

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
- ____ Home Language Questionnaire
- ____ Health Forms

____ 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.

_____ HEALTH INFORMATION

_____ Health Packet

The medical questionnaire must be completed by the parent.

_____ Immunization Records

Must be signed or stamped by a licensed healthcare provider.

_____ 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?		
No <input type="checkbox"/> Yes <input type="checkbox"/> If yes date left: _____		
Yes <input type="checkbox"/> Preschool Evaluation		
Name and address of last school attended _____		
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	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	
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	
<u>Siblings Names</u>	<u>Date of Birth</u>	<u>Siblings Names</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

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:

Child's Name: _____ Date of Birth: _____

Mother's Name: _____ Place of Employment: _____

Cell Phone Number: _____ Work Phone Number: _____

Father's Name: _____ Place of Employment: _____

Cell Phone Number: _____ Work Phone Number: _____

BEST Phone Number For Nurse To Reach Parent/Guardian: _____

If parents are unavailable when child is ill call: _____ Phone Number: _____

Relationship: _____ Alternate Number: _____

Additional emergency contact: _____ Phone Number: _____

BIRTH/DEVELOPMENTAL HISTORY

Pre-natal: Uneventful: _____ Complications: (describe) _____

Premature at: _____ months

Complications: (describe) _____

Birth Weight _____

Apgar Score: (if known) 1 minute _____ 5 minutes _____

Developmental:

Sat alone _____ months Stood alone _____ months

Crawled _____ months Walked _____ months

Toilet trained: Average _____ Delayed _____

Comments: _____

Speech: Average _____ Advanced _____ Delayed _____

Comments/Therapy: _____

Motor Skills: Average _____ Advanced _____ Delayed _____

Comments/Therapy: _____

Activity Level: Average _____ High _____

Comments: _____

Social Development:

Tolerates Change in Routine: No Problem _____ Has Difficulty _____

Describe: _____

Interaction with Peers: No Problem _____ Has Difficulty _____

Describe: _____

Excessive Fear or Anxieties: (describe) _____

Special Dietary Concerns: (describe) _____

CLARKSTOWN CENTRAL SCHOOL DISTRICT
CHILD MEDICAL HISTORY INFORMATION
(To be completed by Parent or Guardian)

Information is confidential and may be shared with teaching staff as needed.

Child's name: (Please Print) _____ Date of Birth: _____ Boy ☐ Girl ☐ Grade: _____

What does the child prefer to be called? _____

Address: _____ Home Phone Number: _____

Lives at home with:

(Name) _____; Mother (Name) _____; Father

Siblings/Other: (Name) _____; Male ☐ Female ☐ Date of Birth _____; Relationship: _____

(Name) _____; Male ☐ Female ☐ Date of Birth _____; Relationship: _____

(Name) _____; Male ☐ Female ☐ Date of Birth _____; Relationship: _____

Child's Caretaker: (Name) _____; Male ☐ Female ☐ Relationship: _____

Doctor's Name: _____ Phone Number: _____ Date of last physical: _____

Dentist's Name: _____ Phone Number: _____ Date of last visit: _____

Is child under an orthodontist's care? No ☐ Yes ☐ Doctor's Name: _____

Is child under the care of any specialist? No ☐ Yes ☐ Doctor's Name: _____ Specialty: _____

Has this child ever had (a):	YES	Date:		YES	Date:	
Chicken Pox	<input type="checkbox"/>	_____		Meningitis	<input type="checkbox"/>	_____
Encephalitis	<input type="checkbox"/>	_____		Rheumatic fever	<input type="checkbox"/>	_____
Lyme disease	<input type="checkbox"/>	_____		Pneumonia	<input type="checkbox"/>	_____
Bleeding tendency	<input type="checkbox"/>	_____		Kidney disease	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	_____		Positive TB test	<input type="checkbox"/>	_____

If Yes: Was medication ordered? _____

Any complications from above illnesses? (Please explain) _____

Does child have or has child ever had:

