



171 Hudson Avenue  
Green Island, NY 12183  
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[www.greenisland.org](http://www.greenisland.org)

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*Superintendent* *Interim Director of Innovation* *Director of Equity, Inclusivity and Diversity* *PreK-12 Principal* *District Clerk* *Business Manager* *District Treasurer*

Welcome to Green Island Union Free School District.

In order to register your child, a parent or guardian must present with photo identification at the MAIN OFFICE located on 171 Hudson Avenue, Green Island. Office hours are 7:00am- 3:00pm/Summer hours are 7:00am- 1:00pm.

All attached forms must be completed.

The following documents are also required for registration:

**Required documents checklist:**

- Cumulative Health Records
- Up to date Immunization Records
- Birth Certificate
- Proof of Residency (Mortgage statement, lease, electric bill within 30 days or district residency form with name of parent/guardian- all must include name of parent/guardian)
- Custody papers (if applies)

Questions? Contact the main office at 518-273-1422

Fax: 518-270-0818

The following attached documents must be completed and returned to the district before your child may start school.

- Student Registration Form
- Student Residency Questionnaire
- Landlord Affidavit (if residing in rental property)
- Request for School Records
- Parent Guardian Information
- Annual Student Health Update Form & Authorization for Administration of Medication Form\
- Student Emergency Management Form
- Acceptable Use Policy for Computer and Network
  - Optional- Grades 7-12 Athletic Participation Registration Form

**Photo Disclaimer**

We are happy to announce that we will soon publish a new Green Island Union Free School District Facebook Page. Pictures of students will enhance this page. If you do not want your child/children's pictures used on this page or in other school publications, please notify the school at 518-273-1422.

## Request for School Records

Attention Registrar/Guidance:

\_\_\_\_\_ has/will registering at the Green Island Union Free School District on \_\_\_\_\_ in grade \_\_\_\_\_. Please send us the following information.

- \_\_\_ Academic records-transcripts of grades
- \_\_\_ Transfer grades for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> records-transcripts of grades
- \_\_\_ Health records (Accumulative Health and Law require immunizations for entry into school)
- \_\_\_ Scores on standardized tests; NY State Regents, SAT's, NYS Grade Test results
- \_\_\_ Information on Special Education/504 needs or concerns
- \_\_\_ CSE Classification/Psychological Evaluations/Most current Individualized Education Plan (IEP)
- \_\_\_ Attendance records
- \_\_\_ Discipline records
- \_\_\_ Other \_\_\_\_\_

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

I give permission for \_\_\_\_\_ lease the above requested information concerning my son/daughter to the Green Island Union Free School District.

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



**Parent/Guardian Information**

**Mother/Guardian:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

First Middle Initial Last

Relationship to child? Mother Step-parent Legal Guardian Foster parent Other

Reside in Home? Yes No Custodial Parent Yes No Is to receive correspondence Yes No

Address if different from child: \_\_\_\_\_

Home phone number: (\_\_\_\_)\_\_\_\_\_ Work phone: (\_\_\_\_)\_\_\_\_\_ Cell phone: (\_\_\_\_)\_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

First Middle Initial Last

Relationship to child? Mother Step-parent Legal Guardian Foster parent Other

Reside in Home? Yes No Custodial Parent Yes No Is to receive correspondence Yes No

Address if different from child: \_\_\_\_\_

Home phone number: (\_\_\_\_)\_\_\_\_\_ Work phone: (\_\_\_\_)\_\_\_\_\_ Cell phone: (\_\_\_\_)\_\_\_\_\_

**Other Children Living in the Household – Please include children not of school age**

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

Gender: Male Female Registered at GIUFSD: Yes No

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

Gender: Male Female Registered at GIUFSD: Yes No

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

Gender: Male Female Registered at GIUFSD: Yes No

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

Gender: Male Female Registered at GIUFSD: Yes No

**Legal Information (If Applicable)**

If parents are divorced or separated, is there a court approved custody agreement? Yes No

Who retains legal custody? \_\_\_\_\_ Relationship to child: \_\_\_\_\_

If joint, who has residential (physical custody)? \_\_\_\_\_ is the child in the care of a guardian(s) other than his/her mother or father?

If yes, name of legal guardian(s) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Is the child in foster care? Yes No If yes, please provide copy of placement order (DSS-2999).

