



## UPK REGISTRATION FORMS

Gananda Central School District, 1500 Dayspring Ridge, Walworth, NY 14568, 315-986-3521

### Welcome to Gananda Schools!

**When the registration packet is complete and the documents described in the attached letter are collected, please bring them to the Gananda District Office, 1500 Dayspring Ridge, Walworth, NY 14568.**

#### Registration Checklist:

**Completed registration packet** - Please provide an email address for parents/guardian needed for important district communications and student academics.

**Proof of student's age** – original (Birth Certificate, Passport, Baptismal Record) Children **MUST** be 3-years old on or before December 1 of the incoming school year to enroll in the 3-year old UPK program, 4-years old on or before December 1 to enroll in the 4-year old program.

**Proof of residence within the Gananda Central School District** – one copy *If you cannot provide proof of residency in your name, please call the district office, 315-986-0610 prior to registering your child.*

**A copy of your child's current immunization record and last physical provided by your physician's office.** "My Chart" reports are not admissible. A physical dated within one year from the start of school and signed by a physician may be faxed before your registration appointment. *For more information regarding new student physical and immunization requirements, please refer to the Health Services webpage on our website, [gananda.org](http://gananda.org).*

**IEP** – Only applicable for students receiving special education preschool services. If your child receives special education services *by a district other than Gananda*, please provide one copy of your child's IEP.

**Custody Papers** - If applicable.

### **PROOF OF AGE:**

Please provide documentation establishing your child's age.

Evidence may include:

- 1) a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth.
- 2) Where such documentation is not available, a passport (including a foreign passport) may be used.

If the birth certificate or passport is not available, the District may consider certain other evidence, which has been in existence two years or more. An affidavit of age cannot be accepted as verification. Other evidence may include, but will not be limited to the following:

- official driver's license
- state or other government issued identification
- school photo identification with date of birth
- consulate identification card
- hospital or health records
- military dependent identification card
- documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)
- court orders or other court-issued documents
- Native American tribal document
- records from non-profit international aid agencies and voluntary agencies

### **EVIDENCE OF IMMUNIZATIONS & PHYSICAL:**

In accordance with New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance (NYS Public Health Law), the District must receive evidence that your child has been immunized. These records are necessary to ensure your child's continued attendance.

Additionally, please provide record of the most recent physical examination your student has received. New York State mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

### **PROOF OF RESIDENCY:**

You must be a resident of our school district and submit proof of your residency in the form of house closing papers, lease agreement or recent gas & electric bill in your name and address. If you are residing with someone who lives in the district, they need to submit a notarized letter stating that you and your children (listed by name) are living at their address and provide proof that their residence is in the Gananda CSD. If it is determined that registered students are not legal residents, the parent/guardian can be held financially responsible for educational services provided prior to the discovery of non-residence.

### **NOTICE OF RIGHTS REGARDING REFERRAL FOR EVALUATION FOR SPECIAL EDUCATION:**

If you suspect that your child is in need of special education services or programs, you may refer your child to the District's Director of Special Education for evaluation. The referral should be made to Melissa Phelps, Director of Special Education, Gananda CSD, 1500 Dayspring Ridge, Walworth, NY 14568. The New York State Education Department website has information regarding this process and your rights. A copy of the Parent Guide to Special Education may be obtained from the following websites.

<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

<http://www.p12.nysed.gov/specialed/publications/policy/spanishparentguide.htm>

If you have any questions with respect to the foregoing, please contact Leslie Ferrante, Registrar, at 315-986-0610

# STUDENT & HOUSEHOLD INFORMATION

Gananda Central School District, 1500 Dayspring Ridge, Walworth, NY 14568, 315-986-3521

*For Office Use:*

Registration Date: \_\_\_\_\_ Assigned School: \_\_\_\_\_ Grade: \_\_\_\_\_

Start Date: \_\_\_\_\_ Student ID #: \_\_\_\_\_

## STUDENT INFORMATION

|   |                |   |                        |
|---|----------------|---|------------------------|
| <b>Student's Full Name:</b> <i>Last</i> <i>First</i> <i>Middle Initial</i> <i>Nick Name</i> |                |   |                        |
| <b>Student Address:</b><br>Street _____ Apt. _____  |                | <b>Proof of Age:</b> <input type="checkbox"/> Provided:       |                        |
| Town/City _____ Zip _____   |                | <b>Proof of Residency:</b> <input type="checkbox"/> Provided: |                        |
| <b>Birth Date:</b> <i>mm</i> / <i>dd</i> / <i>yyyy</i>                                      | <b>Gender:</b> |   | <b>Grade Entering:</b> |

**Ethnicity** NYSED & the Federal Government Department of education require each school report some enrollment data on basis of national origin or race. The Gananda CSD does not discriminate and is in compliance with the Title IX of the Education Amendments of 1972 and section 504 of the Rehabilitation Act of 1973.

Is the child Hispanic/Latino?      ☐ Yes      ☐ No

Is the student from one or more of these races? (Check all that apply.)