■ Allergies? Yes ☐ Drug _____ Food _____

Insects _____ Environmental _____

Has the allergy required emergency action in the past? No ☐ Yes ☐

What happens to child: _____

■ Asthma? Yes ☐ Triggered by: _____ Treatment: _____

Uses: Inhaler ☐ Nebulizer ☐ Other medication ☐

Taken: at home only ☐ may need medication at school ☐

- Diabetes? Yes ☐ Takes insulin? No ☐ Yes ☐ Pump? No ☐ Yes ☐
- Seizures? Yes ☐ Describe seizure: _____
Date of last seizure: _____ Medication: _____
Is student currently under a doctor's care for seizure? No ☐ Yes ☐
- Heart condition, murmur, or irregular heart beat? Yes ☐ Describe _____
Describe physical restrictions? _____
Medication? No ☐ Yes ☐
- Previous head injury? Yes ☐ At age: _____ Concussion? Yes ☐ Dates: _____
- Headaches/Migraines? Yes ☐ Describe any Aura: _____ Medication? Yes ☐ No ☐
Name of medication: _____
- Dizziness, loss of consciousness, fainting or lost memory? Yes ☐ Describe: _____
- Bone or joint problems or broken bones? Yes ☐ Describe: _____
Any physical restrictions? _____
- Loss of an eye, kidney, testicle or other organ? Yes ☐ Describe _____
- Past history of increased lead levels in the blood? Yes ☐ When? _____ Was it treated? _____
- Attention Deficit Disorder? Yes ☐ Is your child taking medication for this now? No ☐ Yes ☐
Name of medication: _____
Taken: at home only ☐ may need medication at school ☐

Has this child had any other illness? _____

Does your child take any other daily medication at home? No ☐ Yes ☐ At school? No ☐ Yes ☐
Name of medication: _____ Reason for taking it: _____

ALL MEDICATIONS ADMINISTERED AT SCHOOL REQUIRE A FORM COMPLETED AND SIGNED BY DOCTOR'S OFFICE.

Has this child had any condition which required emergency treatment or hospitalization? No ☐ Yes ☐
If yes, for what? At age: How long in hospital? Surgeries (operations)?

Check off the following health categories/concerns that pertain to your child:

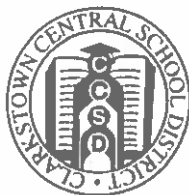
- Eyes: wears glasses ☐; wears contacts ☐; for reading ☐; for distance ☐; all the time ☐; single vision? ☐
- Ears: Frequent infections ☐; ear tubes present ☐ since _____
Wears hearing aid: right ear ☐ left ear ☐ hearing difficulty: explain: _____
- Other: ☐ nosebleeds ☐ requires diapering ☐ sleeping difficulties ☐ eating too little
☐ bowel ☐ requires catheterization ☐ dental concerns ☐ phobias
☐ bladder ☐ bed wetting ☐ eating too much ☐ menstruation

Does this child have any medical, physical, social, or emotional problems that the school should know about? (disabilities; parents recently separated; etc.) _____

Does any relative or anyone in the home have tuberculosis, diabetes, or other illness? _____
Describe: _____

(Signature of legal parent/guardian)

(Date)



CLARKSTOWN CENTRAL SCHOOL DISTRICT

Susan J. Sherlock, F.N.P.
Coordinator of Health Services

30 Parrott Road · West Nyack · NY 10994
Tel: (845) 620-2016 · Fax: (845) 639-8068
ssherlock@ccsd.edu · www.ccsd.edu

Dear Parent/Guardian:

Many of the Clarkstown Central School District buildings are located within the ten-mile emergency-planning zone (EPZ) of the Indian Point nuclear power plant. In January 2001, the federal Nuclear Regulatory Commission amended its policy on the availability and usage of the over-the-counter drug potassium iodide (KI) during a radiological emergency. As a result, New York State also revised its policy regarding providing KI to the general population in the ten-mile emergency planning zones surrounding the Indian Point, Nine Mile Point and Ginna commercial nuclear power sites. Although not all of the Clarkstown Central School District buildings are located within the ten-mile emergency-planning zone, we are providing KI for all our buildings. We will apply County and/or State Department of Health recommendations to all of our buildings.

KI is an over-the-counter drug that protects the thyroid from exposure to radioactive iodine. KI only protects one organ against one radioactive substance. It is not an alternative to evacuation or sheltering (See attached KI information sheet). In fact, evacuation and sheltering remain New York's primary public protective actions in the event of an accident at any nuclear power site.

