CHESTER UNION FREE SCHOOL DISTRICT
REGISTRATION PACKET COVER SHEET

PROOF OF RESIDENCY (One document from Group A and three documents from Group B – except if in temporary shelter). All documents must show your name and Chester address.
P.O. Box addresses are not accepted as proof of residency.

A.
_____ Deed to property
_____ Mortgage agreement
_____ Residential Lease with current rent receipt
_____ A statement from a Landlord or Owner concerning your tenancy
_____ A sworn notarized statements from a third party that establishes your presence in the Chester Union Free School district and if you are or are not paying rent. (Affidavits #1 and 2 – see registrar) (The landlord needs to provide proof of residency in the district, also, from the list below)
_____ Temporary shelter proof

SUPPLEMENTARY PROOF OF RESIDENCY – You may submit any other relevant evidence you wish to, including but not limited to the following types of documentation with the location of service indicated and/or current street address to indicate residency.

B.
_____ Tax bill
_____ Electric and gas bill
_____ Telephone bill
_____ Cell phone bill
_____ Cable bill
_____ Insurance policy and/or bill
_____ Voter registration card
_____ Official Postal Address Change Form
_____ Health care benefits statement
_____ Bank statement
_____ Current Payroll stub
_____ Medicaid forms
_____ Driver's license or Non-Driver ID with address
_____ Vehicle registration
_____ IRS tax return
_____ Moving company delivery receipt
_____ Documents issued by federal, state or local agencies
_____ Other ___________________________

PROOF OF AGE (One of the following)

_____ Original or Certified Transcription of your child's Birth certificate regardless of issuing nation
_____ Original or Certified Transcription of your child's Baptismal Certificate regarding of the issuing nation

If you are unable to provide either of the above documents:

_____ Your child's Passport regardless of the issuing nations

In the absence of the above documents, you may provide any other documentation that has been in existence for over two years that could be used to establish your child's age. For example:

____Official driver's license or non-driver ID card
____ Military dependent ID card
____ Consulate identification records
____ Documents issued by federal, state or local agencies
____ Court orders or other court issued documents
____ Records from non-profit international aid agencies and voluntary agencies
_____ State or local government issued identification
_____ School photo identification with date of birth
_____ Hospital or health records
_____ Native American tribunal document

PROOF OF CUSTODY, GUARDIANSHIP OR FOSTER CARE

____ If parents are separated, divorced or have a custody order, these documents must be provided to the District. If foster parents, documents from NYS Office of Children and Family Services (e.g., LDSS-2999)

____ If custody/guardianship is with a third party, you must complete and submit Affidavits of Responsibility (Parent and Custodial Person). The District will consider requests for exceptions to this requirement in limited but appropriate circumstances.

____ Government issued Picture ID of the Parent/Guardian

HEALTH RECORDS ______________

(Including Immunization Records and Physical Examination within 12 months of start of school year)

SCHOOL RECORD/REPORT CARD ______________

(If a student is coming from another school district, you must ask if either of the documents below is applicable to this student.)

CUSTODY PAPERS (If applicable) ___________ **6. IEP (Spec Ed only) ___________**

In order to make a timely decision regarding a student's right to enrollment or continued enrollment in the District, the above information and documentation should be delivered to the Registrar tomorrow (or the next regular business day if tomorrow is a weekend or holiday).

REGISTRAR: Put your initials on the line next to each document that you collect from the parent/legal guardian above. Once the packet is complete, attach this cover sheet to the packet and give to the building principal for verification.

PRINCIPAL: Building principal will initial "custody papers" above if applicable. The Director of Special Education will initial "IEP" if applicable. Only the building principal can sign the verification below once all paperwork has been received and reviewed.