☐ American Indian-Alaskan      ☐ Asian      ☐ Black/African American (Not Hispanic)      ☐ White

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| <b>Primary Household Information</b>  |  | <b>Household Phone #:</b>            |  |
| <b>Complete Address:</b>  |  | <i>(area code)</i>                   |  |
| <b>Parent/Guardian Name:</b> <i>Last</i> <i>First</i> <i>Gender</i><br>(First Contact)  |  |                                      |  |
| <b>Relationship to student:</b> <input type="checkbox"/> Bio-Parent <input type="checkbox"/> Legal Guardian<br><i>Foster Parent      Step-Parent      Other</i> _____ |  | <b>Phone #s:</b> (Include Area Code) |  |
|   |  | <b>Cell:</b>                         |  |
| <b>Email Address:</b>   |  | <b>Work:</b>                         |  |
| <b>Parent/Guardian Name:</b> <i>Last</i> <i>First</i> <i>Gender</i><br>(Second Contact)   |  |                                      |  |
| <b>Relationship to student:</b> <input type="checkbox"/> Bio-Parent <input type="checkbox"/> Legal Guardian<br><i>Foster Parent      Step-Parent      Other</i> _____ |  | <b>Phone #s:</b> (Include Area Code) |  |
|   |  | <b>Cell:</b>                         |  |
| <b>Email Address:</b>   |  | <b>Work:</b>                         |  |

## SCHOOLS PREVIOUSLY ATTENDED

| Name of School   | City/Town/State/Country | Grade | Start Date | End Date |
|--|-------------------------|-------|------------|----------|
|  |                         |       |            |          |
|  |                         |       |            |          |
|  |                         |       |            |          |
| Is this student currently suspended from his/her most recent school?      Yes <input type="checkbox"/> No <input type="checkbox"/> |                         |       |            |          |

Did the student receive free or reduced priced lunch at previous school district?      ☐ Yes      ☐ No

## CUSTODY INFORMATION

**Information of Rights of Parent from the Family Education Rights and Privacy Act (FERPA):** An education agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation or custody that specifically revokes the rights. (Authority: 20U.S.C 1232g) Please inform your school of changes in custodial arrangements -

|  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Two parents in Home   | <input type="checkbox"/> Divorced/Separated                                | <input type="checkbox"/> Joint Custody                      | <input type="checkbox"/> Single Parent       | <input type="checkbox"/> Sole Custody        |
| <input type="checkbox"/> Custody Transfer  | <input type="checkbox"/> Foster Placement (DDS-2999/3424 must be provided) |   | <input type="checkbox"/> Unaccompanied Youth |  |
| Custody paperwork provided during registration? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |  |
| <b>Restrictions of contact and/or information: Custody papers/court order MUST be provided.</b>          |  |   |  |  |
| <input type="checkbox"/> No Restrictions for Parents/Guardians   |  | <input type="checkbox"/> Custody Papers Specify Restriction |  | <input type="checkbox"/> Order of Protection |
| <input type="checkbox"/> Other Documentation, specify: _____   |  | Expiration Date: _____                                      |  |  |
| Person(s) Restricted: _____  |  | Relationship to Student: _____                              |  |  |

## SECONDARY HOUSEHOLD INFORMATION

|   |   |
|---|---|
| <b>Parent/Guardian Name:</b> <i>Last</i> _____ <i>First</i> _____ | <b>Relationship to student:</b><br>Has permission to pick student up from school.                             |
| <b>Complete Address:</b> _____                                    | <b>Cell:</b> _____  |
|   | <b>Home:</b> _____  |
|   | <b>Work:</b> _____  |
| <b>Email Address:</b> _____                                       | <i>(Include area codes.)</i><br><b>Receives mail</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

## SIBLING INFORMATION

| Siblings Residing in Primary Residence: |            |   |               |       |        |
|---|------------|---|---------------|-------|--------|
| Last Name                               | First Name | Gender  | Date of Birth | Grade | School |
|   |            | <input type="checkbox"/> M <input type="checkbox"/> F |               |       |        |
|   |            | <input type="checkbox"/> M <input type="checkbox"/> F |               |       |        |
|   |            | <input type="checkbox"/> M <input type="checkbox"/> F |               |       |        |
|   |            | <input type="checkbox"/> M <input type="checkbox"/> F |               |       |        |

## STUDENT'S PHYSICIAN INFORMATION

|                                |                     |
|--------------------------------|---------------------|
| <b>Name:</b> _____             | <b>Phone:</b> _____ |
| <b>Name of Practice:</b> _____ |                     |
| <b>Address:</b> _____          |                     |

## EMERGENCY CONTACT INFORMATION: *(Please list in order of who should be contacted after parents/guardian, include area codes.)*

|   |                      |
|---|----------------------|
| <b>Name:</b> _____  | <b>Home #:</b> _____ |
| <b>Relationship to student:</b><br>Has permission to pick student up from school. | <b>Cell #:</b> _____ |
|   | <b>Work #:</b> _____ |
| <b>Name:</b> _____  | <b>Home #:</b> _____ |
| <b>Relationship to student:</b><br>Has permission to pick student up from school. | <b>Cell #:</b> _____ |
|   | <b>Work #:</b> _____ |
| <b>Name:</b> _____  | <b>Home #:</b> _____ |
| <b>Relationship to student:</b><br>Has permission to pick student up from school. | <b>Cell #:</b> _____ |
|   | <b>Work #:</b> _____ |

**Signature:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Gananda Central School District, 1500 Dayspring Ridge, Walworth, NY 14568, 315-986-0610

Under the State Education Department's Title 1 Plan, all school districts that receive Title I funds must use a residency questionnaire that asks about a student's housing status. This form must be completed for all students seeking enrollment as well as those changing address.