## STUDENT EMERGENCY MANAGEMENT FORM

The GIUFSD has developed an Emergency Management Plan to insure the safety of our students in the event of an emergency (including serious injury) and/or early dismissal. The information you provide is vital.

Please fill out the following form to be sure we have all necessary information in the event of an emergency and/or early dismissal. It is recommended that these directions be discussed with the parties involved so that there are no surprised or misunderstandings in the event of an emergency and/or early closing.

When there is an evacuation to an alternate site or an unscheduled early dismissal, information will be given out as the seen fit by the district safe school committee and district administration.

**Student Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

If not at home, what phone number can parents/guardians be contacted:

Mother/Guardian Phone: \_\_\_\_\_ or Phone: \_\_\_\_\_  
Father/Guardian Phone: \_\_\_\_\_ or Phone: \_\_\_\_\_

### Emergency Contact 1:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(Other the parent/guardian)  
Phone: \_\_\_\_\_ or Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Emergency Contact 2:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(Other the parent/guardian)  
Phone: \_\_\_\_\_ or Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY EARLY DISMISSAL MY CHILD CAN : (please check off one of the following)

- \_\_\_\_\_ Is to be picked up by parent or guardian
- \_\_\_\_\_ Go home by him/her self or sibling
- \_\_\_\_\_ Can go home with \_\_\_\_\_
- \_\_\_\_\_ Can go to \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES TO THE ABOVE INFORMATION**

\_\_\_\_\_

## Student Residency Questionnaire

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

Name of School: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

This questionnaire is intended to help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Student 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, immunizations 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 permanent housing
- In a shelter
- In a motel/hotel
- With another family or person because of loss of housing or economic hardship
- In a car, park, bus, train, or campsite
- Other temporary living situation \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian or Student, please print

\_\_\_\_\_  
Signature of Parent/Guardian or Student

\_\_\_\_\_  
Date

## Landlord Affidavit

I \_\_\_\_\_ do swear that \_\_\_\_\_ does reside at  
(NAME OF LANDLORD) (NAME OF PERSON RESIDING AT PROPERTY)

\_\_\_\_\_ in the village/town of Green Island,  
(STREET ADDRESS)

County of Albany, State of New York.

This affidavit attests to that the relationship between the above named persons is in accordance with Education Law 3202 (1) and 8 NYCRR 100.2(y): and should this relationship be ended, the Green Island Union Free School District will be notified.

\_\_\_\_\_  
(SIGNATURE OF LANDLORD)

\_\_\_\_\_  
(LANDLORD'S STREET ADDRESS)

\_\_\_\_\_  
(LANDLORD'S STREET ADDRESS)

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

## Annual Student Health Update Form

Name of Student: \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Please take a moment to provide the school nurse with all the necessary health information that will allow her to provide prompt quality care your child and help your child maximize his/her academic potential in the classroom.

Does your child have a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name of physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have a dentist? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ Please list allergens \_\_\_\_\_

Please describe child's reactions to allergens \_\_\_\_\_

Epi Pen Ordered Yes \_\_\_\_\_ No \_\_\_\_\_ Other medication prescribed for

allergies \_\_\_\_\_

### Please check the following if applicable

\_\_\_\_\_ Asthma If on medication, please list: \_\_\_\_\_

\_\_\_\_\_ Diabetes If on medication, please list: \_\_\_\_\_

\_\_\_\_\_ Seizures If on medication, please list: \_\_\_\_\_

\_\_\_\_\_ Bleeding Problems If on medication, please list: \_\_\_\_\_

\_\_\_\_\_ Eye/Vision Problems If on medication, please list: \_\_\_\_\_

Wears Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

For reading books \_\_\_\_\_ For distance \_\_\_\_\_ Both \_\_\_\_\_

\_\_\_\_\_ Ear/Hearing Problems Right ear \_\_\_\_\_ Left ear \_\_\_\_\_ Both \_\_\_\_\_

\_\_\_\_\_ Dental Concerns Please list: \_\_\_\_\_

Any other current or past health concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

For example, frequent stomachaches, headaches, constipations, kidney problems, lactose intolerance, skin problems, foot or knee problems, cardiac concerns, dietary concerns, broken bones or sprains.