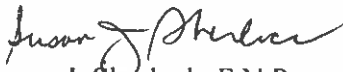
Should the County and/or State Department of Health recommend the use of KI during an emergency, the Clarkstown Central School District will have KI available on-site for your child. Evacuation from the ten-mile EPZ remains the State's County's primary protective radiological action. In the event that evacuation is not immediately possible and/or KI use recommended by County and/or State health officials an appropriate dose of KI will be available for your child.

If you do not want the school to provide your child with KI in a radiological emergency, you must sign and return the enclosed form to your school nurse. This form will remain in effect as long as your child attends school in the Clarkstown Central School District, unless you notify us in writing that you wish your child to be provided with KI. Please note that if you do not return the enclosed form and KI use is recommended by health officials, your child will receive KI.

If you have any concerns regarding the emergency use of KI or questions on your child's health and the use of KI, please discuss this with your child's health care provider. Questions related to the evacuation and sheltering plans are properly routed to the County or State.

If you have any further questions about the school's participation in the process, please contact your school nurse.

Sincerely,


Susan J. Sherlock, F.N.P.
Coordinator of Health Services

CLARKSTOWN CENTRAL SCHOOL DISTRICT

Postassium Iodide (KI) Refusal/Opt-Out Form

If you **DO NOT** want your child given Potassium Iodide (KI) in the event of a radiological emergency, complete this form and return it to your child's school before September 4, 2022.

I understand that Potassium Iodide (KI) may be given to my child if recommended by the County and/or State Department of Health in a radiological emergency.

I have read and understand the Parent/Guardian letter, Potassium Iodide (KI) Parent Q & A's and Department of Health KI information sheet.

I **DO NOT** want my child given Potassium Iodide (KI) in the event of a radiological emergency.

Child's Name: _____ School: _____

Grade: _____ Teacher/Homeroom Teacher: _____

Parent/Guardian Signature: _____

Date: _____ Telephone Number: _____

IF YOU DO NOT RETURN THIS FORM AND KI USE IS RECOMMENDED BY HEALTH OFFICIALS, YOUR CHILD **WILL RECEIVE** KI.

POTASSIUM IODIDE (KI)

QUESTIONS & ANSWERS

FOR

1) What is potassium iodide (KI)?

Potassium iodide is a U.S. Food and Drug Administration (FDA) approved over-the-counter drug that can be used to protect the thyroid gland from immediate and future radiation injury caused by radioactive iodine released during a nuclear accident.

2) How does KI work?

KI saturates the thyroid gland with stable (non-radioactive) iodine, thus preventing or reducing the amount of radioactive iodine that will be taken up by the thyroid. Radiological emergencies may release radioactive iodine in the environment. Since iodine concentrates in the thyroid gland, inhalation of air or ingestion of food contaminated with radioactive iodine can lead to injury to the thyroid – including an increased risk of thyroid cancer.

3) Does KI protect individuals from all types of radiation?

NO. KI is only effective against exposure to radioactive iodine. KI does not protect against other types of radiation.

4) Does KI protect organs other than the thyroid?

NO, KI does not protect body organs or tissues other than the thyroid.

5) Is a prescription necessary?

No. KI is an FDA approved over-the-counter drug.

6) Should some people avoid KI?

Yes, According to the FDA, people with known iodine sensitivity, thyroid diseases, clusters of itchy skin blisters (dermatitis herpetiformis), and/or an inflammation in blood vessels involving the skin or multiple organs of the body (hypocomplementemic vasculitis) should avoid the use of KI. A physician should be consulted before an event occurs with individual concerns on whether to take KI in an emergency.

7) What are the possible side effects of KI?

According to the FDA, the benefits of taking KI far exceed the risks. The possible side effects may include stomach upset and minor rash.

8) When is KI most effective?

To be most effective, KI should be taken shortly before or shortly after exposure to radioactive iodine. Even if taken three to four hours after exposure it should still reduce radioactive iodine from being

absorbed by the thyroid and still have a substantial effect.

9) How long is KI effective in the body?

The protective effects of KI last approximately 24 hours.

10) Is KI an alternative to evacuation?

No. Evacuation remains the primary protective action in a radiological emergency.

11) What happens if the ten-mile EPZ cuts through the school district?

Only school buildings located within the ten mile EPZ will receive KI from the New York State Emergency Management Office (SEMO).