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

Address \_\_\_\_\_ *Street* \_\_\_\_\_ *Town/City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

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

If yes, name of parent and enlistment:

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

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 car, park, bus, train, or campsite

Other temporary living situation (Please describe): \_\_\_\_\_

In permanent housing

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

**Signature** of Parent, Guardian, or  
Unaccompanied Youth

Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**I certify that the above named student qualifies for services and the Child and Nutrition Program under the provisions of the McKinney-Vento Act.**

**Signature of McKinney-Vento Liaison**

Date \_\_\_\_\_



# SPECIAL EDUCATION REGISTRATION & HOME LANGUAGE QUESTIONNAIRE

Gananda Central School District, Office of Special Services 315-986-3521 x8-4334

**To be completed by parent or guardian. This form, and the Release of Information, must be completed and signed before a student may enroll.**

Student Name: \_\_\_\_\_ Medicaid CIN # \_\_\_\_\_

1. Is Home Language a Language Other Than English? ☐ YES (Complete Home Language Form) ☐ NO

2. Is this student classified by the Committee on Special Education? ☐ YES ☐ NO

What is students current Classification?

- |   |  |
|---|--|
| <input type="checkbox"/> Learning Disability (LD)           | <input type="checkbox"/> Hearing Impairment (HH)             |
| <input type="checkbox"/> Speech or Language Impairment (SI) | <input type="checkbox"/> Mental Retardation (MR)             |
| <input type="checkbox"/> Emotional Disturbance (ED)         | <input type="checkbox"/> Traumatic Brain Injury (TBI)        |
| <input type="checkbox"/> Autism (AU)                        | <input type="checkbox"/> Deaf – Blindness (DB)               |
| <input type="checkbox"/> Multiple Disabilities (MD)         | <input type="checkbox"/> Deafness (DF)                       |
| <input type="checkbox"/> Orthopedic Impairment (OI)         | <input type="checkbox"/> Preschool student w/disability (PD) |

3. What special education services did student receive? (Check all that apply)

☐ Special Education Classroom ☐ Resource Room ☐ Consultant Teacher

☐ Speech Therapy ☐ Physical Therapy ☐ Occupational Therapy ☐ Counseling

4. Did student attend a BOCES program? ☐ YES ☐ NO

Where? \_\_\_\_\_ Type of program? \_\_\_\_\_

5. Did Student attend a PRIVATE or RESIDENTIAL program outside of public school district?

Where? \_\_\_\_\_ Type of program? \_\_\_\_\_

6. Does student have a Section 504 Accommodation Plan? ☐ YES ☐ NO

If yes, please describe/list the accommodations \_\_\_\_\_

I consent to the sharing of information regarding my child, \_\_\_\_\_, between Gananda Central School District and those listed below. This information will be used to help determine educational needs.

\_\_\_\_\_  
*Name* *Address* *Phone*

\_\_\_\_\_  
*Name* *Address* *Phone*

\_\_\_\_\_  
*Name* *Address* *Phone*

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

\_\_\_\_\_  
Date

Gananda Central School District, Office of Special Services 315-986-3521 x8-4334

**TERMS, RIGHTS AND RESPONSIBILITIES**

By signing this application, I understand and confirm that:

- I have been fully informed in my native language or other mode of communication that the granting of my consent to share information for the purpose of obtaining the Medicaid reimbursement for the services provided per my child's individualized education program (IEP) is voluntary and may be revoked at any time and that if I revoke my consent, it does not negate (undo) an action that occurred after my consent was given and before my consent was revoked.
- If I refuse consent to allow use of Medicaid insurance to pay for special education services, the school district must still provide all required special education services at no cost to me.
- The use of Medicaid insurance for special education services will not decrease the available lifetime coverage, increase premiums or lead to the discontinuation of benefits, result in my family paying for services required for my child outside of school that would otherwise be covered by the Medicaid program or otherwise diminish my family's insured benefits under the Medicaid program.
- I will not incur an out-of-pocket expense such as payment of a deductible or co-pay amount.

I, \_\_\_\_\_ as parent/guardian of  
(Print name of parent or person in parental relationship)

\_\_\_\_\_  
(Print child's name)

\_\_\_\_\_  
Medicaid CIN # (REQUIRED)

I give permission to the Gananda Central School District to use Medicaid to pay for IEP services and to such public agency and to each approved private special education school or provider who provides IEP services to my child to disclose information regarding diagnosis and procedure codes for billing Medicaid for services described in my child's IEP and for evaluations in relation to the services; and in the event of an audit, documentation required to support services reimbursed by Medicaid from my child's educational records to local, State and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for covered health-related support services for each service and for each school year in which service is provided as recommended in my child's IEP if my child is or becomes Medicaid-eligible.

I give my consent voluntarily and understand that I may withdraw that consent at any time. I also understand that my child's entitlement to free and appropriate public education (FAPE) is in no way dependent on my granting consent.

