheduled for a visit. Your student will be called down to the dental program area for their appointment. We always try to avoid a core subject or special activity when scheduling.

## **Can I Come to My Student's Appointment?**

Parents are always welcome to come, but it is not necessary. Appointments typically last 20-30 minutes. After each visit, the student will receive a goody bag filled with oral hygiene supplies, and a note discussing the outcome of the appointment. If there are any concerns a phone call home will be made.

It's important to keep  
your teeth healthy!



6/2023



**CONSENT FOR RELEASE OF MEDICAL INFORMATION**

**\*\*Complete this Form if the Student is NOT a Current Medical Patient of North Country Family Health Center to Ensure Coordination of Care with your Child's Primary Care Provider\*\***

Student's Name:	Student's Date of Birth:	Student's SS#:
Student's Address:		
<p>I, the student's authorized representative, request that health information regarding my student's care and treatment be released as set forth on this form. I understand that with some exceptions, health information once disclosed may be re-disclosed by the recipient. If I am authorizing the release of HIV/AIDS-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from re-disclosing such information or using the disclosed information for any other purpose without my authorization unless permitted to do so under federal or state law. I have the right to revoke this authorization at any time by writing to the student's primary care provider. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Signing this authorization is voluntary. I understand that generally my student's treatment will not be conditional upon my authorization of this disclosure. However, I do understand that I may be denied treatment in some circumstances if I do not sign this consent.</p>		
Student's Primary Care Provider's Name:		
Name and Address of Provider of Whom this Information will be Disclosed: North Country Family Health Center, Inc., 238 Arsenal Street, Watertown, NY 13601		
Purpose of Release of Information: Collaboration and continuity of care between student's primary care provider and student's School-Based Health Center.		
Type of Information to be Released (check all that apply):		
<input type="checkbox"/> Clinical records related to the most recent physical exam, current diagnosis, and treatment of medical issues. <input type="checkbox"/> Clinical records of mental health treatment <input type="checkbox"/> HIV/AIDS-related information <input type="checkbox"/> Records from alcohol/drug treatment programs		
Unless previously revoked by me in writing, this release is effective from <u>the date below to one year after signing.</u>		
Name of Authorized Person Signing the Form:	Relationship to the Student:	
Signature of Authorized Person:	Date:	

**CONSENT FOR RELEASE OF DENTAL INFORMATION**

**\*\*Complete this Section if the Student is NOT a Current Dental Patient of North Country Family Health Center to Ensure Coordination of Care with your Child's Dentist\*\***

Student's Dentist's Name:	
Name and Address of Provider of Whom this Information will be Disclosed: North Country Family Health Center, Inc., 238 Arsenal Street, Watertown, NY 13601	
Purpose of Release of Information: Collaboration and continuity of care between student's dentist and student's School-Based Dental Program.	
Type of Information to be Released: Clinical records related to the most recent dental exam, current diagnosis, and treatment of dental issues.	
Unless previously revoked by me in writing, this release is effective from <u>the date below to one year after signing.</u>	
Name of Authorized Person Signing the Form:	Relationship to the Student:
Signature of Authorized Person:	Date:





Completion of Enrollment Form  
is **Required** Each Year

Today's Date:
---------------

**School-Based Health Center (SBHC)  
2023-2024 Dental Enrollment Form**

<b>Student Information:</b>		
Last Name:	First Name:	Full Middle Name:
Date of Birth:	Sex at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Street Address:
Student's School:	Grade:	Teacher/Homeroom:
<b>Parent/Guardian Information:</b>		
Name:	Name:	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian – (please provide a copy of court order) <input type="checkbox"/> Other:	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian – (please provide a copy of court order) <input type="checkbox"/> Other:	
Mailing address if other than student's address:	Mailing address if other than student's address:	
Best Phone Number to Reach You: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home    Okay to leave a message/text: <input type="checkbox"/> Yes <input type="checkbox"/> No	Best Phone Number to Reach You: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home    Okay to leave a message/text: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who Does the Student Live With: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Other:		
Who Will make Healthcare Decisions for This Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Other:		
Do we have permission to call the student's emergency contact you provided to the school: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>North Country Family Health Center, as a Federally Qualified Health Center, MUST Ask You to Complete the Following Questions (PLEASE FILL OUT ALL SECTIONS BELOW):</b>		
Household Size & Income (For Children Enter Family Information): Number of People in the Household: _____ Income \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		
What Gender Do You Identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male/Female to Male <input type="checkbox"/> Transgender Female/Male to Female <input type="checkbox"/> Gender Non-Conforming (neither exclusively male nor female) <input type="checkbox"/> Additional Gender Category /other please specify: _____ <input type="checkbox"/> Choose Not to Disclose		
Sexual Preference/What Do You Think of Yourself as: <input type="checkbox"/> Straight/heterosexual <input type="checkbox"/> Gay/Lesbian/homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something Else <input type="checkbox"/> Don't Know <input type="checkbox"/> Choose Not to Disclose		
Pronouns Preferred: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Choose Not to Disclose		
<b>Primary Medical Insurance</b>		<b>Dental Insurance</b>
<input type="checkbox"/> The Student <b>Has</b> Medical Insurance <input type="checkbox"/> The Student <b>Does Not</b> have <b>Medical</b> Insurance Contact our Certified Application Counselor at 315-782-9450 x 8038 to help enroll your student in a healthcare plan that is right for you and your family.		<input type="checkbox"/> The Student <b>Has Dental</b> Insurance <input type="checkbox"/> The Student <b>Does Not</b> have <b>Dental</b> Insurance Contact our Certified Application Counselor at 315-782-9450 x 8038 to help enroll your student in a healthcare plan that is right for you and your family.
Insurance Company Name:		Insurance Company Name:
Medical Policy #:		Dental Policy #:
Billing Address of Insurance Co:		Billing Address of Insurance Co:
Policy Holder's Name and Date of Birth:		Policy Holder's Name and Date of Birth:
Policy Holder's Social Security #:		Policy Holder's Social Security #:
<input type="checkbox"/> I have additional <b>Medical</b> Insurance (name of insurance co.):		<input type="checkbox"/> I have additional <b>Dental</b> Insurance (name of insurance co.):

6/2023

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

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

<b>School-Based Health Center Enrollment:</b>	
Student's Dentist Name:	<input type="checkbox"/> My students Doesn't have a Regular Dentist
<b>North Country Family Health Center Policies and Consents</b>	
<b>Consent for School-Based Dental Services 2023-2024</b>	
<p>I authorize my student to receive services provided by the staff of the North Country Family Health Center (NCFHC) School-Based Dental Program. Services include preventative dental services. I give my consent for NCFHC staff to have access to the student's school health records and copies of the student's most recent dental exam. I give my permission for the release of the student's dental summaries to be shared with his/her dental provider and/or the school nurse to coordinate his or her care. I understand that every effort will be made to contact me prior to services, however I understand this may not always be possible. The staff of NCFHC believes that parental involvement is essential in keeping children healthy and will encourage each student to involve his or her parents in healthcare decisions. We encourage parents/guardians to visit or call the School-Based Dental Program at any time.</p>	
<b>North Country Family Health Center Policies and Consents</b>	
<b>Permission to Disclose to Family or Other Individuals</b>	
<b>Pediatric Consent</b>	
<p>Non-Parental Consent: For pediatric patients under the age of 18 you may designate another person to attend visits and authorize treatment decisions.</p> <p><input type="checkbox"/> <b>No</b>, I do not give consent for another adult to attend, give consent, and make treatment decisions in my absence.</p> <p><input type="checkbox"/> <b>Yes</b>, if I am unable to attend my child's appointments, I give consent for the following adult(s) to attend and to give consent for services and to make treatment decisions for my child in my absence. This consent is valid for one year from date of signature unless revoked in writing prior to expiration.</p>	
Name of Individual(s):	Relationship to Student:
<b>Finance Policy:</b>	
<p>North Country Family Health Center's (NCFHC) School-Based Dental Program serves all students whether they are covered by insurance or not. Services provided in the school-based setting have NO out-of-pocket costs. However, if the student requires services, we do not provide at the SBHC – outside x-rays or procedures – there may be out of pocket costs incurred. If you have insurance, we will bill your insurance company for you. If you do not have insurance, we can assist you with obtaining insurance coverage. Please call our certified application counselor at 315-782-9450 x 8038.</p> <p>I authorize NCFHC and its representatives to release any information they obtain, including dental information to your insurance company or their representatives to process claims for payment. As applicable, I authorize my insurance provider to pay North Country Family Health Center, Inc. for services rendered.</p>	
<b>Notice of Privacy Practices:</b>	
<p>A copy of North Country Family Health Center's (NCFHC) Notice of Privacy Practices which describes how NCFHC may use and disclose my student's protected health information following applicable state and federal law is posted in the SBHC. Please visit <a href="http://www.nocofamilyhealth.org">www.nocofamilyhealth.org</a> for a copy.</p> <p>I understand that this may include disclosures of information to my student's insurance carrier(s) to issue payment directly to NCFHC.</p> <p>I understand that I have the right to receive a copy of my student's dental information or to request restrictions on the use of my student's protected health information.</p> <p>I understand NCFHC may use letters, reminder calls, text messages, or secure email correspondences to communicate with me regarding my student's care. I authorize NCFHC to communicate with me via these methods and understand this correspondence may contain PHI.</p>	
<b>My Signature Means:</b>	
<p><i>I have reviewed and completed the Consent for School-Based Dental Services and Permission to Disclose to Family or Other Individuals sections. I understand that when I designate another person to authorize a treatment decision, North Country Family Health Center may disclose protected health information to the authorized person(s).</i></p>	
<p><i>If I have questions about enrolling my student and the SBHC Dental Program, I will contact SBHC Program Administrator Heather Lupia at (315) 782-9450 x 8086.</i></p>	

