



English

Mattituck-Cutchogue Union Free School District

MISSION STATEMENT

The Mattituck-Cutchogue Union Free School District is dedicated to providing a welcoming and safe environment where diversity, interdependence and self-discovery are valued. Educators, students, families, and community members work together creating a dynamic, flexible, and engaging learning process to:

- Nurture individuals' passion for life and learning
- Foster collaboration, creativity, and critical thinking
 - Encourage a range of perspectives
- Promote and practice personal integrity

As a result, students develop academic excellence, confidence, and resiliency to face future challenges in order to contribute to and inspire positive change in the local and global community.

For Grades K-6:

Bianca Munguia-Howie

34900 Main Road
Cutchogue, NY 11935

631 734 6049 ext. 2103 or bmunguia@mufsd.com

For Grades 7-12:

Jenna Colascione

15125 Main Road
Mattituck, NY 11952

631 298 8471 ext. 1406 or jcolascione@mufsd.com

Please call/email ahead to schedule an appointment

Mattituck Cutchogue UFSD

Registration Checklist

Welcome to the Mattituck Cutchogue School District. Our district personnel are eager to work with you on behalf of your child. Detailed registration information will allow us to serve you and your child better. Please do not hesitate to ask for assistance when completing the registration packet or with any other concerns.

Central Registration Office:

<u>For Grades K-6:</u> Bianca Munguia-Howie 34900 Main Road Cutchogue, NY 11935 631 734 6049 ext. 2103 or bmunguia@mufsd.com	<u>For Grades 7-12:</u> Jenna Colascione 15125 Main Road Mattituck, NY 11952 631 298 8471 ext. 1406 or jcolascione@mufsd.com
Please call/email ahead to schedule an appointment	

Section 1: Documentation:

Photo ID of Parent/Legal Guardian - need one

- ☐ NYS Driver's License
- ☐ NYS ID Card
- ☐ Military ID or Passport
- ☐ Resident Alien Card

Documents relevant to residency determination:

Two documents are required from list below:

- ☐ Deed or lease to house or apartment
 - ☐ Current mortgage statement or tax bill
- AND
- ☐ Current utility bill (cable, PSEG, fuel, water) sent to student's home address
 - ☐ Photo ID (Driver's License, Military ID, Passport)
 - ☐ Current checking, savings or major credit card account statement
 - ☐ Paystub
 - ☐ Income tax document
- **Note:** telephone bills are not acceptable

Student documentation of age for registration to school (Need One)

- ☐ Original Birth Certificate or Record of Baptism
- ☐ Consulate ID Card or Passport (including foreign passport)
- ☐ Hospital or health records
- ☐ Military dependent ID card
- ☐ School Photo ID with DOB
- ☐ Record from non-profit international aid agencies (VOLAGs)
- ☐ State or government issued ID
- ☐ Official Driver's License

Section 2: Health Office Requirements Certificate of immunization signed and stamped by the physician must include:

- ☐ Physical exam within year of entrance
- ☐ 5 Dtap
- ☐ Tdap if child is 11 years old and entering 6th grade
- ☐ 4 Polio
- ☐ 3 Hep B
- ☐ 2 Measles
- ☐ 2 Mumps
- ☐ 2 Rubella
- ☐ 2 Varicella
- ☐ Meningococcal

Mattituck Cutchogue UFSD Registration Form

Today's Date: _____ Registration Date: _____ Grade Entering: _____

___Pre-School	___Cutchogue East Elementary	___JR/SR High School	___Non-Public School: _____ (Part A- census only for textbook, transportation)
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Part A: Student Information

→	First Name	Last Name	Date of Birth
→	Place of Birth – City, State		<div> <div>M</div> <div>F</div> </div> Gender

School districts are required by the U.S. Department of Education to collect racial and ethnic data using a two-part question:

1. Is the student Hispanic or Latino: Yes No

2. RACE:

☐ American Indian/Alaskan Native
 ☐ Asian
 ☐ Black or African American
☐ Native Hawaiian/Other Pacific Islander
 ☐ White

- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa,
- Native Hawaiian/Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Parent/Guardian Name (natural, guardian, step, foster)	Parent/Guardian Name (natural, guardian, step, foster)
() ()	() ()
Home Phone Cell	Home Phone Cell
Home Address	Home Address
City, State, Zip	City, State, Zip
Mailing Address (PO if applicable)	Mailing Address (PO if applicable)
E-mail Address	E-mail Address
Employer Work Phone	Employer Work Phone
Custodial Parent? ___Yes ___No Correspondence? ___Yes ___No	Custodial Parent? ___Yes ___No Correspondence? ___Yes ___No

Is child a Foster Child: ____ Yes ____ No *If so, Form DSS-2999 must be provided*

Foster Agency: _____ Telephone #: _____

Address: _____

Part B: Household Information	
Siblings	Adults
Name: Sex: DOB:	
Name: Sex: DOB:	
Name: Sex: DOB:	
Name: Sex: DOB:	
Parent/Guardian Signature:	Date:



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

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

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

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

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

☐ ☐ ☐ *If yes, please explain: _____

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

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

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

☐ No ☐ Yes – Type of services received: _____

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

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

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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

Mattituck-Cutchogue UFSD

McKinney-Vento Residency Questionnaire

Name of LEA: Mattituck Cutchogue Union Free School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ Grade: _____ ID#: _____
(preschool-12) (optional)

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act 42 U.S.C. 11435 are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney Vento Act may also be entitled to free transportation and other services.

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing/economic hardship? ☐ Yes ☐ No
3. Where is the student currently living? (Please check one).
☐ In a shelter
☐ With another family or other person (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train or campsite
☐ Moving from place to place
☐ In permanent housing
☐ Other temporary living situation (please describe): _____

Print name of Parent(s)/Legal Guardian(s): _____

Address: _____ Phone: _____

_____ Date: _____

Presenting false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d).

Signature of Parent(s)/Legal Gaurdian(s): _____

*If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

McKinney-Vento Homeless Liaison:
Meredythe Alliegro, Director of Pupil Personnel
385 Depot Lane
Cutchogue, NY 11935
631-298-4242

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

Housing Questionnaire

Name of LEA: Mattituck Cutchogue Union Free School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ Grade: _____ ID#: _____
(preschool-12) (optional)

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

Where is the student currently living? (Please check one).

- ☐ In a shelter
☐ With another family or other person (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train or campsite
☐ Moving from place to place
☐ In permanent housing
☐ Other temporary living situation (please describe): _____

Print Name of parent/guardian

Signature of parent/guardian

Date

IF ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.

Mattituck-Cutchogue UFSD

Residency Verification Form

The Board of Education requires that positive proof of residency be submitted when students are enrolled in the district.

Homeowner

Please provide the following:

- Deed / current mortgage statement / current tax bill
- Utility Bill (cable, PSEG, fuel, water)
- Photo ID (driver's license, military ID, passport)

Renter

Please provide the following:

- Notarized Lease (original)
- Rental Registration Affidavit (supplied by MUFSD) to be signed by the owner of the home. This affidavit must be completed by the owner of the residence. A copy of the owner's tax bill, deed or mortgage statement must accompany this form
- Utility Bill (cable, PSEG, fuel, water), pay stub
- Photo ID (driver's license, military ID, passport)

Under penalty of perjury, the statements contained in this application are true. I understand that the statements in this application are subject to verifications by the school district, and the false statements could subject me to retroactive transportation and/or tuition chargers where applicable. I also understand that it is my responsibility to notify the school district of any changes or circumstances involving my residency.

Signature of Person Completing this Form: _____

Print Name: _____

Relationship to Student: _____ Date: _____

THIS AFFIDAVIT IS REQUIRED IF YOU ARE RENTING. THIS FORM MUST BE COMPLETED BY THE OWNER OF THE RESIDENCE. A COPY OF A TAX BILL OR DEED MUST ACCOMPANY THIS FORM.