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child had any recent surgeries? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list and date \_\_\_\_\_

Is your child taking any medications on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Does child dosage during the school day? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list: \_\_\_\_\_

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



**PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION  
IN SCHOOL AND SCHOOL ACTIVITIES**

**A. TO BE COMPLETED BY THE PARENT OR GUARDIAN:**

I request that my child \_\_\_\_\_ DOB \_\_\_\_\_ receive the medication as Prescribed below by our physician. This medication is to be furnished by me in the properly labeled original container from the pharmacy.

**B. TO BE COMPLETED BY PHYSICIAN:**

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

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

Diagnosis: \_\_\_\_\_

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment: \_\_\_\_\_

Possible side effects and adverse reactions (if any): \_\_\_\_\_

PLEASE CHECK ONE

I deem this child to be **self-directed** and understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.

I deem this child to be **non self-directed** and understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Medication must be in original pharmacy labeled container with specific orders and name of medication. Medication and refills must be brought to school by parent, guardian and responsible adult.

Plan reviewed with parent/guardian(s):

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

# Athletic Participation Registration Form

(Only for student athletes who have participated on a scholastic team grades 7-12)

## Current School Information

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ New Address: \_\_\_\_\_

With whom are you living in this district with: \_\_\_\_\_

Reason for transfer to Green Island UFSD: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

## Previous School Information

Name of previous school: \_\_\_\_\_

Dates attended this school: \_\_\_\_\_

With whom did you live with at this district: \_\_\_\_\_

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

### Sports Played in Previous School

### Level and Number of Years Played

Fall Season \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Modified \_\_\_\_ JV \_\_\_\_ Varsity  
\_\_\_\_ Modified \_\_\_\_ JV \_\_\_\_ Varsity

Winter Season \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Modified \_\_\_\_ JV \_\_\_\_ Varsity  
\_\_\_\_ Modified \_\_\_\_ JV \_\_\_\_ Varsity

Spring Season \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Modified \_\_\_\_ JV \_\_\_\_ Varsity  
\_\_\_\_ Modified \_\_\_\_ JV \_\_\_\_ Varsity

## Academic Information

Year Entered 9<sup>th</sup> Grade: \_\_\_\_\_ Verification: \_\_\_\_\_ (Counselor Initials)

Have you repeated a grade in high school: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Year in which you turn 18 years old: \_\_\_\_\_

## High School Military Recruitment Information Consent

Pursuant to the Federal **No Child Left Behind Act** signed into law in January of 2002, the school district must disclose to military recruiters and institutions of higher learning, upon request, the names, addresses and telephone numbers of our high school students. However, the district must also notify parents/guardians of their rights and the rights of their children to request, in writing, that the district NOT release such information if it is requested. Parents/guardians or students who are at least 18 years old, wishing to exercise their option to withhold their consent to the release of the above information to military recruiters and institutions of higher learning must sign and return the form below.

### NOTIFICATION TO SCHOOL DISTRICT

TO: Green Island Union Free School District 171 Hudson Avenue Green Island, NY 12183

RE: Reservation of Consent for the Release of Certain Student Information under the No Child Left Behind Act.

Please DO NOT release the name, address or telephone number of (check those that apply):

\_\_\_\_\_ to military recruiters

(Print name of student on the line above) to institutes of higher learning.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

**SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES  
(ACCEPTABLE USE POLICY)**

The Board of Education will provide access to various computerized information resources through the District's computer system ("DCS" hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, so called "on-line services" and the "Internet." It may include the opportunity for some students to have independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off school premises, shall be subject to this policy and accompanying Regulations. Further, all such use must be in support of education and/or research and consistent with the goals and purposes of the School District.

**Access to Inappropriate Content/Material and Use of Personal Technology or Electronic Devices**

This policy is intended to establish general guidelines for the acceptable student use of the DCS and also to give students and parents/guardians notice that student use of the DCS will provide student access to external computer networks not controlled by the School District. The District cannot screen or review all of the available content or materials on these external computer networks. Thus, some of the available content or materials on these external networks may be deemed unsuitable for student use or access by parents/guardians.

Despite the existence of District policy, regulations and guidelines, it is virtually impossible to completely prevent access to content or material that may be considered inappropriate for students. Students may have the ability to access such content or material from their home, other locations off school premises and/or with a student's own personal technology or electronic device on school grounds or at school events. The District recommends that parents and guardians establish boundaries and standards for the appropriate and acceptable use of technology, and communicate these boundaries and standards to their children. The appropriate/acceptable use standards outlined in this policy apply to student use of technology via the DCS or any other electronic media or communications, including by means of a student's own personal technology or electronic device on school grounds or at school events.

