

**2026-2027**  
**SCHOOL YEAR**

**KINDERGARTEN**  
**REGISTRATION**  
**PACKET**



**HUDSON**  
**CITY SCHOOL DISTRICT**

Claverack : Ghent : Greenport : Hudson : Livingston : Stockport : Taghkanic



Registration Office  
sotoa@hudsoncsd.org  
518-828-4360 ext. 2100  
Fax: (518) 697-8315

## REGISTRATION FORM AND PROCEDURES

*Please provide the following documentation when registering your student(s):*

- Proof of Age** – Acceptable documents are:
  - Certified copy of Birth Certificate (Foreign or Domestic)
  - Official Religious Documentation
  - Passport (Foreign or Domestic)If you are unable to provide any of the above listed documents, the following is also acceptable if it has been established and in existence for a minimum of two (2) years **for the student**:
  - Official driver's license
  - State or other governmental issued identification
  - School photo identification with date of birth
  - Consulate identification card
  - Hospital or health records
  - Military dependent identification card
  - Federal, state or local agency documents (Example: Department of Social Services, Federal Office of Refugee Resettlement)
  - Court orders or other court-issued documents
  - Native American tribal documents
  - Non-profit International aid agency or volunteer agency records
- Proof of Residency** – Proof that the parent/guardian resides within the Hudson City School District. We request at least two proofs of residency. Homeowners are requested to provide ONE of the following:
  - Mortgage statement
  - Closing statement
  - DeedNon-homeowners are requested to submit ONE of the following:
  - Residential lease with physical address and parent/guardian listed as guarantor
  - A sworn or unsworn statement by a third-party landlord, owner or tenant from whom the parents lease or share property.



- Mortgage statement
- Closing statement
- Deed

Non-homeowners are requested to submit ONE of the following:

- Residential lease with physical address and parent/guardian listed as guarantor
- A sworn or unsworn statement by a third-party landlord, owner or tenant from whom the parents lease or share property.
- A statement from a third party establishing the parent/guardian's physical presence in the district.

We also request at least ONE of the following showing your address within the district. If the above documents are not available, then we request at least TWO of the following:

- Utility or other bills
- Pay stub
- Membership documents (e.g. library cards) based upon residency
- Voter registration documents
- Official driver's license, learner's permit or non-driver identification
- State or other government issued identification
- Documents issued by federal, state or local agencies (e.g. local social service agency, federal Office of Refugee Resettlement)
- Evidence of custody of the child, including, but not limited to, judicial orders or guardianship papers, with corresponding address

\*If you are having difficulty producing the requested proofs above, please contact us for further assistance.

- Custody Documentation** – If applicable, please provide placement orders, custody orders or protective orders. Copies of Care, Custody and Control affidavits may be requested as acknowledgement of transfer of custody from parent to a guardian at the time of registration.
- Immunization Records** - Immunizations are **REQUIRED**
- School Records** - including 504 Plan or (IEP) Independent Education Plan, if applicable
- Parent/Guardian Photo Identification**





## Student Information Form

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.  
 [For question (1) check ( ✓ ) the box that best describes your child.] Check ( ✓ ) only ONE box.

**1. Is the student Hispanic, Latino, or of Spanish Origin?** Hispanic Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **YES**, Hispanic      \_\_\_\_\_ **NO**, not Hispanic

**2. Select one or more races from the following five racial groups**  
 [For question (2) check ( ✓ ) all groups that apply to your child. Check ( ✓ ) **at least ONE** box.

**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 tribal affiliation or community attachment.

**ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.

**WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

List in order of preference, the individuals to be notified in case of illness, injury or another emergency.

First Name	Last Name	Home Phone	Cell Phone	Relationship

### Siblings in District

First Name	Last Name	Birth Date	Grade	Relationship

### Others Living in Home

First Name	Last Name	Birth Date	Relationship

Please list in order, starting with the most recent, all the schools your child has attended.

Name	Address	City-State	Years	Grades

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





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

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes*    *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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? _____

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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

Relationship to student:     Mother     Father     Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO.    DAY    YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
<b>NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL</b>	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO.    DAY    YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	



## Free School Meals

All Hudson students are eligible to receive FREE school meals (breakfast and lunch), regardless of family income, through the Community Eligibility Provision (CEP). Click here to [learn more](#). No application is required; however, we encourage families to conveniently complete the Household Income Eligibility form online at the link below:

<https://family.titank12.com/income-form/new?identifier=PMYTXF>

This helps us keep track of the District's eligibility for this program. This form provides valuable data to the District and it provides a framework for the District to qualify for, and take advantage of different programs based on the true demographics of our student population. If you need a paper copy, it is available here: [Household Income Eligibility form](#)

Return a completed form, or request a paper form:

Lisa McGovern, School Lunch Director  
Hudson City School District, District Office  
215 Harry Howard Ave.  
Hudson, NY 12534  
Phone: 518-828-4360, ext. 2128  
Email: [mcgovernl@hudsoncsd.org](mailto:mcgovernl@hudsoncsd.org)

Students will continue to have individual school meal accounts and will enter their Personal Identification Number (PIN) in order to receive their FREE meals. If desired, parents/guardians may also prepay for *additional* entrees including sandwiches, salads, and yogurt parfaits, and/or other items such as ice cream, fruits, and beverages. Prepayments can be made by creating an account online in Titan's Family Portal: <https://family.titank12.com/PMYTXF>

Any available balances students have will automatically transfer from the current online payment system. Prepayments can be sent on a weekly or monthly basis. Checks should be made payable to HCS D Food Service.

**Community Eligibility Provision (CEP)/Provision 2 non-base year  
Household Income Eligibility Form**

Hudson City School District is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call Susan Frank, Capital Region BOCES at (518) 464-5133, if you need help.

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

Student Name	School	Grade/Teacher	Foster Child	No Income
			<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 5, and sign the application.