Mattituck Cutchogue Union Free School District
Central Registration
15125 Main Road, Mattituck, NY 11952
631-298-8471 ext. 1406 / Fax: 631-298-8544

Rental Registration Affidavit

STATE OF NEW YORK
COUNTY OF SUFFOLK

I, _____,
residing at _____, (_____) _____ (phone),
am the owner of the residence located at _____,
with is within the boundaries of the Mattituck Cutchogue UFSD, and will have the following
person(s) residing in said residence for a period of _____ years, beginning ____/____/____
and ending ____/____/____.

I understand that it is my responsibility to inform the District if/when the conditions set forth above terminate or change. In the event the Mattituck Cutchogue UFSD determines that the above person(s) do not reside at this address or have moved and remained registered, these students will be dropped from the attendance register of the Mattituck Cutchogue UFSD. I also understand that as the homeowner, I may be liable for tuition and/or transportation costs for each student listed above that received services from or attended the Mattituck Cutchogue UFSD.

You as deponent understand that this affidavit is made under oath; that the statements are true; that the Mattituck Cutchogue UFSD Board of Education will rely thereon, and that any misstatements made could result in criminal (perjury) charges being brought against the person whose signature appears hereon.

Signature of Deponent

Sworn to before me this _____
day of _____, 20____

Notary Public Seal:

IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please email to migranteducation@esboces.org, or fax to 631-240-8912, or by mail to Long-Island-METRO Migrant Education Program- 969 Roanoke House Avenue, Riverhead, NY. 11901.

Mattituck-Cutchoque UFSD
EMERGENCY HOME CONTACT INFORMATION

School:	Grade:
Student's Name:	Date of Birth:
Address:	City, State, Zip:
Primary Household Contact (1):	Relationship to Student:
Home Phone:	Cell Phone:
Primary E-mail:	Place of Employment:

Primary Household Contact (2):	Relationship to Student:
Home Phone:	Cell Phone:
E-mail:	Place of Employment:

*Please contact the school health office annually to update your child's health history. This includes any NEW medications, diseases, allergies, injuries, surgeries &/or medical conditions.

Student will not be released to anyone not listed below

Non-Household Emergency Contact(s)

Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

Parent/Guardian Signature:	Date:
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Mattituck Cutchogue UFSD

Screening for Academic Services

Welcome to the Mattituck Cutchogue School District. Our district personnel are eager to work with you on behalf of your child. The academic screening will take place after enrollment is complete. The information you provide will allow us to serve you and your child better.

Please do not hesitate to ask for assistance when completing the academic screening information.

Name: _____ DOB: _____

School: _____ Grade: _____

Screening for Academic Services:

Has this child ever been enrolled in the Mattituck-Cutchogue School District?

____ No ____ Yes, year: _____

Has this child ever been retained:

____ No ____ Yes

Academic Support Reading/Math?

____ No ____ Yes

Speech Services?

____ No ____ Yes

ESL Program?

____ No ____ Yes

Other (extra help) _____

Mattituck Cutchogue UFSD

Screening for Academic Services (Continued)

Is this child receiving special education services?

____ No ____ Yes

If yes, in district? ____ out of district? ____

If your child has an IEP or Section 504 plan, Please complete the items below to assist our district in providing the necessary programs/services your child requires.