**Standards of Acceptable Use**

Generally, the same standards of acceptable student conduct which apply to any school activity shall apply to use of the DCS. This policy does not attempt to articulate all required and/or acceptable uses of the DCS; nor is it the intention of this policy to define all inappropriate usage. Administrative regulations will further define general guidelines of appropriate student conduct and use as well as proscribed behavior.

District students shall also adhere to the laws, policies and rules governing computers including, but not limited to, copyright laws, rights of software publishers, license agreements, and student rights of privacy created by federal and state law.

Students who engage in unacceptable use may lose access to the DCS and may be subject to further discipline under the District Code of Conduct. The District reserves the right to pursue legal action against a student who willfully, maliciously or unlawfully damages or destroys property of the District. Further, the District may bring suit in civil court against the parents/guardians of any student who willfully, maliciously or unlawfully damages or destroys District property pursuant to General Obligations Law Section 3-112.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be School District property subject to control and inspection. District personnel

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Students**

may access all such files and communications without prior notice to ensure system integrity and that users are complying with the requirements of this policy and accompanying regulations. Students should NOT expect that information stored on the DCS will be private.

## **Notification/ Authorization**

The District's Acceptable Use Policy and Regulations will be disseminated to parents and students in order to provide notice of the school's requirements, expectations, and students' obligations when accessing the DCS.

Student use of the DCS is conditioned upon written agreement by all students and their parents/guardians that student use of the DCS will conform to the requirements of this policy and any regulations adopted to ensure acceptable use of the DCS.

**NOTE: Refer also to Policy #8271 -- Children's Internet Protection Act: Internet Content Filtering/Safety Policy 7315-R**

## **Regulations**

All users (*staff and students*) will adhere to the following rules. Acceptance of and agreement to this network and internet policy at the point of network logon is required for use of the networked computer system (*this includes internet access, inside and outside of the GIUFSD network, and network usage inside the District*).

- You will only use the system for lawful purposes.
- You will refrain from profane or obscene material, any that advocates illegal acts, or that advocates violence or discrimination toward other people. If you mistakenly access inappropriate information, immediately tell your teacher or Administrator. This will protect you against a claim that you have intentionally violated this policy.
- You will only access and change computer files that belong to you.
- You will not change computer settings put in place by administration.
- You will download files only with permission from a supervising teacher.
- You will use your account for educationally related purposes only.

## **Technology/Network Acceptable Use Policy Procedures**

### **Password Protection**

Internet passwords are provided for each user's personal use only and are, therefore, confidential. Never share your password, steal or use another person's password.

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### **Privacy**

Students and staff need to know that files stored on school computers are not private. GIUFSD has the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access including transmitted and received information. All information files are the property of GIUFSD and no user shall have any expectation of privacy regarding such files.

### **Online Etiquette**

Swearing, vulgarities, suggestive, obscene, belligerent, harassing, threatening or abusive language of any kind is not acceptable. Do not use school online access to make, distribute/redistribute jokes, stories, to bully, or pass along

obscene material or material which is based on slurs or stereotypes relating to race, gender, ethnicity, nationality, religion or sexual orientation.

### **Blogging/Podcasting**

Whether at home or in school, speech that is considered inappropriate in the classroom, is also inappropriate in all uses of blogs, podcasts or other Web 2.0 tools. Comments made on school related blogs should follow the rules of online etiquette detailed above and will be monitored by school personnel. If inappropriate, they will be deleted. Never link to websites without reading the entire article to make sure it is appropriate for a school setting.

### **Plagiarism/Copyright/Licensing/Cheating**

Plagiarism is the act of using someone else's words/ideas as your own. Plagiarism of Internet resources is treated in the same manner as other forms of plagiarism, as stated in the school handbook. Copying or downloading copyrighted materials without the owner's permission is a violation of this agreement. All students should adhere to the Creative Commons licenses where the author/artist denotes what media may be shared, remixed or reused. Also unacceptable is using a digital device (*such as cell or camera phones*), electronic technology and/or media to facilitate cheating, plagiarism, etc.