Signature: \_\_\_\_\_

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





**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:**

**GENDER:**

Month Day Year

**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  | _____ <input type="checkbox"/> Does not speak |
|  |                                      |                                 | specify                                       |
| 6. What language(s) does your child read?                              | <input type="checkbox"/> English     | <input type="checkbox"/> Other  | _____ <input type="checkbox"/> Does not read  |
|  |                                      |                                 | specify                                       |
| 7. What language(s) does your child write?                             | <input type="checkbox"/> English     | <input type="checkbox"/> Other  | _____ <input type="checkbox"/> Does not write |
|  |                                      |                                 | specify                                       |

### 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

**ENGLISH**

## 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:

Gananda Central School District  
1500 Dayspring Ridge  
Walworth, New York 14568  
(315) 986-3521

**Authorization for Use or Disclosure of Health Information**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Healthcare provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Healthcare provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

I hereby authorize my child's physician(s) listed above to exchange the following information with Gananda Central School District staff, including:

- |   |   |
|---|---|
| <input type="checkbox"/> School Nurse   | <input type="checkbox"/> Immunizations/physical exams to comply with NYS regulations          |
| <input type="checkbox"/> Physical/Occupational Therapist                                      | <input type="checkbox"/> Social History   |
| <input type="checkbox"/> Psychological evaluations/reports                                    | <input type="checkbox"/> Speech Therapist   |
| <input type="checkbox"/> Medical Clearances as needed following injury or change in condition |   |
| <input type="checkbox"/> Audiologist  | <input type="checkbox"/> Medical orders required for therapy needs; evaluations               |
| <input type="checkbox"/> Vision Department  | <input type="checkbox"/> Authorizations for medications during the school day or school trips |
| <input type="checkbox"/> Admissions officer   | <input type="checkbox"/> Medical condition/treatment plans that impact school learning        |
| <input type="checkbox"/> School Psychologist  | <input type="checkbox"/> School Social Worker   |
| <input type="checkbox"/> Physician referral for services (OT/PT)                              | <input type="checkbox"/> Athletic Trainer   |
| <input type="checkbox"/> Other  |   |

This authorization is valid for the duration of attendance within the Gananda CSD.

This information will be used to provide a safe and healthful environment and develop an appropriate program for this student at school. Enrollment is not contingent upon obtaining this release, however, in order to plan the most appropriate program for this student, the information may be required. Specific immunizations per NYS regulations are required for enrollment. This release may be revoked at any time by sending the request to cancel this permission in writing to the address above. Such revocation will not affect any disclosure made prior to its receipt. Protected health information will not be disclosed without consent per FERPA regulations. **A copy of this release has been provided to me and will be sent to the appropriate provider when requests are made.**

☐ I waive my rights to receive a copy of this notice

\_\_\_\_\_  
Signature of parent/guardian or student over the age of 18

\_\_\_\_\_  
Relationship to student

This form complies with all HIPPA regulations

KR:lf

## MEDICAL FORM – TO BE FILLED OUT BY A PARENT/GUARDIAN

Gananda Central School District, 1500 Dayspring Ridge, Walworth, NY 14568

NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Student \_\_\_\_\_  
*Last First MI* Date of Birth mm / dd / yyyy

Address \_\_\_\_\_  
*Street apt# Town/City Zip Code*

Mother's Name \_\_\_\_\_ / \_\_\_\_\_  
*(Home address if different than above) (Home phone) (Work Phone)*

Father's Name \_\_\_\_\_ / \_\_\_\_\_  
*(Home address if different than above) (Home phone) (Work Phone)*

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

|   |     |    |
|---|-----|----|
| 1. Any known allergies to foods, bee/insect stings, latex, medicines, etc.?<br>• Describe reaction: (local swelling, hives, face swelling)<br>• Are emergency meds required? <b>Yes No</b>    | Yes | No |
| 1. Sustained any injury or illness which required medical attention and/or hospitalization or surgery? If YES your child may need to be cleared with an MD note to participate in sports/gym. | Yes | No |
| 2. Is your child under a physician's care now for any existing problem?   | Yes | No |
| 3. Absence or loss of function for eye, kidney, testicle, or other organ?   | Yes | No |
| 4. Requires any ongoing medication at home or school? List below  | Yes | No |
| 5. Has asthma? If yes, are emergency meds required? <b>Yes No</b>   | Yes | No |
| 6. Had a convulsion, seizures, concussion, or loss of consciousness?  | Yes | No |
| 7. Has diabetes?  | Yes | No |
| 8. Has recurrent headaches? Explain below (frequency, intensity, any medication)  | Yes | No |
| 9. Complained of chest pain or fainting during physical exertion?   | Yes | No |
| 10. Has heart disease, murmur, or irregular heart beat?   | Yes | No |
| 11. Wears Orthodontic braces?<br>• Is a specialized mouthpiece from an orthodontist required for sports/PE? <b>Yes No</b>   | Yes | No |
| 12. Had any teeth capped or replaced artificially?  | Yes | No |
| 13. Wears glasses?<br>• For Sports? <b>Yes No</b><br>• If YES, are glasses impact resistant? <b>Yes No</b><br>• Contact lenses? <b>Yes No</b> If YES, How long?                               | Yes | No |
| 14. Wears Hearing Aid Devices? If YES, Type?  | Yes | No |
| 15. Is there any medical condition or restriction which may be made worse by playing sports/PE?   | Yes | No |
| 16. Required by MD to wear brace/support device to play sports/PE?  | Yes | No |
| IF ANSWER IS YES TO ANY OF THE QUESTIONS ABOVE, EXPLAIN BY NUMBER AND GIVE DATE OF OCCURRENCE:<br>_____<br>_____<br>_____   |     |    |

I certify that the above information is true and accurate and understand that it will be relied upon by the Gananda Central School District. If medication is prescribed (only valid for current school year) on the health appraisal form completed by the health care provider, I authorize the school nurse to administer the prescribed medication as directed by the health care provider. I authorize the school nurse to contact the health care provider regarding information on this form and the health appraisal form for one calendar year from the date I signed below.

