

REGISTRATION INFORMATION
CLARKSTOWN CENTRAL SCHOOL DISTRICT

Phone: 845-639-6310 Website: www.ccsd.edu

Welcome! Year round new students are registered and address changes are made by contacting the district registrar at 845-639-6310 or registrar@ccsd.edu. Please be sure to complete the registration packet and include required documents listed below prior to submitting. You can return the completed packet by: email to registrar@ccsd.edu, mail, or at the drop box located at 62 Old Middletown Road in New City.

Please Note: When a Clarkstown family has a change of address or enrolls a new student or re-enrolls a student, residency **MUST** be verified again. There are **NO** exceptions.

____ REGISTRATION PACKET - One packet must be completed for each child

- ____ Housing Questionnaire
- ____ Residency Affirmation Form
- ____ Student Data Form
- ____ Home Language Questionnaire

____ PROOF OF RESIDENCY

All students entering the Clarkstown Central School District must provide the proper documentation as outlined below to establish residency. All proofs of residency must be current, i.e. tax bill and utility bill cannot be dated prior to 60 days before submission of this registration. The documents provided must always state the student's physical address. A post office box is never an accepted address for the purpose of determining residency. Leases and affidavits must be updated annually, and homeownership will be verified via annual tax bill.

HOMEOWNERS

The name and address on the documents must match the name and address of the parent or legal guardian of the student being registered.

____ Mortgage Statement or Tax Bill

If you have just recently closed on a new home, please provide your Settlement/Closing Statement or Deed.

-AND-

____ Current Utility Bill OR Utility hook-up receipt

(i.e., cable, electric, gas/fuel, water, home telephone or internet service)

-OR-

RENTERS

The name and address on the documents must match the name and address of the parent or legal guardian of the student being registered.

____ Signed Lease Agreement with the terms listed and landlord's phone number

-AND-

____ Current Utility Bill OR Utility hook-up receipt (i.e., cable, electric, gas/fuel, water, home telephone or internet service). *Please note: After enrollment, a current lease and utility bill must be submitted to the Registrar's Office within 30 days of the lease expiration date.*

The Clarkstown Central School District reserves the right to
request additional and/or updated proof of residency.

CCSD REGISTRATION INFORMATION

DOCUMENT CHECK LIST (cont.):

_____ BIRTH CERTIFICATE

Copy of original birth certificate with raised seal (translated into English, if necessary).

_____ PROOF OF PARENTAL RELATIONSHIP

Students will be registered when proper proof of parental relationship is presented. The parent/legal guardian must be present at time of registration and must provide a copy of valid photo ID.

_____ Driver's License or Government Issued I.D.

_____ Custody Paperwork, if necessary:

Foster Parents: DSS-2999 form is required.

Guardianship: Guardianship documents signed by a court officer are required.

Separated or Divorced Parents: Documents signed by a court officer stating parent has physical custody of the child is required.

_____ SCHOOL RECORDS

_____ Current Individualized Education Program (IEP), if applicable.

**CLARKSTOWN CENTRAL SCHOOL DISTRICT
HOUSING QUESTIONNAIRE**

Name of LEA: Ms. Erin Ginsberg Supervisor of Pupil Services

Name of School: _____

Name of Student: _____
Last First Middle

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

Address: _____ Phone: _____

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 box.)

- ☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____
☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

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

STUDENT REGISTRATION / DISTRICT RESIDENCY AFFIRMATION

In order to attend the schools of the Clarkstown Central School District, a child must reside within the District. Per New York State Education Law, residency requires the child's physical presence as an inhabitant of the district and the intention to reside within the district. Children who do not live within District boundaries are not eligible to attend District schools. (Note that a child's residence is generally presumed to be that of his/her parents or legal guardian.)

When you register your child, you are declaring to the District that the child is in fact a District resident, and intends to remain in the District. If you present an in-District address when registering the child, despite the child residing out-of-District, we will take the steps necessary to remove the child from school and the District will seek to recoup imputed tuition and legal penalties.

It is the obligation of the parent or guardian to advise the District immediately if there is any change of address at which the child resides, or if there is a change in the custodial relationship to the child by a parent or guardian.

If you are unsure as to whether your child is a resident of the District, please contact the Registrar's Office at 845.639.6310.