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

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

***I understand that my consent will remain in effect as long as the student is enrolled in NCFHC's SBHC Dental Program, unless I notify NCFHC in writing. I understand that I may revoke my consent at any time.***

Printed Name of Legally Authorized Representative:	Relationship to Student:
Signature of Legally Authorized Representative:	
Date:	

**Please Complete Medical/Dental History Below:**

<b>Medical/Dental History Form:</b>
Has your student been diagnosed with any of the following? <input type="checkbox"/> ADHD/Mental Health Issues <input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac Issues <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Diabetes <input type="checkbox"/> Growth Problems <input type="checkbox"/> Kidney/Urinary Issues <input type="checkbox"/> Latex Allergy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Seizures <input type="checkbox"/> Thyroid Issues <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other:
Last Physical Exam was on (provide date): _____      Provider name: _____
Has your student had any surgeries? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list):
Has your student been hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list):
Has your student been referred to a Healthcare Specialist? <input type="checkbox"/> No <input type="checkbox"/> Yes (name & phone #):
Daily Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes (please list):
Does the student have any current dental problems? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list):
Has the student had problems with dental treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain):
Has the student had any injury to the mouth or teeth? <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain):
Does anyone in the home smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes

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Alexandria Central School  
Home of the Purple Ghosts



34 Bolton Avenue, Alexandria Bay, New York 13607 Phone: 315-482-9971 Fax: 315-482-9973

## PHOTOGRAPHY AND VIDEO RECORDING RELEASE FORM

Photographs and/or videos taken at school events and activities are published on the Alexandria Central School District webpage, local broadcasting stations, in newspapers, etc. We ask your permission by signing the appropriate box below to highlight your student's achievements.

Please be advised that your child's picture will be excluded from ANY program, play, special building award, classroom photos, etc., by not giving permission.

Please fill out the document below and return it to the homeroom or to the elementary office. **By NOT returning this document, you are granting the school permission to publish your child's photographs and videos.**

Thank you for your cooperation.

Permission granted

Permission not granted

\_\_\_\_\_  
Elementary Student's Name and Grade

\_\_\_\_\_  
Elementary Student's Name and Grade

\_\_\_\_\_  
Elementary Student's Name and Grade

\_\_\_\_\_  
Elementary Student's Name and Grade

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

\_\_\_\_\_  
Date

## Dear Parents/Guardians:

This handbook is designed to assist Alexandria Central Students and Parents by giving you a resource to find all the important and useful information for the current School year.

Please review the handbook with your child and sign below as a partner with us, the ACS staff. Also, please review student information on the following page(s) so that we may update our records for your child. These forms must be returned to the elementary office by Monday, September 11, 2023.

Please check the following boxes once you have reviewed these procedures and expectations with your child:

- Cell Phone Policy
- Academic Integrity
- Attendance
- Ineligibility
- Extracurricular Activity Regulations
- Athletic Policy
- Code of Conduct
- DASA (Dignity for All Students Act)
- ACS Safe and Acceptable Use of Electronic Technology
- Chromebook Damage & Replacement Contract
- Safety and Security
- Photography and Video Recording Release Form

\*\*\*\*\*

**PLEASE NOTE: BY NOT SIGNING, YOUR CHILD IS NOT EXEMPT FROM BEING HELD TO THE STANDARDS OF ACS'S POLICIES AND NEW YORK STATE LAW.**

**I HAVE READ AND DISCUSSED THE MATERIAL IN THIS HANDBOOK WITH MY CHILD**

**Grade** \_\_\_\_\_ **Homeroom Teacher** \_\_\_\_\_

**Student Name** *(please write legibly)* \_\_\_\_\_

**Student Signature** \_\_\_\_\_

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

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