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

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

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

4. Signature: An adult household member must sign this application.

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 may receive 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 \_\_\_\_\_

**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

Total Household Income/How Often:

Household Size:

Free Eligibility \_\_\_\_\_ Reduced Eligibility \_\_\_\_\_ Denied Eligibility \_\_\_\_\_  
**Signature of Reviewing Official**



## Hudson High School Athletics Questionnaire

If your student intends on playing any sports for Hudson Junior/Senior High School, this questionnaire must be completed and returned with your registration documents

Student Name:	
Incoming Grade (circle one):	7 8 9 10 11 12
Which sports would your student be interested in playing at school?	

Did your student play any sports at their former school? If so, please list which sport, what year the student played, and at which level did they compete (Modified, JV, Varsity)?

Sport	Year(s) Played	Level



FOR FAMILIES WHO ARE CURRENTLY OR PREVIOUSLY IN AGRICULTURAL / FARM WORK.  
ELIGIBILITY FORM FOR ADDITIONAL EDUCATIONAL SERVICES

Mary K. Kline  
Migrant Education Outreach Program - Herkimer County BOCES  
352 Gros Boulevard  
Herkimer, NY 13350  
315-867-2079  
mkline@herkimer-boces.org

### Within the last 3 years, have you or anyone living with you, worked or are currently working, in Agricultural, Food Processing or Farm Work?

- Hay
- Dairy
- Crops
- Poultry
- Fish Farming
- Nursery / Greenhouse
- Fruits / Vegetables

Please answer: \_\_\_\_\_ Yes \_\_\_\_\_ NO

If "No" stop here

If "Yes" continue

Someone from the Outreach Program will contact you to explain the program and do a full screening which will determine your eligibility for services. If you have any questions please call the number above.

Name of Student:

\_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Language: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female      MM / DD / YYYY

Name of Parent / Guardian / Responsible Party: \_\_\_\_\_ Siblings: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

The Migrant Education Outreach Program was authorized by Congress to help eligible students maintain continuity in their education. It is authorized by Title 1, Part C of the ESEA. This program provides educational support to both students and their families.

(October 2009)

By signing below I am giving permission for the Hudson City School District to release this document and the pertaining information to the Migrant Education Outreach Program.

\_\_\_\_\_ Print Name of Parent or Guardian

\_\_\_\_\_ Signature of Parent or Guardian

\_\_\_\_\_ Date



## Transportation Request Form

**Name of Student** (First and Last): \_\_\_\_\_

**Address of Student** (Street/Residential Address and Town) \_\_\_\_\_  
\_\_\_\_\_

**Will your child be taking the bus to and from the home address you wrote above?  
If not, please list the address where they need to be picked up and dropped off  
(include the street address and town)**

\_\_\_\_\_  
\_\_\_\_\_

**In what grade will the student be in the 2026-2027 school year?** \_\_\_\_\_

**Requested Start Date** (the first day of school is September 2026 or list other start date)

\_\_\_\_\_

**Any special requirements for your student** (e.g., mobility equipment, assigned seating due to motion sickness)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any other important information?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Signature** \_\_\_\_\_

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



Dear Parent/Guardian:

It is a pleasure to welcome your child to Hudson City School District. We do, however, need a copy of the following:

\_\_\_\_\_ Updated physical exam, including vision, hearing, BMI & percentiles

\_\_\_\_\_ Immunizations

\_\_\_\_\_ Parental and practitioner letter to administer medication in school, if desired. This includes over the counter items

\_\_\_\_\_ Certificate of dental examination, if available

\_\_\_\_\_ Health History

\_\_\_\_\_ Diet Prescription, if your child has a medical need for special diet

If your child is not current with their immunizations and you have an appointment to receive immunizations, please call us and let us know when the appointment is so we can note it in your child's record. **This is important as New York State Department of Health mandates that students without proper immunization will NOT be allowed to continue in public schools.**

All information should include your child's name and date of birth.

Immunizations may be received on a sliding scale at the Columbia County Health Department, 325 Columbia Street, Hudson NY, 12534. The Department of Health's phone number is: (518) 828-3358. Immunizations may also be obtained on a sliding scale of for free from the HRH Care Community Health Center on 750 Union Street, Hudson NY, 12534. People are asked to call for an appointment.

If you have any further questions, please feel free to contact the nurse of your student's building.

MC Smith Elementary School (Grades PK-5): (518) 828-4360 ext. 1118

Junior High School (Grades 6-8): (518) 828-4360 ext. 8311

Senior High School (Grades 9-12): (518) 828-4360 ext. 3107



## **Immunization Requirements**

New York State Public Health Law, Section 2164 mandates that schools shall not permit a child to be admitted unless the parent provides the school with a certificate of immunization or proof from a physician, nurse practitioner, or physician's assistant that the child is in the process of receiving the required immunizations.

All of the immunizations must be documented by your healthcare provider or health department with the exact date each immunization was administered. A NYSIIS/NYCIR records is also acceptable. Your child will not be permitted to remain in school without the necessary verification of vaccine records.

The immunizations checked below are needed to allow school attendance for your child:

- Meningococcal (MCV or MCV4) – all 7<sup>th</sup> through 12<sup>th</sup> graders
- Hepatitis B
- Measles, Mumps, and Rubella (MMR)
- Polio (IPV or OPV)
- Tetanus Toxoid-Containing Vaccine & Pertussis Vaccine (DTaP, DTP)
- Tetanus, Diphtheria, and Pertussis Booster (Tdap) – all 11 year old students entering 6<sup>th</sup> grade
- Varicella (Chickenpox)

**As soon as you obtain the Certificate of Immunization, bring it to the School Health Office.**

You may obtain vaccines from the Columbia County Dept. of Health on Columbia Street, Hudson. Their phone number is (518) 828-3358. You may also get vaccines from Sun River Health (formerly HRH Community Care) at 750 Union Street, Hudson. Their phone number is (518) 751-3060. They take almost all insurance plans and will provide services to under or non-insured patients. Your child's primary healthcare provider may also have vaccines for free or at a reduced fee from a federal vaccination program. Please call for an appointment at any of these facilities.