I attest that all the information provided on the following registration form and other associated paperwork submitted concerning the residency of my child, including any asserted-as-binding custodial arrangement, is accurate. I understand that if I deliberately provide false or inaccurate information to the Clarkstown Central School District in order to gain admission to District schools, I may be committing a crime subject to prosecution.¹ I also understand that I will be responsible for the payment of tuition for my child if s/he received educational services from the District to which he/she was not entitled because of non-residency.

Date _____

Student's Name _____ Date of Birth _____

Print Name of Parent/Legal Guardian (Circle One) _____

Residence (Home Address) of Parent/Legal Guardian

Signature of Parent/Legal Guardian _____

¹ Making a false statement to obtain a governmental benefit to which one is not entitled can represent a variety of criminal violations, as per Sections 155.30, 155.35, 155.40, 175.30, 175.35, 210.05, 210.10, and/or 210.45 of the New York Penal Law.

CLARKSTOWN CENTRAL SCHOOL DISTRICT REGISTRATION FORM

Student ID # _____	STUDENT DATA	Effective Date: _____
First Name _____ MI _____ Last Name _____ Gender _____		
Street Address _____	City or Town _____ Zip _____	Household Phone # _____
Birth Date _____ Birth Place (Town, State, Country) _____		
For student NOT born in USA: Date entered USA School _____ Number of years in U.S. schools prior to CCSD _____		
Home Language _____		Student Dominant Language _____
Is the student Hispanic, Latino or of Spanish origin: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Racial Group: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander		
Has the student had an educational evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, does the student have a: <input type="checkbox"/> Current IEP <input type="checkbox"/> 504 Accommodation Plan		
Has student registered in Clarkstown previously?		Name and address of last school attended _____
No <input type="checkbox"/> Yes <input type="checkbox"/> If yes date left: _____		_____
Yes <input type="checkbox"/> Preschool Evaluation		Date Left _____
FOR OFFICE USE ONLY		
Entry School: _____	Grade: _____	Entered 9th Grade _____ Year of Graduation _____

FAMILY DATA			
PARENT/LEGAL GUARDIAN _____ Last Name, First Name Priority 1 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home			
PARENT/LEGAL GUARDIAN _____ Last Name, First Name Priority 1 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		Marital Status _____ Priority 2 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Relationship to Child _____		E-Mail Address _____ Priority 3 Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Siblings Names _____ _____		Date of Birth _____ _____	

EMERGENCY CONTACTS WHEN PARENTS CANNOT BE REACHED			
Emergency Contact #1 _____ Last Name, First Name Relationship to Child Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home			
Emergency Contact #2 _____ Last Name, First Name Relationship to Child Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home			
I am a resident of the Clarkstown School District and the parent/legal guardian of the above child.			
Signature _____		Date _____	

Submitting false documentation to obtain a governmental benefit to which one is not entitled, such as false residency information to gain access to public school, is punishable as a crime, including but not limited to Fraud, Perjury and Larceny. Be forewarned that the District will refer such to the proper authorities.

A conviction could result in imprisonment.

Home Address before moving to Clarkstown: Own Rent

Telephone number before moving to Clarkstown:



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

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.

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 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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



Dr. Robert L. Yeager Health Center
50 Sanatorium Road, Building D
Pomona, New York 10970
Phone: (845) 364-2032 Fax: (845) 364-2093



***CONSENT FORM FOR ACCESSING A PARENT'S OR STUDENT'S MEDICAID INSURANCE
TO PAY FOR CERTAIN SPECIAL EDUCATION SERVICES IN A STUDENT'S
INDIVIDUALIZED EDUCATION PROGRAM (IEP)***

Dear Parent/ Guardian of _____:

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the municipality to bill for covered health-related services,

I, _____, as the parent/guardian of, _____,
(print child's name) (child's date of birth)

Address (please include apartment number) _____ City _____
(Where child resides as per IEP)

have received a written notification from the school district/municipality that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the municipality may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage.
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The municipality must give me annual written notification of my rights regarding this consent.

Student CIN, if known: _____

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Name and Signature:

Print Name

Signature

Date



CLARKSTOWN CENTRAL SCHOOL DISTRICT

Alexis Kearsey, Psy.D.
CPSE / CSE Chairperson

62 Old Middletown Road · New City · NY 10956
Tel: (845) 639-6491 · Fax: (845) 639-6412
akearsey@ccsd.edu

Dear Parents/Guardians,

Welcome to the Clarkstown Central School District and the CPSE office. Thank you for referring your child for a Committee on Preschool Special Education initial evaluation. I would like to take the opportunity to outline the Initial Eligibility process.