Parent/Legal Guardian Signature \_\_\_\_\_ Date mm / dd / yyyy

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director.

# REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

**TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

## STUDENT INFORMATION

|         |         |            |
|---------|---------|------------|
| Name:   | Gender: | DOB:       |
| School: | Grade:  | Exam Date: |

## HEALTH HISTORY

|  |
|--|
| <b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached  |
| <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental |

|  |
|--|
| <b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached    |
| <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____ |

|  |
|--|
| <b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached |
| <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type: _____ Date of last seizure: _____   |

|   |
|---|
| <b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached      |
| <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____ |

### Risk Factors for Diabetes or Pre-Diabetes:

Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

**BMI** \_\_\_\_\_ kg/m2 **Percentile (Weight Status Category):** ☐ <5<sup>th</sup> ☐ 5<sup>th</sup>-49<sup>th</sup> ☐ 50<sup>th</sup>-84<sup>th</sup> ☐ 85<sup>th</sup>-94<sup>th</sup> ☐ 95<sup>th</sup>-98<sup>th</sup> ☐ 99<sup>th</sup> and >

**Hyperlipidemia:** ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

## PHYSICAL EXAMINATION/ASSESSMENT

|  |                          |                          |               |   |
|--|--------------------------|--------------------------|---------------|---|
| <b>Height:</b>   | <b>Weight:</b>           | <b>BP:</b>               | <b>Pulse:</b> | <b>Respirations:</b>  |
| <b>TESTS</b>   | <b>Positive</b>          | <b>Negative</b>          | <b>Date</b>   | <b>Other Pertinent Medical Concerns</b>   |
| PPD/ PRN   | <input type="checkbox"/> | <input type="checkbox"/> |               | One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle |
| Sickle Cell Screen/PRN   | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> Concussion – Last Occurrence: _____  |
| <b>Lead Level Required Grades Pre- K &amp; K</b>   |                          |                          | <b>Date</b>   | <input type="checkbox"/> Mental Health: _____   |
| <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 10$ $\mu\text{g/dL}$ |                          |                          |               | <input type="checkbox"/> Other: _____   |

☐ **System Review and Exam Entirely Normal**

### Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

|                                 |   |  |                                       |   |
|---------------------------------|---|--|---------------------------------------|---|
| <input type="checkbox"/> HEENT  | <input type="checkbox"/> Lymph nodes    | <input type="checkbox"/> Abdomen       | <input type="checkbox"/> Extremities  | <input type="checkbox"/> Speech           |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Back/Spine    | <input type="checkbox"/> Skin         | <input type="checkbox"/> Social Emotional |
| <input type="checkbox"/> Neck   | <input type="checkbox"/> Lungs          | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological | <input type="checkbox"/> Musculoskeletal  |

|  |                           |             |
|--|---------------------------|-------------|
| <input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations: | Diagnoses/Problems (list) | ICD-10 Code |
|  | _____                     | _____       |
|  | _____                     | _____       |
|  | _____                     | _____       |
| <input type="checkbox"/> Additional Information Attached                 |                           |             |

|  |                          |                          |  |              |
|--|--------------------------|--------------------------|--|--------------|
| Name:  |                          |                          | DOB:   |              |
| <b>SCREENINGS</b>  |                          |                          |  |              |
| <b>Vision</b>  | <b>Right</b>             | <b>Left</b>              | <b>Referral</b>  | <b>Notes</b> |
| Distance Acuity  | 20/                      | 20/                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |              |
| Distance Acuity With Lenses  | 20/                      | 20/                      |  |              |
| Vision – Near Vision   | 20/                      | 20/                      |  |              |
| Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail   |                          |                          |  |              |
| <b>Hearing</b>   | <b>Right dB</b>          | <b>Left dB</b>           | <b>Referral</b>  |              |
| Pure Tone Screening  |                          |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |              |
| <b>Scoliosis</b> Required for boys grade 9   | <b>Negative</b>          | <b>Positive</b>          | <b>Referral</b>  |              |
| And girls grades 5 & 7   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |              |
| Deviation Degree:  | Trunk Rotation Angle:    |                          |  |              |
| <b>Recommendations:</b>  |                          |                          |  |              |
| <b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>  |                          |                          |  |              |
| <input type="checkbox"/> <b>Full Activity</b> without restrictions including Physical Education and Athletics.   |                          |                          |  |              |
| <input type="checkbox"/> <b>Restrictions/Adaptations</b> Use the Interscholastic Sports Categories (below) for Restrictions or modifications   |                          |                          |  |              |
| <input type="checkbox"/> <b>No Contact Sports</b> <b>Includes:</b> baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling   |                          |                          |  |              |
| <input type="checkbox"/> <b>No Non-Contact Sports</b> <b>Includes:</b> archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field  |                          |                          |  |              |
| <input type="checkbox"/> <b>Other Restrictions:</b>  |                          |                          |  |              |
| <input type="checkbox"/> <b>Developmental Stage for Athletic Placement Process ONLY</b><br>Grades 7 & 8 to play at high school level <b>OR</b> Grades 9-12 to play middle school level sports<br>Student is at <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V |                          |                          |  |              |
| <input type="checkbox"/> <b>Accommodations:</b> Use additional space below to explain  |                          |                          |  |              |
| <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Brace*/Orthotic</div> <div><input type="checkbox"/> Colostomy Appliance*</div> <div><input type="checkbox"/> Hearing Aids</div> </div>  |                          |                          |  |              |
| <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div><input type="checkbox"/> Medical/Prosthetic Device*</div> <div><input type="checkbox"/> Pacemaker/Defibrillator*</div> </div>   |                          |                          |  |              |
| <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Protective Equipment</div> <div><input type="checkbox"/> Sport Safety Goggles</div> <div><input type="checkbox"/> Other:</div> </div>   |                          |                          |  |              |
| *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.   |                          |                          |  |              |
| Explain: _____   |                          |                          |  |              |
| <b>MEDICATIONS</b>   |                          |                          |  |              |
| <input type="checkbox"/> <b>Order Form for Medication(s) Needed at School attached</b>   |                          |                          |  |              |
| List medications taken at home:  |                          |                          |  |              |
|  |                          |                          |  |              |
| <b>IMMUNIZATIONS</b>   |                          |                          |  |              |
| <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Record Attached</div> <div><input type="checkbox"/> Reported in NYSIS</div> <div>Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>  |                          |                          |  |              |
| <b>HEALTH CARE PROVIDER</b>  |                          |                          |  |              |
| Medical Provider Signature:  |                          |                          | <b>Date:</b>   |              |
| Provider Name: <i>(please print)</i>   |                          |                          | Stamp:   |              |
| Provider Address:  |                          |                          |  |              |
| Phone:   |                          |                          |  |              |
| Fax:   |                          |                          |  |              |
| <b>Please Return This Form To Your Child's School When Entirely Completed.</b>   |                          |                          |  |              |