Indicate whether your child was identified as a student with a disability and any special education services for which an Individualized Education Plan (IEP) has been written:

Indicate any accommodations for which a Section 504 plan has been written:

Parent/Guardian Signature: _____ **Date:** _____

SHAWN C. PETRETTI
Superintendent of Schools



DAVID A. SMITH
Principal

HEATHER STEWART
Assistant Principal

MATTITUCK-CUTCHOQUE U.F.S.D.
MATTITUCK JUNIOR-SENIOR HIGH SCHOOL

Signed Consent for Release of School Records

Date: _____

Student's Name: _____

Date of Birth: _____ Grade: _____

Name of Previous School: _____

The student listed above has now registered here at Mattituck-Cutchoque UFSD. Please forward the requested records listed below:

- Academic Records (transcript, report cards, science labs including latest grades)
- Attendance Records
- Discipline Records
- Learning Disability Testing
- Psychological/Psychiatric Records
- Health Records
- Physicals
- Immunizations
- Social History
- Any and all other information including **ALL** Special Education records.

I, _____ hereby give permission for you to release the above listed records to the Mattituck-Cutchoque UFSD.

Signature of Parent or Guardian: _____

Please forward all records to:

For Grades K-6:

Bianca Munguia-Howie

34900 Main Road
Cutchoque, NY 11935

Phone: 631 734 6049 ext. 2103

Email: bmunguia@mufsd.com

Fax: 631 734 4299

For Grades 7-12:

Jenna Colascione

15125 Main Road
Mattituck, NY 11952

Phone: 631 298 8471 ext. 1406

Email: jcolascione@mufsd.com

Fax: 631 298 8544



Mattituck-Cutchoque UFSD Transportation Request Form

Date: _____

Last Name: _____ First: _____

Address: _____ Town: _____ Zip: _____

Parent's Name: _____

Phone Number: _____ Grade: _____

House Located Between: _____ and _____
(Street) (Street)

Nearest to or cross street: _____

Landmarks (house color, number on house or mailbox, etc.):

Parent/Guardian Signature: _____

To be completed by transportation:

Bus number: _____

Bus stop: _____

Approximate Pick up Time: _____

Approximate Drop off Time: _____

2022 – 2023
Digital Equity Survey

Student: _____ District: Mattituck-Cutchoque Union Free

Collecting an accurate picture of the digital resources for our New York students will greatly help educators to better serve our students and families. In order to accomplish this, the New York State Education Department is asking parents to complete a Digital Equity survey (for each student in the family) in grades Kindergarten-Grade 12. This survey will provide information on student access to devices and internet access in their places of residence. To assist us in this process, please answer each question below and follow any additional instructions provided for submitting or returning the survey. Thank you for your time and cooperation.

Use blue or black ink.

1. Did the school district issue your child a dedicated school or district owned device for their use during the school year?	<input type="radio"/> Yes	<input type="radio"/> No
2. What is the device your child uses most often to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)	<input type="radio"/> Desktop <input type="radio"/> Chromebook <input type="radio"/> Laptop	<input type="radio"/> Smartphone <input type="radio"/> Tablet <input type="radio"/> No Device
3. Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)	<input type="radio"/> School <input type="radio"/> Personal	<input type="radio"/> No Device
4. Is the primary learning device (identified in question 2) shared with anyone else in the household?	<input type="radio"/> School <input type="radio"/> Not Shared	<input type="radio"/> No Device
5. Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?	<input type="radio"/> Yes	<input type="radio"/> No
6. Is your child able to access the Internet in their primary place of residence?	<input type="radio"/> Yes	<input type="radio"/> No
7. What is the primary type of internet service used in your child's primary place of residence?	<input type="radio"/> Residential Broadband <input type="radio"/> Dial Up <input type="radio"/> Cellular <input type="radio"/> DSL	<input type="radio"/> Mobile Hotspot <input type="radio"/> Other <input type="radio"/> Community WiFi <input type="radio"/> Satellite <input type="radio"/> None
8. In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment uploads, without interruptions caused by slow or poor internet performance?	<input type="radio"/> Yes	<input type="radio"/> No
9. What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?	<input type="radio"/> Availability <input type="radio"/> Other	<input type="radio"/> Cost <input type="radio"/> None

1:1 Chromebook Initiative

The Mattituck-Cutchogue School District has chosen Chromebooks for our 1:1 learning initiative. The focus of the District's Chromebook program is to provide tools and resources so that all individuals will be able to use technology effectively, efficiently and appropriately and be prepared for success in college, career and citizenship. Excellence in education requires that technology is seamlessly integrated throughout the educational curricula.