The Committee on Preschool Special Education (CPSE) is responsible for arranging an evaluation of any preschool student who is suspected of having a disability. The following steps outline the process:

1. Complete the registration process with the district Registrar which includes a CPSE Referral.
2. A Prior Written Notice (PWN) Consent for Initial Evaluation will be sent to you by mail together with a list of evaluating agencies. Upon return of the signed PWN Consent for Initial Evaluation, the agency you've selected will be informed. They will contact you directly to schedule the evaluation.
3. The evaluation will include the following, at no cost to the parent:
 - An individualized psychological evaluation
 - A social history
 - An observation
 - Other appropriate assessments or evaluations as necessary to ascertain physical, language or emotional factors, which may contribute to the suspected disability.
4. Once the evaluation process is completed, the parents/guardians will be provided with written reports by the evaluating agency.
5. You will be invited to an Initial Eligibility CPSE meeting to determine if your child is eligible to be classified as a student with a disability and receive special education services. If your child is eligible for services, specific services will be determined at this meeting.

Please feel free to contact the CPSE office with any questions or concerns. I look forward to working with you and your family!

Sincerely,

Dr. Alexis Kearsey

alk/ltl



CLARKSTOWN CENTRAL SCHOOL DISTRICT

Alexis Kearsey, Psy.D.
CPSE / CSE Chairperson

62 Old Middletown Road · New City · NY 10956
Tel: (845) 639-6491 · Fax: (845) 639-6412
akearsey@ccsd.edu

Guidelines for Completing the CPSE Referral Form *(Please complete ALL information to minimize any delays)*

Reasons for Referral: This may include the following possible reasons:

- "We are transitioning from Early Intervention Services. My child currently receives special education, physical therapy, speech therapy, case management, occupational therapy, etc."
- "I am concerned with my child's ability to behave well, follow directions, hear sounds, learn new material, sit, attend to activities, walk, jump, run, balance, talk, play with other children, write, complete activities of daily living (e.g. hand washing, dressing), understand, express themselves, etc."
- "The general education preschool teacher has the following concerns ... "
- "The pediatrician has the following concerns ... "
- "My family has the following concerns ... "

Present Placement: This should reflect where the student spends their days (e.g. preschool, home, babysitter, nursery school, early intervention provider, etc.)

Previous/Present Intervention/Services: This should reflect any early intervention or special education services your child is currently receiving or has received in the past.

Significant History: This should reflect any health concerns, medical diagnoses, hospitalizations, premature birth, pregnancy complications, significant number of ear infections, etc.

Medicaid Number: This should reflect the Medicaid number if the parent has one and chooses to share it with the district.

NYS Education Department's Procedural Safeguards Notice-The Registrar will hand you a packet which provides you with the rights of parents of children with disabilities ages 3 through 21.

CLARKSTOWN CENTRAL SCHOOL DISTRICT
PUPIL PERSONNEL SERVICES / COMMITTEE ON PRESCHOOL SPECIAL EDUCATION
62 OLD MIDDLETOWN ROAD
NEW CITY, NY 10956

CPSE REFERRAL FORM
FORMULARIO DE REFERENCIA A CPSE

Name of Child: _____ Date of Referral: _____
(nombre de estudiante) (Jecho de referido)

Date of Birth: _____ Age: _____
(Jecho de nacimiento) (edad)

Parent/Guardian _____
(padre o guardian) (Please Print) (por favor imprimir)

Address: _____
(dirección) Street/City/State/Zip Code Calle/Ciudad/Codigo

E-Mail Address: _____
(dirección de correo electronico)

Home/Mobile Phone: _____ Business Phone: _____
(teléfono de casa/cellular) (teléfono de empleo)

***** REASON FOR REFERRAL (why is evaluation being requested) DO NOT LEAVE BLANK *****
(movido por referido - ¿por qué solicita una evaluación?)