# TRANSPORTATION FORM

Gananda Central School District, Transportation Department, 2067 O'Neil Road, Macedon, NY 14502, 315-986-4278

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last Name First Name

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

Parent/Guardian:

Child Care Provider:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town Zip code

\_\_\_\_\_  
Town Zip code

1<sup>st</sup> Contact Phone # \_\_\_\_\_  
(area code)

Phone # \_\_\_\_\_  
(area code)

1<sup>st</sup> Contact Email \_\_\_\_\_

2<sup>nd</sup> Contact Phone # \_\_\_\_\_  
(area code)

2<sup>nd</sup> Contact Email \_\_\_\_\_

Place a check (✓) in the appropriate boxes. You must make a selection for both pick up and drop off.

## THIS SCHEDULE WILL PERTAIN TO THE INSTRUCTIONAL SCHOOL DAY ONLY

### BEFORE SCHOOL PICK UP

| Home                     | Child Care               | No Transport             |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### AFTER SCHOOL DROP OFF

| Home                     | Child Care               | No Transport             |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Faxed copies will be accepted. Fax to: 315-986-7391

*My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the location(s) listed above.*

\_\_\_\_\_  
Date

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

- The transportation requested must be on a “regular basis” meaning that the student’s weekly schedule is the same for the entire school year.
- The student must board and disembark the bus from established stops
- Transportation to and from child care will end when your student completes 8<sup>th</sup> grade.





## FOOD SERVICE INFORMATION

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Gananda Central School District, Department of Dining Services, 315-986-3521, x8-3156

Dear Parents:

Gananda School District's Food Service Department is excited to provide parents a convenient, easy and secure online prepayment service for your child's school meal account at any time. With money in your child's account prior to entering the cafeteria, the lunch lines move faster giving your child more time to eat and be with friends. This is all done through a web site called **MySchoolBucks.com**.

### **Important things to note about your free MySchoolBucks account:**

- Registering for MySchoolBucks and monitoring your child's lunch account is free
- There is a convenience fee for any payments made on line that covers all deposits made within a single transaction
- The Gananda School District does not receive any of the convenience fee
- Automatic payment from your bank account is available when your child's account balance runs low
- Extended purchase history for the past 90 days - Free
- Low balance alerts can be emailed to you - Free
- There is a phone app available - Free
- You may fund up to \$120 per child, but you may pay for all of your children on a single transaction.
- The charge on your credit card statement may appear as HEARTLAND PAYMENT SYSTEMS
- MySchoolBucks has the following payment methods available for use:
  - Visa®, Mastercard®, Discover®, or Electronic Check

Please allow 24-48 hours for funds to be available in your child's account.

If you choose not to take advantage of the online prepayment service you still can use the services free of charge and you may continue to make payments/deposits to the cashier in your child's school kitchen. Either cash or check is accepted at the school. Please make checks payable to the Gananda Central School District. Write **your child's full name** in the memo area on the check. The entire amount of your check or cash is directly deposited into your child's lunch account; for your convenience, and to avoid lost money, change is not given for prepayments. If you have any questions about these services, please contact the Food Service Office at 315-986-3521,x8-3156

### **To access these services & register for a MySchoolBucks.com account:**

You will need your child's student ID number. If you do not have this number, please call the Food Service Office @ 315-986-3521, x8-3156 or your child's school.



**Please check all that apply to your child's toileting skills:**

1. Does your child get on the toilet or potty by themselves (even if they need help with clothing)?
  - ☐ Rarely/No
  - ☐ Sometimes
  - ☐ Most of the Time
2. Does your child have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?
  - ☐ Rarely/No
  - ☐ Sometimes
  - ☐ Most of the Time
3. Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?
  - ☐ Rarely/No
  - ☐ Sometimes
  - ☐ Most of the Time
4. Does your child attempt to wipe themselves after toileting?
  - ☐ Rarely/No
  - ☐ Sometimes
  - ☐ Most of the Time

OR

Does your child wipe themselves independently after toileting?