If you have further questions or concerns about immunizations or need assistance, please feel free to contact the school health staff.

**M.C. Smith Elementary School Nurse (Grades PK-5): (518) 828-4360 ext.1118**  
**Hudson Junior High School Nurse (Grades 6-8): (518) 828-4360 ext. 8311**  
**Hudson Senior High School Nurse (Grades 9-12): (518) 828-4360 ext. 3107**



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

School: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

Any chronic or potentially life threatening disorders or dangerous medical conditions the school personnel should be aware of:

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Treatment Plan for care of these medical problems:

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Does this student have any current physical restrictions or gym/recess concerns:

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Current medications to be taken in school:

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Medications taken at home:

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**All students need updated immunization records to stay in school!**

Parent/Guardian signature: \_\_\_\_\_



**HEALTH HISTORY FORM**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED BY A PARENT/GUARDIAN AND RETURNED TO THE SCHOOL NURSE**

Has your child ever had (please check the appropriate circle):

	YES	NO		YES	NO
Diabetes	<input type="radio"/>	<input type="radio"/>	Unusual Headaches	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	Head Injury/Concussion	<input type="radio"/>	<input type="radio"/>
Anemia	<input type="radio"/>	<input type="radio"/>	Convulsions/Seizures	<input type="radio"/>	<input type="radio"/>
Fainting Spells	<input type="radio"/>	<input type="radio"/>	Nose Bleeds: Frequent or Severe	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	Bladder/Kidney Problem or Injury	<input type="radio"/>	<input type="radio"/>
Hay Fever or Allergies	<input type="radio"/>	<input type="radio"/>	Ankle or Knee Injury	<input type="radio"/>	<input type="radio"/>
Ear Problems/Hearing Loss	<input type="radio"/>	<input type="radio"/>	Neck Injury	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Eye Problems/Vision Loss	<input type="radio"/>	<input type="radio"/>
Injury to the Spleen	<input type="radio"/>	<input type="radio"/>	Stomach Ulcer	<input type="radio"/>	<input type="radio"/>
History of Lyme Disease	<input type="radio"/>	<input type="radio"/>	Wears glasses or contact lenses	<input type="radio"/>	<input type="radio"/>
Recent fracture or dislocation	<input type="radio"/>	<input type="radio"/>	Heart problem, murmur, chest pain	<input type="radio"/>	<input type="radio"/>
History of Rheumatic Fever	<input type="radio"/>	<input type="radio"/>	Memory Loss or Head Trauma	<input type="radio"/>	<input type="radio"/>
Joint Sprain or Ligament Tear	<input type="radio"/>	<input type="radio"/>	Capped teeth or braces	<input type="radio"/>	<input type="radio"/>
Back Pain/Injury	<input type="radio"/>	<input type="radio"/>			

List allergies (if any): \_\_\_\_\_

Family history of cardiac problems or heart attack under the age of 50 years old?  Yes  No

List Past fractures or dislocations (if any): \_\_\_\_\_

Does your child have any potentially life-threatening health issues? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Is your child assigned to the Adaptive Physical Education Program?  Yes  No

If your child ever had an injury or illness which required surgery, please state reason: \_\_\_\_\_  
 \_\_\_\_\_

If your child is currently under medical care for an issue other than routine care, please state reason: \_\_\_\_\_  
 \_\_\_\_\_

It is recommended that physicals be done by your private health care provider to ensure consistent medical care.  
 My child will have a physical on \_\_\_\_\_ with their private health care provider.  
**Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my consent for HCSD to arrange for my child to have a physical at school with the School Medical Director.  
**Guardian's signature:** \_\_\_\_\_



**MEDICAL DIET PRESCRIPTION FOR MEALS AT SCHOOL**

Name of student for whom special foods at school are required or foods are to be excluded:

\_\_\_\_\_

**Disability or medical condition that requires** the student to have a special diet (include brief description of the major life activity affected by the student's disability, if applicable):

\_\_\_\_\_

Is this condition temporary or permanent? \_\_\_\_\_

**If this restriction is for a food allergy (complete all that apply):**

Food(s) student is allergic to: \_\_\_\_\_

Is this allergy for ingestion only? \_\_\_\_\_

Is this allergy related to touching the food? \_\_\_\_\_

Other than restriction, is there any other precaution we should consider in providing care for this student?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foods to be omitted: \_\_\_\_\_

If substitutions are allowed, please describe: \_\_\_\_\_

\_\_\_\_\_

**Diet restrictions, if applicable:**

\_\_\_ Diabetic (describe) \_\_\_\_\_

\_\_\_ Reduced Calorie (describe) \_\_\_\_\_

\_\_\_ Increased Caloric Intake (describe) \_\_\_\_\_

\_\_\_ Modified Texture (describe) \_\_\_\_\_

\_\_\_ Allergies (describe) \_\_\_\_\_

**– Please attach additional pertinent information regarding diet/feeding plan. –**

I certify that the above student has a chronic medical condition or disability and needs special school meals prepared.

**Practitioner's Signature:** \_\_\_\_\_

**Print Practitioner's Name:** \_\_\_\_\_

**Practitioner's Address:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**PLEASE FAX THIS FORM TO THE APPROPRIATE HEALTH OFFICE:**

**M.C. Smith Elementary School Fax Number: 518-697-8797**  
**Hudson Junior High School Fax Number: 518-697-8791**  
**Hudson Senior High School Fax Number: 518-697-8798**



## **Parent and Prescriber's Authorization for Administration of Medication in School**

### **Section 1 – To be completed by the Parent or Guardian**

I request that my child, \_\_\_\_\_ (Grade \_\_\_\_\_), receive the medication as prescribed below by our licensed health care prescriber. *The medication is to be furnished by me in the properly labeled original container from the pharmacy.* I understand that the School Nurse, or other designated person in the case of the absence of the School Nurse, will administer the medication.