Please visit our school website to learn more about our policies as well as answers to frequently asked questions.

Mattituck-Cutchogue UFSD Chromebook Agreement

We acknowledge that we have reviewed the following document online and have read and understand it:

- Mattituck-Cutchogue UFSD Chromebook Procedures and Information Handbook for Parents and Students online

Individual school Chromebook computers and accessories must be returned to Mattituck-Cutchogue UFSD at the end of each school year. Students who graduate early, withdraw, are suspended or expelled, or terminate enrollment at Mattituck-Cutchogue UFSD for any other reason must return their individual school Chromebook computer on the date of termination. Failure to hand in your Chromebook under any of these circumstances will result in you being financially responsible for the replacement cost.

I/we have read, understand, and accept the terms and conditions of the Mattituck-Cutchogue UFSD:

- ☐ Chromebook Procedures and Information Handbook for Parents and Students (see District's website)
- ☐ Computer Network for Education Policy 4526 (see District's website)
- ☐ Internet Safety Policy 4526.1 (see District's website)

Student Agreement:

- Should I commit any violation or in any way misuse my Chromebook, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me. I understand that any violation of this Agreement may result in the suspension or loss of use of my Chromebook and/or school network privileges.
- I understand that I am to treat this Chromebook no different than any other District owned piece of equipment. I will not alter it, make changes to it or use it in a manner that is not aligned with the District Chromebook Agreement.

Parent Agreement:

- As the parent or legal guardian of the above minor, I have read, understand and agree that my child shall comply with the terms of the Mattituck-Cutchogue UFSD District's Chromebook Agreement.
- I understand that the Chromebooks are a privilege and can be revoked if misused. I understand that if the Chromebook is intentionally damaged, lost or stolen that my child or myself may be responsible to reimburse the District for the cost of the repair or replacement.
- I/we agree to pay the full replacement cost of my Chromebook (or any part of), charger and/or case after the first incident, in the event that any part becomes broken or damaged (by any means other than normal use or wear-and-tear), in accordance to the following:
 - **Accidental Damage** (no charge for 1st incident). Additional incidents parents will be provided with quote for cost of repair.
 - **Excessive or intentional damage, Loss or theft of Chromebook:** The student/parent will be charged for repair and/or replacement up to full replacement cost of \$375 (or a higher amount depending on cost at time of repair/replacement). A copy of a police report is required for loss or theft.
 - **Powercord:** Cost for a lost power cord is \$47 (or a higher amount depending on cost at time of repair/replacement)
 - **Case:** Cost for a lost case is \$26 (or a higher amount depending on cost at time of repair/replacement)
- I am signing this Agreement and agree to indemnify and hold harmless the School, and the School District that provides a Chromebook to my child against all claims, damages, losses and costs, of whatever kind, that may result from my child's or 's use of his or her Chromebook or violation of the foregoing Agreement.
- Further, I accept full responsibility for supervision of my child's use of his or her Chromebook if and when such access is not in the School setting. I hereby give permission for my child to use a Chromebook authorized by the District and agree to the above terms and agreement.

Student First Name:	Student Last Name:
Homeroom:	Year of Graduation:
Student Signature:	Date:
Parent Signature:	Date:

☐ I decline the use of the district owned Chromebook at this time

Thank you – if you have any questions or concerns please feel free to contact your building administration.

Mattituck-Cutchoque UFSD

Electronic Web Access Agreement for Viewing Student Information via the Mattituck-Cutchoque School District

Infinite Campus Parent Portal Parent Agreement

I am requesting access to my child/children's student information on the Mattituck-Cutchoque School District Infinite Campus Parent Portal website.