- ☐ Rarely/No
  - ☐ Sometimes
  - ☐ Most of the Time
5. Does your child take care of their toileting needs?
    - ☐ Rarely/No
    - ☐ Sometimes
    - ☐ Yes (flushing the toilet most of the time after using)
    - ☐ Yes (flushing the toilet and washing and drying hands most of the time)
  6. Does your child go to the bathroom on their own without being asked or reminded?
    - ☐ Rarely/No
    - ☐ Sometimes
    - ☐ Most of the Time





## ***Digital System Cheat Sheet for Parents***

Technology has become an important aspect in our lives and many of the resources for parents are now also digital. Below are important tools and apps for you to keep track of your child's grades, school bus, school communication, and much more!

### **1. Schoology –**

Schoology is the District's Learning Management System (LMS), or in simple terms, the organizational system for your child's daily school work. You can login to Schoology to see your child's assignments and due dates.

Accounts are created from the parent email address we have on file, so be sure we have your current email address in the parent portal (more on that later in this document).

#### **To access your parent account:**

1. Go to: <https://app.schoology.com/login>. (You can also find Schoology under the "Parents and Community" section on the website navigation bar.)
2. If you had an account last year and know your password, enter it here. If you have a new account or don't know your password, select "Forgot your password" and then enter the email address you provided to us for contact.
3. You will receive an email with the subject line: "How to Change Your Schoology Password." Use the link provided in your email to setup your Schoology password. Click submit to save your information.
4. You can now login from Schoology.com's login button.

**Please note:** If the system does not recognize your email address, it will display a red "Please enter a valid email address message." In this case, contact your child's school to change or correct your email address in our system. Once the email address is corrected, it will take up to 24 hours for the system to refresh and for you to be able to login with the correct email. After your email address is updated, you will need to create and confirm your password by following steps 1-4 listed above.

## **2. Infinite Campus/Parent Portal –**

Infinite Campus, also known as the Parent Portal, is the Data Management System (DMS) for our students. In simple terms, this is the system for keeping our student records like email addresses, phone numbers, attendance, official marking period grades, and report cards. You would login to the portal to request a change to an email address, phone number, or other contact information for your child. You can also see your child's attendance records, and see final report card grades. Visit the [Parent Portal page](#) on our website to find set up instructions. The parent portal webpage can be found under the "Parents" heading on our website at [www.gananda.org](http://www.gananda.org).

## **3. ParentSquare (Replaces School Messenger)**

ParentSquare is the district's communication tool for getting information out to parents. Weekly district newsletters, emergency communication, and Gananda Central School District event news, as well as classroom news and updates will be communicated through a tool called ParentSquare. We have the ability to text, call, email, and send push notifications directly to parent smart phones. If you are not getting information from the district or your child's school, and would like to receive information, please contact the district's public relations office at [GanandaPR@gananda.org](mailto:GanandaPR@gananda.org).

## **4. My School Bucks -**

My School Bucks is a program where you can essentially create an bank account for your student's lunches. You can decide how much to put into the bank, monitor account balances, and add additional funds when you feel it's necessary. Students will not need to carry cash with them on a daily basis; rather, they can pay for their lunches with their account. To sign up for an account, visit the [MySchoolBucks](#) webpage. You can also access this page by clicking on the "piggy bank" image in the blue box down the center of the district's homepage at [www.gananda.org](http://www.gananda.org).

## **5. Here Comes The Bus –**

[Here Comes The Bus](#) is the first of its kind in New York State and provides real-time data to show parents when the school bus will be arriving to pick-up/drop off their child(ren). That means no more waiting outside for long periods of time! In addition, the program provides bus drivers with real-time data as to who is currently riding their bus and utilizes GPS technology for their bus routes.

The district began using the program in 2017 for all students in grades K-12. Parents can download the app for free directly to their smartphone or tablet, or they can access the information on the *Here Comes The Bus* website. To register, visit the [Here Comes The Bus](#) page on our website located on the Transportation page under the District Departments Page.

## **6. PikMyKid App**

[PikMyKid](#) App is used for our elementary families that are driving their children to school to help with scheduling pick-up and drop-off times for arrival and dismissal each day. This app is used to organize the school dismissal process and improve safety.

## **7. FamilyID**

Family ID is a secure registration platform that provides parents and guardians with an easy, user-friendly way to register for Gananda's sports programs. When registering through FamilyID, the system keeps track of information in the Family ID profile so families only enter their information once for each family member. Once your profile is created you can register your child in multiple sports (ie. Fall, Winter, Spring). All 7<sup>th</sup> through 12<sup>th</sup> grade student athletes will need to register for their program through Family ID, however, you will not be able to register for your sport until the registration dates open. You can find additional information and registration steps on the [Athletics Registration Page](#) found on [www.gananda.org](http://www.gananda.org).