Present Placement (where is child during the day): _____
(presente colocación) (School/Day Care/Agency/Early Intervention) (Guaderia/Agencia)

Number of Hours Weekly Spent in Nursery School or Day Care: _____
(número de horas dedicadas semanalmente en la guaderia o agenda)

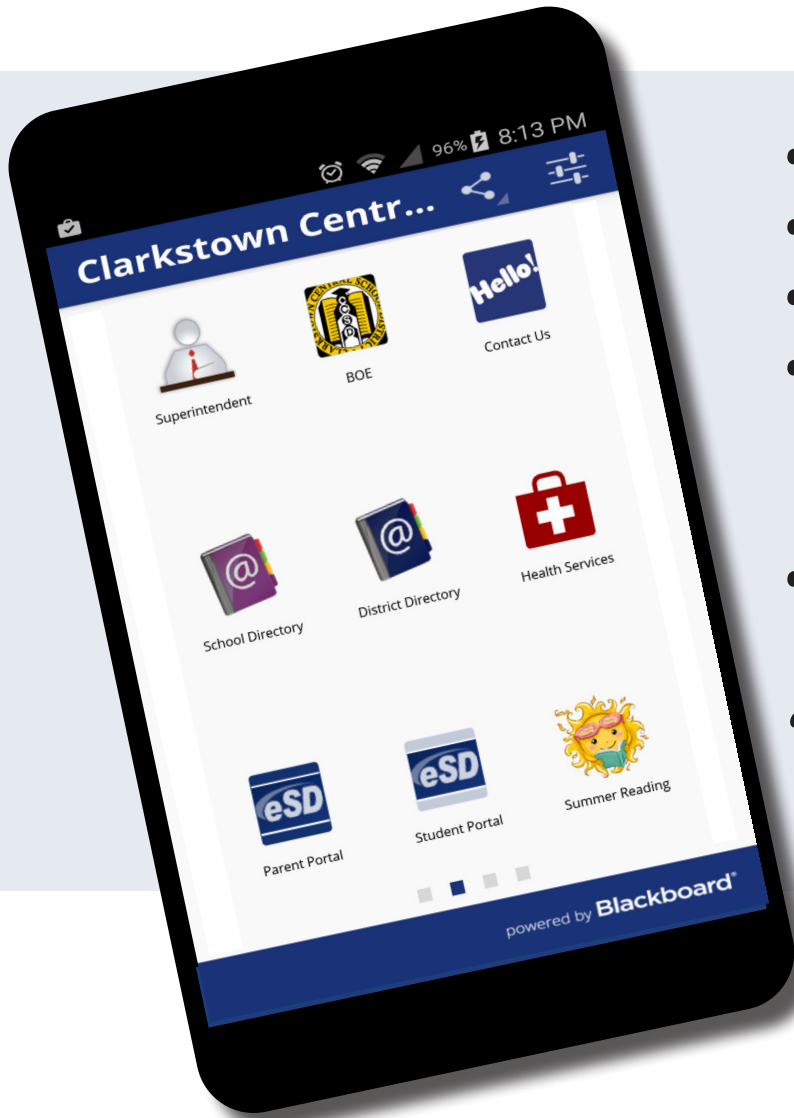
SIGNIFICANT History: _____
(historia significativa) (any hospitalization, ear infections, premature birth) (alguna hospitalización, infecciones def oido, el nacimiento prematuro)

PREVIOUS/PRESENT INTERVENTION/Services: _____
(intervencion previa/servicios)

PRIMARY LANGUAGE SPOKEN BY CHILD _____

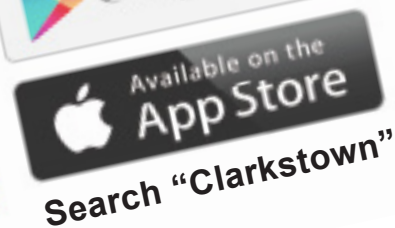
Medicaid Number: _____ (numero de Medicaid)

GET THE CCSD APP



- Receive Alerts
- Review Past Alerts
- View News Stories
- View Calendar Events
 - one click adds events to your device's calendar
- CCSD Staff Directory
 - one click to send an email
- **** Coming Soon ****
 - login option for a more personalized experience

What are you waiting for?



Search "Clarkstown"

8635-E PARENTS' BILL OF RIGHTS FOR STUDENT DATA PRIVACY AND SECURITY

The Clarkstown Central School District, in recognition of the risk of identity theft and unwarranted invasion of privacy, affirms its commitment to safeguarding student personally identifiable information (PII) in educational records from unauthorized access or disclosure in accordance with State and Federal law. The Clarkstown Central School District establishes the following parental bill of rights:

- Student PII will be collected and disclosed only as necessary to achieve educational purposes in accordance with State and Federal Law.
- A student's personally identifiable information cannot be sold or released for any marketing or commercial purposes by the district or any third party contractor. The district will not sell student personally identifiable information and will not release it for marketing or commercial purposes, other than directory information released by the district in accordance with district policy;
- Parents have the right to inspect and review the complete contents of their child's education record (for more information about how to exercise this right, see [5500-R](#));
- State and federal laws, such as [NYS Education Law §2-d](#) and the Family Educational Rights and Privacy Act, protect the confidentiality of students' personally identifiable information. Safeguards associated with industry standards and best practices, including but not limited to, encryption, firewalls, and password protection, must be in place when data is stored or transferred;
- A complete list of all student data elements collected by the State Education Department is available for public review at <http://nysed.gov.data-privacy-security> or by writing to: Chief Privacy Officer, New York State Education Department, 89 Washington Avenue, Albany, NY 12234
- Parents have the right to have complaints about possible breaches and unauthorized disclosures of student data addressed. Complaints should be directed to John LaNave, Assistant Superintendent for Business, by telephone or email at (845) 639-6472, jlave@ccsd.edu, or by mail to 62 Old Middletown Road, New City, NY 10956. Complaints can also be directed to the New York State Education Department online at <http://nysed.gov.data-privacy-security>, by mail to the Chief Privacy Officer, New York State Education Department, 89 Washington Avenue, Albany, NY 12234 or by email to privacy@mail.nysed.gov or by telephone at 518-474-0937.
- Parents have the right to be notified in accordance to applicable laws and regulations if a breach or unauthorized release of their student's PII occurs.
- Parents can expect that educational agency workers who handle PII will receive annual training on applicable federal and state laws, regulations, educational agency's policies and safeguards which will be in alignment with industry standards and best practices to protect PII
- In the event that the District engages a third party provider to deliver student educational services, the contractor or subcontractors will be obligated to adhere to State and Federal Laws to safeguard student PII. Parents can request information about third party contractors by contacting John LaNave, Assistant Superintendent for Business, by telephone at (845) 639-6472, by email at jlave@ccsd.edu, by mail to 62 Old Middletown Road, New City, NY 10956, or can access information on the district's website www.ccsd.edu

Adoption Date: May 6, 2021

Revised: December 8, 2021.

Clarkstown Central School District

Exhibit 5500-E.1 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) NOTICE REGARDING ACCESS TO STUDENT RECORDS AND STUDENT INFORMATION

Dear Parent or Eligible Student:

This is to advise you of your rights with respect to student records pursuant to the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law designed to protect the privacy of student records. The law gives parents and students over 18 years of age (referred to in the law as "eligible students") the following rights:

1. **The right to inspect and review the student's education records within 45 days of the day the district receives a request for access.** Parents or eligible students should submit to the Building Principal a written request that identifies the records they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. **The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate or misleading.** Parents or eligible students may ask the district to amend a record that they believe is inaccurate or misleading by writing the Principal, clearly identifying the part of the record they want changed, and specifying why it is inaccurate or misleading.

If the district decides not to amend the record as requested by the parent or eligible student, the district will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. **The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.** The exceptions, which permit disclosure without consent, include disclosure to school officials with legitimate educational interests or an authorized representative. A school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the district has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

An authorized representative is any individual or entity designated by a state or local educational authority or a federal agency headed by the Secretary, the Comptroller General or the Attorney General to carry out audits, evaluations, or enforcement or compliance activities relating to educational programs.

Upon request, the district discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

For a complete list of exceptions to FERPA's prior consent requirements see regulation [5500-R](#), Section 5.

4. **The right to file a complaint with the U.S. Department of Education concerning alleged failures by the district to comply with the requirements of FERPA.** The Office that administers FERPA is:

Family Policy Compliance Office

U.S. Department of Education

600 Independence Avenue SW

Washington, DC 20202-4605

NOTIFICATION OF DIRECTORY INFORMATION DESIGNATIONS

In addition to the rights outlined above, FERPA also gives the school district the option of designating certain categories of student information as "directory information." Directory information includes student:

- Name
- ID number, user ID, or other unique personal identifier used by a student for purposes of accessing or communicating in electronic systems (only if the id cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the student's identity)
- Weight and height if a member of an athletic team
- Degrees and awards received
- Grade level
- Photograph, video and voice
- E-mail address
- Enrollment status
- Student work

You may object to the release of this "directory information." However, you must do so in writing within 14 business days of receiving this notice. If we do not receive a written objection, we will be authorized to release this information without your consent.

Sincerely,

{ Insert Building Principal's Name Here }

Adoption Date: March 31, 2015

Amended: December 7, 2017

Clarkstown Central School District