Signature (Parent/Guardian):

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Date: \_\_\_\_\_

### **Section 2 – To be completed by the Licensed Health Care Prescriber**

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

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

Diagnosis:

\_\_\_\_\_

Name of medication, prescribed dosage, frequency, route of administration:

\_\_\_\_\_

\_\_\_\_\_

Conditions under which medication should be taken:

\_\_\_\_\_

Time to be taken during school hours:

\_\_\_\_\_

Duration of treatment:

\_\_\_\_\_

Possible side effects or adverse reactions:

\_\_\_\_\_

Other recommendations:

\_\_\_\_\_



Name & Title of Licensed Prescriber (please print):

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

Prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**M.C. Smith Elementary School** Fax Number: 518-697-8797

**Hudson Junior High School** Fax Number: 518-697-8791

**Hudson Senior High School** Fax Number: 518-697-8798

### **Administration of Medication in School**

New York State Education Law requires a physician's written order and a parent/guardian's authorization for school personnel to administer all medications, including non prescription drugs, in school.

Before medications can be dispensed, the following must be on file with the school:

- Physician's written order
- Parent/Guardian written authorization
- Bottle properly labeled with:
  - \* Name of child
  - \* Name and phone number of pharmacies
  - \* Name of licensed provider
  - \* Prescription number
  - \* Name of drug
  - \* Strength of drug
  - \* Dosage
  - \* Frequency of administration
  - \* Route of administration and other directions
  - \* Date of issue and number of refills

OTC (over-the-counter) medications must be in the original manufacturer's containers.

Medication must be delivered to the Health Office by a responsible adult.

All medications must be kept in a locked cabinet or separate locked drawer in the Health Office.

A Daily Medication Log is kept on all students receiving medication.



Students receiving medications on a long-term basis are evaluated periodically by the School Nurse.

Medication orders must be renewed annually or when there is a change in medication or dosage.

Willing unlicensed persons, who have been appropriately instructed and approved by the school nursing personnel, may assist self-directed students with the taking of their own oral, topical and inhalant medications.

When an oral medication is to be administered off school grounds or after school hours, it should be placed in a single dose medication envelope by school nursing personnel and properly labeled with:

- Student's name
- Name of medication and dosage
- Date and time to be given
- Special instructions
- possible side effects

### **Self-Medication**

When any member of school staff observes a student carrying or taking medication, that individual has the responsibility to refer the student to the Nurse. The nurse will contact the parent/guardian and set up the proper procedure for administration.

Under certain conditions, it may be necessary to allow a student to self-administer his/her own medication. In such cases, the Nurse must have on file a Self-Medication Release Form in addition to the routine district medication form.

Please fill in and return to the school nurse.  
Fax: 518-697-8797 Elementary School Nurse  
Fax: 518-697-8791 Junior School High Nurse  
Fax: 518-697-8798 Senior High School Nurse  
Thank You, The School Nurse

**FERPA RELEASE**  
**Hudson City School District**  
**215 Harry Howard Avenue**  
**Hudson, New York 12534**

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of "non-directory information" contained in a student's educational records. I understand that I have the right not to consent to the release/receipt of my/my child's education/health records and I have the right to receive and copy of such records upon request.

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

(Please Print)

I, the undersigned, hereby authorize the Hudson City School District ("District" to release/receive educational and/or health records.

To/From the following Person(s) and/or Agency(ies) and/or Medical Facility(ies):

Doctor Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

\_\_\_\_\_  
\_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

\_\_\_\_\_  
\_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

\_\_\_\_\_  
\_\_\_\_\_

I understand that this authorization remains in effect from today. I also understand that it will be necessary to send a written request to the District to revoke this authorization but that any such revocation shall not affect disclosures previously made by the District prior to the receipt of any such written revocation.

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

\_\_\_\_\_  
Date



## Student Digital Resources

Please note that your student will be issued a device by Hudson City School District

### Student Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_

### Device Information

**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.)**

- Desktop
- Laptop
- Tablet
- Chromebook
- None

**Who is the provider of the primary learning device?**

- Personal
- School

**Is the primary learning device shared with another student in the household?**

- Shared
- Not Shared

**Is the primary learning sufficient for your student to fully participate in all learning activities away from school?**

- Yes
- No



### Internet Access Information

**Is your student able to access the internet in their primary place of residence?**

- Yes
- No

**What, if any, is the primary barrier to having sufficient and reliable internet access in your student's primary place of residence?**

- Availability
- Cost
- None
- Other: \_\_\_\_\_

**What is the primary type of internet service used in your student's primary place of residence?**

- Residential Broadband
- Cellular
- Mobile Hotspot
- Community WiFi
- Satellite
- DSL
- None
- Other: \_\_\_\_\_

**In their primary residence, can your student complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?**

- Yes
- No



## Mobile Device Equipment Loan Form

For the 2026-2027 school year, Hudson City School District students will be loaned district mobile device equipment (Chromebook, iPad, hotspot, etc.) based on their grade level and program. These devices are to exclusively be used as a learning tool within, and outside of, school hours. While the district has agreed to loan this device to your student, it is essential that the following guidelines be followed to ensure the safe, efficient and ethical operation of this loaned device(s). *(Please review and sign both sides of the document.)*

- I will supervise my child's use of the device(s) at home.
- I will discuss my expectations regarding the use of the Internet at home.
- I will supervise my child's use of the Internet.
- I will not attempt to repair the Chromebook, nor will I attempt to clean it with anything other than a soft, dry cloth.
- I will not load or delete any software from the Chromebook.
- I agree to return the device to school when requested and/or upon my student's withdrawal, transfer or graduation from the Hudson City School District.
- I understand and agree that this equipment is, and at all times remains, the property of Hudson City School District and is loaned to my student for educational purposes. The device does have identification on it indicating that it is the property of HCS D and that identification **should not be altered, removed or modified** in any way. These devices are assigned and registered to each student individually, similar to a textbook or sports jersey and I am responsible to return the device and charger at the time and date indicated by the school.
- I understand that while normal wear and tear is expected, the device needs to be returned in working condition with no cracks, missing parts, etc. I understand that if the device is damaged, lost or stolen, I am responsible for the cost of the repair or replacement as with all other district-owned property provided to my student for educational purposes (jerseys, library books, etc.).