## **8. rSchool Notify Me!**

rSchoolNotifyMe! is a way to receive athletic notifications and reminders for upcoming sports games. It will allow you to stay up-to-date on schedule changes so that you can be ready to show your Blue Panther Pride at all times! To register for the athletic notifications, use the following steps:

1. Go to the [Gananda Website](#) and click on the "Athletic Calendar". This can be found by clicking the third blue box in the center of the page with the football, soccer, and basketball symbols in the middle.
2. Once you get to the calendar screen, click on any activity to get full details on events, including interactive Google Maps to get directions.
3. To get a specific schedule, go to "View Schedules" and click on the schedule you would like to see and press "view."
4. To print, email, or download a schedule, go to "View Schedules" and click on the schedule you would like to view. There will be an option to print, email, and download at the top right portion of the schedule. You can also print from the "Advanced View Report" on the main page and print by sport, date, etc. Please note: You will need to allow pop-ups from this site" in order to view these reports.
5. Notify Me! Automatic notification and reminders – You can click on the "Notify Me!" button located below "View Schedules" on the calendar screen to receive notifications

about upcoming games. Follow the instructions to subscribe to schedules and get text and email notifications.





## GANANDA CENTRAL SCHOOL DISTRICT COMMUNICATION ROAD MAP

We have developed this guide to address your questions and concerns quickly and effectively. The communication guide starts with the staff member closest to the situation, as that person usually has the most information. We recognize that at times additional staff may be required to resolve specific situations. We encourage any and all questions from parents and residents regarding school matters. If your issue has not been resolved after following

all of the communication steps put forth on this guide, please contact the District Clerk, Leslie Ferrante, in the Superintendent's Office at 315-986-3521 ext. 8-4313.

|   | Step 1   | Step 2                             | Step 3                             | Step 4         |
|---|--|------------------------------------|------------------------------------|----------------|
| <b>Student Progress (Online Access: Schoology)</b>    | Classroom/Subject Teacher  | HS/MS Counselor                    | Building Principal                 | Superintendent |
| <b>Schedules/Placement</b>                            | HS/MS/ES Counseling Office   | Building Principal                 | Superintendent                     |                |
| <b>Classroom Procedures</b>                           | Teacher  | Building Principal                 | Superintendent                     |                |
| <b>Curriculum</b>                                     | Classroom Teacher  | Department Lead Teacher            | Chief Academic Officer             | Superintendent |
| <b>Athletics</b>                                      | Coach  | Athletic Director                  | Superintendent                     |                |
| <b>Student Behavior</b>                               | Classroom/ Subject Teacher   | Asst. Principal                    | Building Principal                 | Superintendent |
| <b>School Safety &amp; Educational Climate (DASA)</b> | School Counselor   | Building Principal                 | Superintendent                     |                |
| <b>Budget/Financial</b>                               | Building Principal   | Chief Finance & Operations Officer | Superintendent                     |                |
| <b>Extra-Curricular Activities</b>                    | Club Advisor   | Building Principal                 | Superintendent                     |                |
| <b>Health Issue</b>                                   | School Nurse   | Building Principal                 | Superintendent                     |                |
| <b>District Policies</b>                              | Building Principal   | Superintendent                     | Board of Education                 |                |
| <b>Special Education</b>                              | Special Ed Teacher   | Director of Special Ed             | Superintendent                     |                |
| <b>Transportation</b>                                 | Bus Driver   | Transportation Supervisor          | Chief Finance & Operations Officer | Superintendent |
| <b>Building Use</b>                                   | <a href="http://www.gananda.org">www.gananda.org</a> under Departments Tab – Facilities & Maintenance, Facilities Use Request Form | Facilities Secretary               | Facilities Director                | Superintendent |
| <b>Building/Grounds</b>                               | Building Principal   | Facilities Director                | Superintendent                     |                |
| <b>Safety &amp; Security</b>                          | Building Principal   | Safety Coordinator                 | Superintendent                     |                |
| <b>Food Service</b>                                   | Director of Dining Services  | Chief Finance & Operations Officer | Superintendent                     |                |



## QUICK REFERENCE CONTACT GUIDE:

**Superintendent:** Dr. Shawn Van Scoy..... 315-986-3521 ext. 8-4313

*Athletic Director* – John Tichacek ..... 315-986-3521 ext. 8-3224

*Chief Finance & Operations Officer* – Natalie Melnik ..... 315-986-3521 ext. 8-4365

*Chief Academic Officer* – Kelly Carpenter .....315-986-3521 ext. 8-1536

*Communication/Public Relations* – Lauren Kohl ..... 315-986-3521 ext. 8-2408

*Director of Facilities and Food Service* – Lori Brown .....315-986-3521 ext. 8-3175

*Director of Student Services & Special Education (Interim)* – Kateri Warren ..... 315-986-3521 ext. 8-4319

*Director of Technology* – Theresa Grevell.....315-986-3521 ext. 8-4336

*Transportation Supervisor* – Alli Mapes .....315-986-4278

*District Clerk* – Leslie Ferrante.....315-986-0610

### **School Phone Numbers & Principals**

***Richard Mann Elementary***..... 315-986-3521 ext. 8-1511

*Principal:* Katy Lumb

*Asst. Principal:* Rebekah St. Germain

***Gananda Middle School***.....315-986-3521 ext. 8-2423

*Principal:* Elliott Butt

*Asst. to the Principal:* Bob Caulkins

***Ruben A. Cirillo High School***..... 315-986-3521 ext. 8-3154

*Principal:* Christopher Whipple

*Asst. Principal:* Mairi Greibus

The district website, [www.gananda.org](http://www.gananda.org), contains contact information for staff members at each school.