12) Who may administer the KI to children?

Designated individuals in the school may administer the KI to children once recommended by the New York State and/or County Department of Health in an emergency situation.

13) Is a physician's order necessary for KI administration in a radiological emergency?

No. KI administration in a school is part of an emergency protocol to deal with a radioactive iodine release into the environment.

14) What if a child can't swallow pills?

The pill may be safely crushed and given with juice, applesauce, etc. in the event that an individual cannot swallow it. It may also be easily dissolved in water.

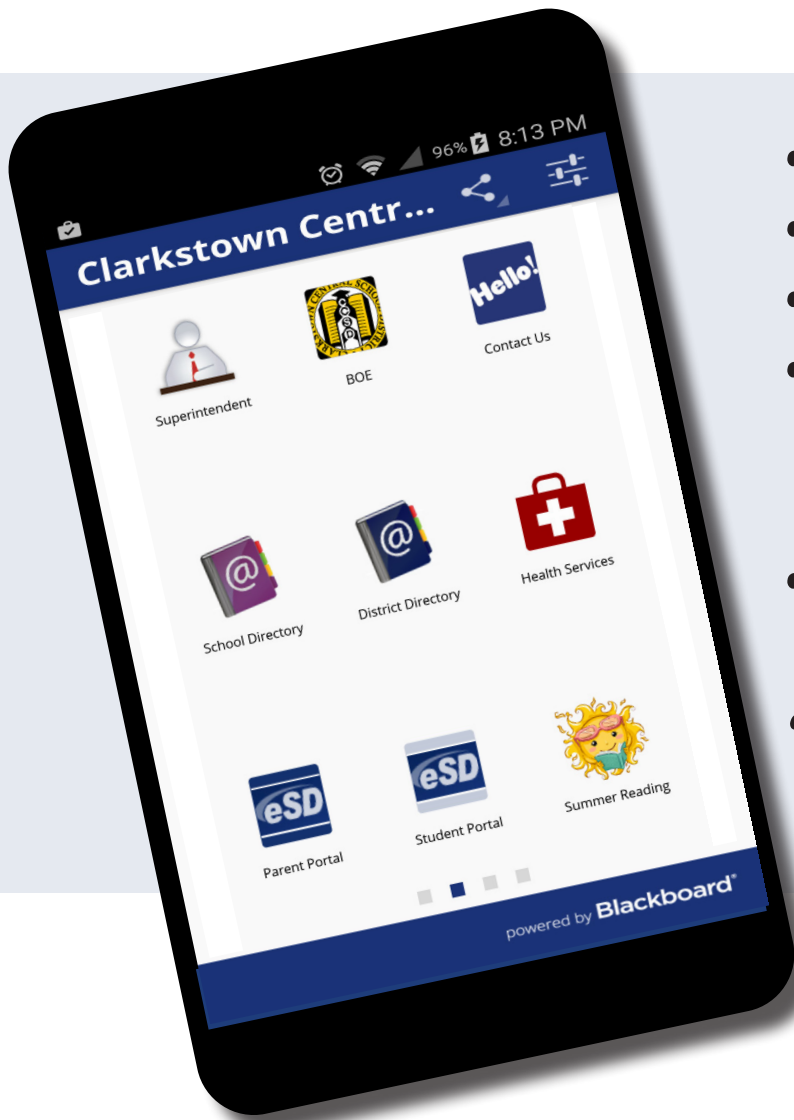
15) How will schools be notified that events warrant the administration of the KI to children?

The State Department of Health and/or County Department of Health are charged with issuing the recommendation to administer KI in the event radioactive iodine is released into the environment.

16) Will the adults in the school building also be provided with KI?

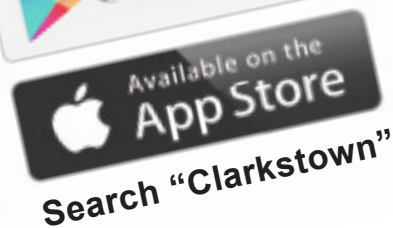
Yes, KI will be provided to all adults in school buildings located within the 10-mile EPZ. However, according to the FDA, it is not necessary for persons over 40 years of age to take KI in a radiological emergency.

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, jlanave@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 jlanave@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