### **2026-2027 Replacement Costs:**

iPad \$250	iPad charger \$20
CTL Chromebook \$399 DELL Chromebook \$250	Chromebook Charger \$20
Chromebook Keyboard \$17.95	Front Cover \$24.95
Chromebook Back Cover \$18.95	Hotspot \$40
Hotspot Charger \$20	Hotspot Case \$10
Chromebook Case \$25	Chromebook Screen \$100

- I understand and agree that stickers and/or tape should not be used on the device nor the case. **I understand that writing, drawing or painting on the device and case is considered vandalism.** Replacement costs and disciplinary actions may apply if stickers, tape, writing, drawing or paint cannot be removed.

26-27 Mobile Device Equipment Loan Form  
Signature Page

- I understand that the primary purpose of the device is educational. To comply with federal regulations (CIPA and COPPA), policies and restrictions have been configured on the device to manage and monitor the device. Inclusive in these are web security filters on the device that will not allow students to access non-academic websites including social media.
- I agree to comply with HCS D BOE Policy #4526-E (reverse side of this document) regarding appropriate use of district computer resources and further agree to all parental responsibilities listed within this document,
- I understand it is mandatory that the Chromebook remains in the district-provided case.

**I have read, understand, and agree to abide by the provisions in the 2026-2027 Mobile Device Equipment Loan form for borrowing a district issued Mobile Device and/or hotspot.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Signature: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_

For Office Use Only

Chromebook	Hotspot
Chromebook Serial/Service Tag: _____	Hotspot Name/Number: _____
Chromebook Asset Tag: _____	Hotspot IMEI: _____
	Hotspot Asset Tag: _____



## Computer/Network Acceptable Use Policy

The Hudson City School District (HCS D) is pleased to offer 21st Century Technology to their employees and students and recognizes that technology in school gives students greater opportunities to learn, engage, communicate, and develop skills that will prepare them for work and life.

This Acceptable Use Policy (AUP) defines the guidelines and behaviors that students and employees are expected to follow when using school technology resources. The use of technology exacts certain responsibilities on the parts of employees, parents and students and is provided as a privilege, not a right. This AUP is a promise that the responsibilities inherent to technology use will be respected.

### **Technologies Covered**

HCS D may provide Internet access, desktop computers, mobile computers or other mobile devices, videoconferencing and online collaboration tools, message boards, email, and more. As new technologies emerge, HCS D will attempt to provide access to these tools. The policies outlined in this document are intended to cover all available technologies, not just those specifically listed.

### **Usage Policies**

All technologies provided by the district are intended for educational purposes. All students and employees are expected to use good judgment and to follow the specifics of this document as well as the spirit of it: be respectful, responsible, safe, and ready to learn; not try to get around technological protection measures and use good common sense.

### **Web Access**

HCS D provides its students and employees with access to the Internet, including web sites, resources, digital content, and other online tools. That access will be restricted in compliance with Child Internet Protection Act (CIPA) regulations and school policies. Web browsing is monitored and web activity records may be retained indefinitely.

Students and employees are expected to respect that the web filter is a safety precaution, and should not try to circumvent it when browsing the Web. If a site is blocked and a student or staff believes it shouldn't be, the user should follow district protocol.

### **Digital Citizenship**

Students and staff should always use the Internet, network resources, and online sites in a courteous and respectful manner. Students and employees should never share personal information, including phone number, address, social security number, birthday, or financial information, over the Internet *unless it is required to perform their job or educational duties*. Students should also remember not to post anything online that they wouldn't want parents, teachers, or future colleges or employers to see. Once something is online, it's out there – and can sometimes be shared and spread in ways you never intended.

### **Remote Learning**

*During remote learning, students shall be held to the same standards set forth in the Code of Conduct, including the prohibited conduct and potential penalties. Remote learning sessions and content will not be recorded in any way without permission, including, but not limited to, taking videos, photos or screenshots. Remote learning sessions and content will not be shared on any social media platform or other similar means. Students may not display any virtual backgrounds, photographs or objects during a videoconference or during remote learning that would violate the Code of Conduct.*

**Email**

HCSD may provide students and employees with email accounts for the purpose of school-related communication. Availability and use may be restricted based on school policies. If students or staff are provided with email accounts, they should be used with care. Students should not send personal information *unless required for an assignment*; should not attempt to open files or follow links from unknown or untrusted origin; should use appropriate language; and should only communicate with other people as allowed by the district policy or the teacher. Students and employees are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as offline. Email usage may be monitored and archived.

**Social/Web 2.0/Collaborative Content**

Recognizing the benefits collaboration brings to education, HCSD may provide students and employees with access to web sites or tools that allow communication, collaboration, sharing, and messaging among others. Students and employees are expected to communicate with the same appropriate safe, mindful, courteous conduct online as offline. Posts, chats, sharing, and messaging may be monitored. Communicating over the Internet brings anonymity and associated risks, and employees and students should carefully safeguard the personal information of themselves and others. If you see a message, comment, image, or anything else online that makes you concerned for your personal safety, bring it to the attention of an adult (teacher or staff if you're at school; parent if you're using the device at home or supervisor in the case of an employee) immediately. Students should never agree to meet someone they meet online in real life.