### **Proxies**

The use of anonymous proxies to get around content filtering is strictly prohibited and is a direct violation of this agreement. Use of a proxy will result in suspension of the offender's account and possible disciplinary action.

### **Accessing/Posting Inappropriate Material**

Accessing, submitting, posting, publishing, forwarding, downloading, scanning or displaying materials (*including photos of students and staff*) that are defamatory, abusive, obscene, vulgar, sexually explicit, sexually suggestive, threatening, discriminatory, harassing and/or illegal is a violation of this agreement.

### **Photos and Video**

***Students are not to take pictures or videos of faculty, staff or students without staff permission.*** Any student use of cameras in GIUFSD should be part of a class or club activity. Unapproved camera use is a violation of this agreement.

**Malicious Use/Vandalism**

Any malicious use, disruption or harm to the school technology, networks and Internet services, including but not limited to hacking activities and creation/uploading of computer viruses is a violation of this agreement.

**Classroom Expectations**

Failure to follow teacher direction in the use of devices/tools/websites during class is a violation of this agreement.

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**-----RETURN THIS SECTION TO SCHOOL-----**

*(Students will not have network access if this agreement is not signed and returned.)*

**Green Island Union Free School District (GIUFSD) Statements Of Responsibility**

**Student Expectations**

I have read, understand and will follow this Acceptable Use Policy. If I break this agreement, the consequences could include suspension of computer privileges and/or disciplinary action. I also understand the school network and e-mail accounts are owned by the GIUFSD and that GIUFSD has the right to access any information used through the mediums provided through the school at any time.

**Student Name (please print)** \_\_\_\_\_

**Grade** \_\_\_\_\_

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

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

**Parent/Guardian Understanding**

I have read the GIUFSD Acceptable Use Policy. I understand that technology is provided for educational purposes in keeping with the academic goals of GIUFSD, and that student use for any other purpose is inappropriate. I recognize that it is impossible for the school to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the school network. I understand and will support my student in adhering to the Acceptable Use Policy. I am aware that if my child breaks this agreement, the consequences could include suspension of computer privileges and/or disciplinary action. I also understand the school network e-mail accounts are owned by the GIUFSD and that GIUFSD has the right to access any of the information used through the mediums provided through the school at any time. I hereby give permission for my child to use technology resources at GIUFSD.

**Student Name (please print)** \_\_\_\_\_

**Grade** \_\_\_\_\_

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

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

## Digital Equity Standard Survey Questions and Responses

Dear Parent/Guardian:

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

Thank you for your time and cooperation.

---

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

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

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

**Question 1:** Did the school district issue your child a dedicated school or district-owned device for their use during the school year?

Responses YES NO

**Question 2:** What is the device your child uses **most often** to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)

Responses DESKTOP LAPTOP TABLET CHROMEBOOK SMARTPHONE NO DEVICE

**Question 3:** Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)

Responses SCHOOL PERSONAL NO DEVICE

**Question 4:** Is the primary learning device (identified in question 2) shared with anyone else in the household?

Responses SHARED NOT-SHARED NO DEVICE



**Question 5:** Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?

Responses YES NO

**Question 6:** Is your child able to access the internet in their primary place of residence?

Responses YES NO

**Question 7:** What is the primary type of internet service used in your child's primary place of residence?

Responses RESIDENTIAL BROADBAND CELLULAR MOBILE HOTSPOT COMMUNITY  
WIFI SATELLITE DIAL UP DSL OTHER NONE

**Question 8:** In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?

Responses YES NO

**Question 9:** What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?

Responses AVAILABILITY COST NONE OTHER

## Appendix B

### Digital Equity Survey Question Guidance That May be Used to Assist Parents with Responses

#### Overall:

**"Device"** is defined as a computing device, such as a laptop, desktop, Chromebook, iPad, or full-size tablet. "Device" for the purposes of this survey, is NOT a phone or mini tablet, nor is it a mobile internet access point, such as a MIFI.

**"Dedicated"** devices are devices that are not shared, where the student is allowed to take the device when they leave the school building to participate in learning outside of school. They are for single student use and are not shared with other students or household members.

**"Sufficient"** access means that the student does not regularly experience issues (slowdowns, buffering, disconnections, unreliable connection, etc.) while participating in required or assigned instruction and learning activities, as measured during peak household usage.