I have read the *Mattituck-Cutchoque School District Acceptable Use Policy User Guidelines for the Infinite Campus Parent Portal* and agree to abide by and support the expectations. I understand that for security purposes the District reserves the right to change user passwords or deny parent/guardian access at anytime. By signing this agreement I, as parent/guardian, release the Mattituck-Cutchoque School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account including my own child/children.

I understand that three unsuccessful logins will disable my account. If my account becomes locked, I will email the district's Infinite Campus Help Line and request the account be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer questions to verify my identity. I understand that it may take up to 5 schools days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified in the user guidelines and that the school district is not responsible for assisting with technical difficulties on my home computer.

List the names of your child/children currently enrolled in Mattituck-Cutchoque School District and residing at the address listed below. The information given on this form must match the enrollment information you provided on your Census Registration Form.

Parent/Guardian Name:	
Home Phone Number:	Cell Phone Number:
Email Address:	

Please print: Child's first and last name must be written as registered in the school's records.

Child's First Name	Child's Last Name	Child's DOB	School Attending	Relationship to Child

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.

Signature Parent/Guardian

Print

Date

Office Use Only:			
ID Verified:	Email Verified:	Date Returned:	Form & ID Checked by:

Mattituck-Cutchogue UFSD Website/Photo Release Form

It is the policy of the Mattituck-Cutchogue Schools to obtain permission from parent/guardian before using any picture or movie clip of their child in any informational publications or on our website. The photograph would be in the context of a school-related activity such as a class project, calendar, newsletter, an award or honor, a sport, a club, or a student government activity. This could be an individual or group photograph. The use of any photograph may be accompanied by a caption including description of photograph and may include student's initials or name.

Consent and Release

I acknowledge that I have read this Consent and Release and fully understand, and intend to be legally bound by its contents.

I hereby irrevocably grant to Mattituck-Cutchogue Schools and its licensees, successors and assigns, my consent and full right to publish, display, reproduce and circulate any photographs.

I hereby irrevocably waive any right that I may have to inspect or approve the materials that may be used by Mattituck-Cutchogue Schools or to be compensated for the use of such materials.

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby irrevocably release Mattituck-Cutchogue Schools from any and all claims I may have at any time arising out of or related to the production or reproduction of these photographs.

I GIVE MY PERMISSION to use pictures of my child engaged in work at the Mattituck Cutchogue Schools, the class environment, sports, activities or events.

Please check one of the following: ____ Yes ____ No

Parent/Guardian Name (Print)

Signature

Student Name (Print)

Signature

Grade

Class

Date

If at any time in the future you wish to change your selection, you may do so via written notification to your building Principal.

Student Computer, Network and Internet Use Agreement Authorization Form/Acceptable Use (AUP)

Student Section:

I have read the district's Computer, Network and Internet Use Policy (4526). I understand that this access is designed for educational purposes. I will abide by the district's Computer, Network and Internet Use Policy and any other computer related regulations. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit a violation, my access privileges may be revoked and school disciplinary and/or appropriate legal actions may be taken.

Student Name: _____

Signature: _____

Date: _____

Parent or Guardian:

I have read the districts Computer, Network and Internet Use Policy (4526). I understand that this access is designed for education purposes. I also recognize it is impossible for the Mattituck Cutchogue UFSD; its Board of Education, agents, administrators; faculty; and staff to restrict access to all controversial materials and accordingly, I will not hold it (them) responsible for materials my child may access on the network. Further I accept full responsibility for supervision if and when my child's use is not in a school setting.

_____ I hereby GRANT PERMISSION to the Mattituck-Cutchogue School District to issue an internet access account for my child and certify that the information contained on this form is correct.