**Security**

Students and employees are expected to take reasonable safeguards against the transmission of security threats over the school network including the wireless network. This includes not opening or distributing infected files or programs and not opening files or programs of unknown or untrusted origin. If you believe a computer or any mobile or any removable device you are using might be infected with a virus, immediately turn off the device and please alert the IT helpdesk. Do not attempt to remove the virus yourself or download any programs to help remove the virus.

**Downloads**

Students and employees should not download or attempt to download or run .exe programs over the school network or on school resources without express permission from IT helpdesk. You may be able to download other file types, such as images or videos. For the security of our network, download such files only from reputable sites, and only for education purposes.

**Mobile Or Removable Devices Policy**

HCSD may provide students and employees with mobile computers or other removable devices to promote learning outside of the classroom. Students and employees should abide by the same Acceptable Use Policy when using school devices off the school network as on the school network. Students and employees are expected to treat these devices with extreme care and caution; these are expensive devices that the school is entrusting to your care. Students and employees should report any loss, damage, or malfunction to IT staff immediately. Students and employees may be financially accountable for any damage resulting from negligence or misuse. Use of school-issued mobile devices off the school network may be monitored.

**Personally-Owned Devices Policy**

Students and employees should keep personally-owned devices (including laptops, tablets, and Chromebooks) turned off and put away during school hours – unless in the event of an emergency or as instructed by a teacher or supervisor for educational purposes. Because of security concerns, when personally-owned mobile devices are used on campus, they should not be used over the school network

without express permission from IT staff. In some cases, a separate network may be provided for personally-owned devices.

**Plagiarism**

Students should not plagiarize (or use as their own, without citing the original creator) content, including words or images, from the Internet. Students should not take credit for things they didn't create themselves, or misrepresent themselves as an author or creator of something found online or in another source. As with any research v should be appropriately cited, giving credit to the original author.

**Cyber bullying**

Cyber bullying will not be tolerated. Harassing, dissing, flaming, denigrating, impersonating, outing, tricking, excluding, and cyber stalking are all examples of cyberbullying. Don't be mean. Don't send emails or post comments with the intent of scaring, hurting, or intimidating someone else. Engaging in these behaviors, or any online activities intended to harm (physically or emotionally) another person, will result in severe disciplinary action and loss of privileges. In some cases, cyber bullying can be a crime. Remember that your activities are monitored and retained.

## **Computer/Network Acceptable Use for Students**

HCSD shall not be liable for inappropriate use of electronic computer and/or communications resources, violations of copyright restrictions or other laws, users' mistakes or negligence, or costs incurred by users for any reason.

HCSD shall not be responsible for ensuring the accuracy, age appropriateness, or usability of any information found on the Internet, network, or any other form of computer use and/or electronic communication.

Access to HCSD's computer network and/or electronic communications systems is a privilege, not a right. All users shall be required to acknowledge receipt and understanding of the following regulations governing the use of the systems and shall agree in writing their compliance with such regulations. Non-compliance may result in suspension of access or termination of privileges or other disciplinary action. Misuse, theft or vandalism of HCSD computer network and/or electronic communications systems in any way will not be tolerated.

### **Examples of Acceptable Use**

I will:

- Use school technologies for school-related activities.
- Keep my personal log in/password to myself.
- Follow the same guidelines for respectful, responsible behavior online that I am expected to follow offline.
- Treat school resources carefully, and alert staff if there is any problem with their operation.
- Encourage positive, constructive discussion if allowed to use communicative or collaborative technologies.
- Alert a teacher or other staff member if I see threatening, inappropriate, or harmful content (images, messages, posts) online.
- Use school technologies at appropriate times, in approved places, for educational pursuits.
- Cite sources when using online sites and resources for research.
- Recognize that use of school technologies is a privilege and treat it as such.
- Be cautious to protect the safety of myself and others.
- Help to protect the security of school resources.

*This is not intended to be an exhaustive list. If you are unsure whether or not a particular action is acceptable, please bring it to the attention of an adult.*

### **Examples of Unacceptable Use**

I will not:

- Use school technologies in a way that could be personally or physically harmful.
- Share my personal log in/password with others.
- Attempt to find inappropriate images or content.
- Engage in cyberbullying, harassment, or disrespectful conduct toward others.
- Try to find ways to circumvent the school's safety measures and filtering tools.
- Use school technologies to send spam or chain mail.
- Plagiarize content I find online.
- Post personally-identifying information, about myself or others.
- Agree to meet someone I meet online in real life.
- Use language online that would be unacceptable in the classroom.
- Use school technologies for illegal activities or to pursue information on such activities.
- Attempt to hack or access sites, servers, or content that isn't intended for my use.
- Create, share, distribute or sell sexually explicit or other inappropriate materials.

*This is not intended to be an exhaustive list. If you are unsure whether or not a particular action is acceptable, please bring it to the attention of an adult*

**Violations of this Acceptable Use Policy**

Violations of any of these rules may result in consequences, including, but not limited to, loss of technology use privileges, a failing grade, suspension, expulsion, financial liability and/or legal action.

### Parent Permission Form/ Student Acceptable Use Policy Agreement

**Please complete ALL SECTIONS and return this form to the school office.**

*By signing the permission form, the Hudson City School District, its employees and/or any affiliated institutions will be released from any and all claims of any nature that may result from a student's use of, or inability to use, our computers and network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.*

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Teacher \_\_\_\_\_

**Please circle YES or NO**

My child has access to the Internet at home for their schoolwork      **YES**      **NO**

#### Parent Permission for Student Technology Use

As a parent or guardian of a student at Hudson City School District, I have read the **Computer / Network Acceptable Use Policy (AUP)** and I understand this agreement will be kept on file at my child's school.