**"Reliable"** access should be judged against the goal of "All the Time" access, as indicated in the National Educational Technology Plan. The Plan states the expectation that technology-enabled learning should be available for all students, everywhere, all the time (NETP 2017).

**Question 1:** Did the school district issue your child a dedicated school or district owned device for their use during the school year?

**"Yes"** means the school district issued the student a dedicated device to use at home.

**"No"** means that the school district has not issued a dedicated device to the student to use at home.

**Question 2:** What is the device your child uses **most often** to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)

Choice can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.

DESKTOP      LAPTOP      TABLET      CHROMEBOOK      SMARTPHONE      NO DEVICE

*Please select a response other than "No Device" if you previously responded "Yes" to Question 1.*

**Question 3:** Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)

**"School"** means that the school district provided the device for the student to use.

**"Personal"** means that the student uses a device not provided by the school district.

**"No Device"** means the student does not have a device to use.

*You should answer "No Device" if you previously responded "No Device" to Question 2.*

**Question 4:** Is the primary learning device (identified in question 2) shared with anyone else in the household?

**"Shared"** means multiple students/people share the device for school or work. This can be a school provided device or another device, whichever the student is most often using to complete their schoolwork.

**"Not Shared"** means dedicated to one student. This can be a school provided device or another device, whichever the student is most often using to complete their schoolwork.

**"No Device"** means the student does not have a device to use.

*You should answer "No Device" if you previously responded "No Device" to Questions 2 and 3 respectively.*

**Question 5:** Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?

**"Yes"** means the student has a sufficient device (a computer or computing device such as a laptop, desktop, Chromebook, or full-sized iPad or other tablet), that is able to connect to the internet (even if an internet connection is not always available); has a screen size of at least 9.7"; has a keyboard (on-screen or external) and a mouse, touchscreen, or touchpad; and can run all applications, allowing for full participation in learning without or with very limited issues.

**"No"** means that the student does not have a device that meets the criteria above.

*You should answer "No" if you previously responded "No Device" to Questions 2, 3, and 4 respectively.*

**Question 6:** Is your child able to access the internet in their primary place of residence?

**"Yes"** means the student has internet access in their primary residence where the student typically resides.

**"No"** means the student does not have internet access in their primary residence.

Note: If student has multiple residences that share equal time, answer this question according to the residence that has the more limited access

**Question 7:** What is the primary type of internet service used in your child's primary place of residence?

**"Residential Broadband"** means a high-bandwidth connection to the Internet at your home by using a cable (fiber or coaxial) connected to an Internet service provider such as Spectrum, AT+T, Frontier, etc.

**"Cellular"** means wireless Internet access delivered through cellular towers to computers and other devices. Uses your cell phone provider for internet access.

**"Mobile Hotspot"** means a wireless access point created by a dedicated hardware device or a smartphone feature that shares the phone's cellular data. For example, a cellphone or a device like a Kajeet, Verizon Jetpack, Netgear Nighthawk or MiFi.

**"Community WiFi"** means allowing Internet connection to visitors and guests using an existing Wi-Fi infrastructure in the community such as a library, cafe, hotel, etc.

**"Satellite"** means a wireless connection through the use of a satellite dish located on your property.

**"Dial up"** means a service that allows connectivity to the Internet by using a modem and a standard telephone line.

**"DSL"** Digital Subscriber Line means a high-speed bandwidth connection from a phone wall jack on an existing telephone network that works within the frequencies so you can use the Internet while making phone calls.

**"Other"** means none of the other choices apply.

**"None"** means that you do not have Internet access in your home.

*You should answer "None" if you previously responded "No" to Question 6.*

**Question 8:** In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?

**"Yes"** means the student experiences very few or no interruptions in learning activities caused by poor internet performance in their primary place of residence.

**"No"** means the student regularly experiences interruptions and is unable to complete all learning activities due to poor internet performance in their primary place of residence or lack of internet access.

*You should answer "No" if you previously responded "No" and "None" to Questions 6 and 7 respectively.*

**Question 9:** What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?

**"Availability"** means you cannot actually get fiber (or satellite or cell service) at your home.

**"Cost"** means the service available to your neighborhood is cost prohibitive.

**"None"** means that your child has sufficient and reliable access to the internet.

**"Other"** means none of the other choices apply.

*You should answer "None" if you previously responded "Yes" to Question 8.*