_____ I DO NOT grant permission for my son/daughter to access the computer network or internet at the Mattituck-Cutchogue School District

Parent/Guardian Name: _____

Signature: _____

Date: _____

Mattituck-Cutchoque UFSD

Student Medical History Form

Name:	Grade:	DOB:
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Have you had or do you have:	YES	NO	Have you had any of the following illnesses:	DATE	YES	NO
Frequent Headaches			TB			
Concussion or head injury			Mononucleosis			
Blackouts			Rheumatic Fever			
Heat Stroke			Lyme Disease			
Double Vision			Chicken Pox			
Eyeglasses or Contacts			Fifth's Disease			
Blindness			Diabetes			
Dental braces or false teeth			Seizures (last date)			
Dizzy Spells			Allergies?			
Frequent earaches/poor hearing			If yes, list allergen & symptoms below			
Nose bleeds			Food Allergies:			
Rapid heartbeat at rest						
Irregular heart rhythm			Diet Restrictions:			
High blood pressure			Diet (circle) : regular or special			
Heart Murmur			Medication Allergies:			
Swollen ankles – other than sprains			Environmental Allergies:			
*Asthma			Did your child ever have an anaphylactic reaction: Yes No			
*Asthma – is inhaler needed at school?			Does your child have an Epipen? Yes No			
Pneumonia			Hospitalizations, date & reason:			
Other lung conditions						
Chest Pains						
Constant Cough			Medications Presently Taking:			
Ulcers						
Worms						
Yellow Jaundice						
Unexplained fever			PARENTS HEALTH HISTORY	YES		NO
Kidney Problems			High blood pressure			
Bladder Infections			Stroke			
Blood in urine			Heart trouble			
Blood transfusions			Blackout spells			
Anemia			Seizures			
Thyroid trouble			Diabetes			
Free bleeding			Kidney disease			
Hot/cold spells			Sudden death			
Arthritis			Blindness			
Knee injury/pain			Bleeding disorder			
Dislocations			Sickle cell anemia			
Fractures			Cancer			
Back/neck injuries			Other			

*Explain ALL YES answers on the back of this sheet.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

I give permission for the above health information to be shared with district staff as needed.

Signature Parent/Guardian

Date

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR IF AN AREA IS NOT ASSESSED INDICATE NOT DONE					
Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).					
STUDENT INFORMATION					
Name				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
School:				DOB:	
				Grade:	
				Exam Date:	
HEALTH HISTORY					
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached			
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached			
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached		Date of last seizure: <input type="checkbox"/> Seizure Care Plan Attached	
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached			
Risk Factors for Diabetes or Pre-Diabetes: <i>Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.</i>					
BMI _____ kg/m2					
Percentile (Weight Status Category): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and>					
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done			Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done		
PHYSICAL EXAMINATION/ASSESSMENT					
Height:		Weight:		BP:	
				Pulse:	
				Respirations:	
Laboratory Testing		Positive Negative		Date	
TB- PRN		<input type="checkbox"/>		<input type="checkbox"/>	
Sickle Cell Screen-PRN		<input type="checkbox"/>		<input type="checkbox"/>	
Lead Level Required Grades Pre- K & K			Date		
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$					
<input type="checkbox"/> System Review and Abnormal Findings Listed Below					
<input type="checkbox"/> HEENT		<input type="checkbox"/> Lymph nodes		<input type="checkbox"/> Abdomen	
<input type="checkbox"/> Dental		<input type="checkbox"/> Cardiovascular		<input type="checkbox"/> Extremities	
<input type="checkbox"/> Neck		<input type="checkbox"/> Lungs		<input type="checkbox"/> Skin	
		<input type="checkbox"/> Genitourinary		<input type="checkbox"/> Neurological	
				<input type="checkbox"/> Speech	
				<input type="checkbox"/> Social Emotional	
				<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:				Diagnoses/Problems (list) ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached				*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
Vision & Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7, & 11					
Vision (w/correction if prescribed)	Right	Left	Referral	Not Done	
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Near Vision Acuity	20/	20/		<input type="checkbox"/>	
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>	
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				Not Done	
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	Negative	Positive	Referral	Not Done	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <div style="margin-left: 20px;"> <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions: </div>					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS					
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					