(Questions should be directed to the principal for clarification.)

- 1. **My child may use the computer/instructional network according to the rules outlined in the AUP.**      **YES**      **NO**
  
- 2. **My child may use the Internet according to the rules outlined in the AUP.**      **YES**      **NO**

Parent Name (Please Print) \_\_\_\_\_

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

#### Student Use Agreement

As a Hudson City School District Student, I have reviewed the **Computer / Network Acceptable Use Policy (AUP)** with my parents and I agree to comply with these rules.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# Helping to Build Bright Futures for Students.

## Dear Parent or Guardian,

Welcome to Verizon Innovative Learning, an initiative that puts technology in the hands of students, transforming schools into innovative and exciting learning environments. Our mission is to help give millions of students the education they deserve, for a brighter future.

## What is Verizon Innovative Learning?

Millions of students nationwide lack the access to technology and the skills they need to succeed in the digital world. Since 2012, Verizon has been working to help solve this problem through a transformative program called Verizon Innovative Learning. It's a key part of Citizen Verizon, the company's responsible business plan for economic, environmental, and social advancement.

Verizon Innovative Learning provides free technology, free internet access, and hands-on learning experiences to help ensure the benefits of technology are realized by all. Through our collaboration with Digital Promise, a leading national education technology non-profit, we equip every student and teacher at select middle schools and high schools across America with a device and up to a four-year data plan, and provide students without reliable home internet access with a mobile hotspot device, in addition to free technology and access. Verizon Innovative Learning schools receive extensive teacher training, support, and the opportunity to engage in unique, immersive curricula to leverage technology in their classrooms.

## How will my child benefit?

Verizon Innovative Learning is having an impact in middle schools and high schools across the country. Through this initiative, 92% of teachers reported that the program helped prepare them to teach remotely, while 84% said it enhanced student engagement. 54% of students reported having improved their confidence in things they can do.

On behalf of Verizon Innovative Learning and Digital Promise, we would like to thank you for the opportunity to work alongside the educators in your child's life.



**Rose Stuckey Kirk**  
Chief Corporate Social Responsibility  
Officer and President, Verizon Foundation

verizon  
innovative  
learning

Digital  
Promise

@verizon  
#verizoninnovativelearning  
verizoninnovativelearning.com

**Exhibit C**  
**MINOR STUDENT END USER PARTICIPATION AGREEMENT**

This MINOR PARTICIPANT END USER PARTICIPATION AGREEMENT (this "Agreement"), effective as of the date executed below ("Effective Date"), is entered into by and between **National Center for Research in Advanced Information and Digital Technologies d/b/a Digital Promise** (the "Grantee") and \_\_\_\_\_ (the parent or guardian of the minor participating in the Verizon Innovative Learning Schools program (the "Minor Participant"), who shall be referred to as the "End User" or "you" or "Your") collectively referred to herein as the "Parties."

**By your signature, you acknowledge and agree to the following:**

**PURPOSE**

1. Minor Participant will receive a wireless device and service at no charge in order to facilitate participation in the Verizon Innovative Learning Schools program. The wireless device and service have been donated by Verizon Wireless and are provided to Minor Participant by the Grantee under the terms and conditions of this Agreement. This Agreement may be terminated at any time by Verizon Wireless for any reason. The term of this Agreement shall be from the date of execution by parent/guardian until Minor Participant is no longer an active participant in the program.

**WIRELESS DEVICE AND SERVICE**

2. The wireless device is intended for Minor Participant's use alone, solely for purposes of the program, and it cannot be sold or transferred to any other person or entity. Verizon Wireless will provide voice and/or data service solely to facilitate participation in the program; however, if Minor Participant has excessive usage, makes international calls/text messages with the wireless device, streams audio or video other than in connection with the program, or streams games, the service may be limited, slowed or terminated without notice. At the end of Minor Participant's participation in the study, Verizon Wireless will discontinue wireless service to the device and you agree to return the device to Grantee.

**TREATMENT OF INFORMATION ASSOCIATED WITH USE OF THE DEVICE AND SERVICE**

3. Information about the Minor Participant's use of the wireless device and service, including, but not limited to, details of when he or she used data services or placed calls and to whom, is information of the Grantee, as the customer of record for the device and service. Therefore, this information may be accessed by and shared with Grantee, and those parties to whom Grantee authorizes, including VCRG. No personally identifiable information or content will be accessible by VCRG.

**FAILURE AND/OR DISRUPTION OF SERVICES**

4. Cellco Partnership d/b/a Verizon Wireless ("Verizon Wireless") or its vendors and suppliers shall have no liability whatsoever for End User's losses, claims or damages for any cause whatsoever, including direct, indirect, special, consequential, treble or punitive damages, or for limitations in service, including but not limited to, any failure or disruption of services provided hereunder, regardless of the form of action, whether in contract or in tort or otherwise. This limitation includes losses, damages, claims or expenses of any kind arising out of the use or attempted use of the services, or inability to access life support or monitoring systems or devices, 911 or E911 or other emergency call or service. You shall not be deemed a third-party beneficiary of any contract between the Grantee and Verizon Wireless.

**ARBITRATION**

**5. END USER AGREES THAT, TO THE FULLEST EXTENT PROVIDED BY LAW:**

(i) ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT, OR TO ANY DEVICE OR SERVICE PROVIDED UNDER OR IN CONNECTION WITH THIS AGREEMENT, WILL BE SETTLED BY INDEPENDENT ARBITRATION INVOLVING A NEUTRAL ARBITRATOR AND ADMINISTERED BY THE AMERICAN ARBITRATION ASSOCIATION (“AAA”) UNDER WIRELESS INDUSTRY ARBITRATION (“WIA”) RULES, AS MODIFIED BY THIS AGREEMENT. WIA RULES AND FEE INFORMATION ARE AVAILABLE FROM THE AAA at [www.adr.org](http://www.adr.org). **ARBITRATION IS NOT A COURT PROCEEDING. THE RULES OF ARBITRATION DIFFER FROM THE RULES OF COURT. THERE IS NO JUDGE OR JURY IN AN ARBITRATION PROCEEDING.** THIS ARBITRATION CLAUSE SHALL APPLY TO ANY CLAIMS THAT END USER MIGHT SEEK TO ASSERT AGAINST GRANTEE OR VERIZON WIRELESS AND TO ANY CLAIMS THAT GRANTEE OR VERIZON WIRELESS MIGHT SEEK TO ASSERT AGAINST END USER. VERIZON WIRELESS IS A THIRD PARTY BENEFICIARY OF THIS AGREEMENT FOR SUCH PURPOSE.

(ii) The Federal Arbitration Act applies to this Agreement. **EVEN IF APPLICABLE LAW PERMITS CLASS ACTIONS OR CLASS ARBITRATIONS, END USER WAIVES ANY RIGHT TO PURSUE ON A CLASS BASIS ANY SUCH CONTROVERSY OR CLAIM AGAINST GRANTEE OR VERIZON WIRELESS, OR ANY OF THEIR AFFILIATES OR PREDECESSORS IN INTEREST.** If multiple claims are joined in one action, some of which would not be subject to arbitration, the latter claims must be stayed until any claims in that action that are subject to arbitration have been resolved. If claims are asserted against multiple parties, some of whom are not required to arbitrate, the claims subject to arbitration must be severed; However, End User retains his/her right to file a complaint with any regulatory agency or commission.

(iii) No arbitrator has authority to award relief in excess of what this Agreement provides, or to order consolidation or class arbitration, except that an arbitrator deciding a claim arising out of or relating to a prior agreement may grant as much substantive relief on a non-class basis as such prior agreement would permit. In all arbitrations, the arbitrator must give effect to applicable statutes of limitations and will decide whether an issue is arbitrable or not. In a Large/Complex Case arbitration, the arbitrators must also apply the Federal Rules of Evidence and the losing party may have the award reviewed by a review panel consisting of three (3) arbitrators.

<b>Parent or Guardian:</b>	<b>Digital Promise:</b>
Sign Here:	Sign Here:
Print Name:	Print Name: Kathryn Petrillo-Smith
Address:	Address: 1001 Connecticut Ave NW, #935 Washington, DC 20036
Date:	Date:
Name of student participant:	

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

**Parent/Guardian and Student Checklist**

Please initial each line below to confirm your understanding and agreement:

Initial

<b>P/G</b>	I understand that I need to monitor my data usage so that it does not exceed 30 GB per month and that I may not stream audio or video except in connection with the program, and that I may not stream games.
<b>S</b>	
<b>P/G</b>	I agree not to download any billable or paid applications (apps) except those that are provided by my school.
<b>S</b>	
<b>P/G</b>	I agree not to use the personal hotspot on the device or allow any other devices to access the device's personal hotspot.
<b>S</b>	
<b>P/G</b>	I agree not to remove any hardware (i.e. SIM chip) or software from the device unless authorized by VCRG or Verizon Wireless.
<b>S</b>	
<b>P/G</b>	I agree to use my assigned device only within the 50 states of the United States of America.
<b>S</b>	
<b>P/G</b>	If my assigned wireless device is damaged, lost or stolen, I agree to report it immediately to the District Lead.
<b>S</b>	
<b>P/G</b>	I understand that if my device becomes inoperable due to a manufacturer's defect, I will return the device to the school and exchange it for an operating device. I understand that if I receive a device and it is lost, stolen or damaged, including a cracked screen, I may have limited use of the device in accordance with school procedures.
<b>S</b>	
<b>P/G</b>	I understand that Digital Promise, Verizon Wireless or VCRG can suspend or terminate service at any time, without notice.
<b>S</b>	
<b>P/G</b>	I agree to be kind and safe in my digital interactions with others and to take care of the device assigned to me.
<b>S</b>	

I understand if I violate any of these terms, I may be required to return my assigned wireless device to the Principal who will return it to the District Lead.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date



## General Release

I grant Verizon Licensing Company, its affiliates, successors, assigns, and licensees ("Verizon") the following rights:

1. I grant Verizon the right to take photographs and videos of me and my image and likeness and record or otherwise take my voice for testimonials and other statements ("Photography").
2. I also grant Verizon the right to edit and use the Photography at any time and in any way whatsoever, for any purpose, and in any manner and medium, including but not limited to, advertising, publicity or promotional material, in print, video, television, radio, or any other media, electronic or otherwise, including websites and the Internet, and to use quotations and soundtrack recordings of me or my voice in connection with the use of the Photography.
3. I waive any right to inspect or approve the Photography or how the Photography is used and further waive any claim that I may have with respect to its use.
4. I acknowledge that I will not receive any compensation other than any publicity that I may receive relating to the use of the Photography.
5. I forever release and discharge, and agree to hold harmless Verizon and its directors, officers, agents, employees, shareholders and representatives from any and all liability for any violation of any personal rights (including right of privacy and right of publicity), intellectual property rights or any other rights which I may have arising out of or in connection with Verizon's use of the Photography.
6. I represent and warrant that I am of full age and have every right to contract in my own name in the above regard. This agreement shall be binding upon me, my heirs, legal representatives and assigns.

I hereby agree and consent:

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**Signature**

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**Date**

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**Printed Name**

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**Mailing Address**

If a minor: I am the (parent/legal guardian) of the named minor. I agree and consent to the foregoing on behalf of the minor and personally join in the warranties and representations above. I also agree to indemnify and hold harmless Verizon against any claims the minor may make as a result of Verizon's use of the Photography as described above.

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**Signature**

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**Date**

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**Printed Name**

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**Mailing Address**