__________________________ __________________________

Building Principal's Signature **Date**

CHESTER UNION FREE SCHOOL DISTRICT
64 HAMBLETONIAN AVENUE
CHESTER, NEW YORK 10918

REQUEST FOR RECORDS FORM

DATE: ____________________

PREVIOUS SCHOOL'S NAME, ADDRESS & PHONE #:
____
____
____

STUDENT'S NAME: __________________________

The above-named student enrolled on ________________________ in our district and will be entering ________ grade.
Please send us, as soon as possible, the following information:

- Scholastic Record (final grades or grades to date of present year; explanation of marking system)
- Standardized Test Results
  (Aptitude & achievement; New York schools should include RCT results, screening survey, NYSESLAT/NYSITELL results)
- Attendance Records
- Health Records
- Discipline Records
- Psychological Reports, if any
- Family data, other pertinent data
- Indicate whether this student is in need of any special psychological
- Medical or Education Services YES _____ NO _____

****

SPECIAL EDUCATION RECORDS

Please forward all CSE records (if any) on above-named student to:

Director of Special Education
Chester Union Free School District
64 Hambletonian Avenue
Chester, New York 10918

- Current IEP
- Psychological records and evaluations
- Academic reports
- Achievement testing

Speech
OT
PT
Counseling

We would be pleased to receive any further information which you feel would be of importance to this office.

****

PARENTAL AUTHORIZATION TO SEND RECORDS – Please check the school your child will be attending:

I hereby authorize you to send all school records on my child named above to:

______**Chester Academy**
64 Hambletonian Avenue
Chester, New York 10918
Phone: (845) 469-2231 x3302
FAX: (845) 469-3606
Email: patty.goodrich@chesterufsd.org

______**Chester Elementary School**
2 Herbert Drive
Chester, New York 10918
Phone: (845) 469-2178 x2202
FAX: (845) 469-2794
Email: lindsay.iannuzzi@chesterufsd.org

____
Parent/Guardian Signature

CHESTER UNION FREE SCHOOL DISTRICT
NEW STUDENT REGISTRATION FORM

_____ ELEMENTARY SCHOOL _____ CHESTER ACADEMY

STUDENT NAME ________________________________ ☐ Male ☐Female ☐Non-Binary GRADE ________
LAST FIRST MIDDLE INITIAL

ADDRESS ____
STREET PO BOX (IF ANY) TOWN STATE ZIP

TELEPHONE ______________________ DATE OF BIRTH ________________ PLACE OF BIRTH ______________________
(IF UNLISTED, PLEASE SPECIFY)

DATE OF ENTRY INTO GRADE 9 ___________________

Check if the student is of Hispanic or Latino Origin? Yes, Hispanic_______ No, Non-Hispanic ________

Check the race of the student: American Indian or Alaskan Native _____ Asian _____
Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White (Caucasian) _____

Please place language number in appropriate box below:

☐ DOMINANT LANGUAGE SPOKEN IN HOME ☐ LANGUAGE IN WHICH STUDENT IS FLUENT

1. ENGLISH 2. SPANISH 3. ITALIAN 4. FRENCH 5. FRENCH/CREOLE 6. CHINESE 7. GREEK
8. YIDDISH 9. HEBREW 10. RUSSIAN 11. GERMAN 12. ARABIC 13. POLISH 14. OTHER ___________________

Any Academic Special Needs or Considerations: ____

FATHER'S NAME ______________________________ MOTHER'S NAME ____________________________________

DATE OF BIRTH ______________________________ DATE OF BIRTH ____________________________________

PLACE OF BIRTH ______________________________ PLACE OF BIRTH ____________________________________

OCCUPATION ______________________________ OCCUPATION ____________________________________

COMPANY NAME ______________________________ COMPANY NAME ____________________________________

ADDRESS ______________________________ ADDRESS ____________________________________

TELEPHONE ______________________________ TELEPHONE ____________________________________

STEP-PARENT/GUARDIAN NAME & PHONE ____

SIBLINGS:

NAME	DATE OF BIRTH	GRADE IN SCHOOL	RESIDENCE, IF AWAY FROM HOME	REMARKS Male/Female

CHESTER UNION FREE SCHOOL DISTRICT
RESIDENCY QUESTIONNAIRE

Name of LEA: CHESTER UNION FREE SCHOOL DISTRICT

Name of School: ______________________________

Name of Student: ______________________________
Last First Middle

Gender: ☐ Male ☐ Female ☐ Non-Binary

Date of Birth: ______ /_____ /_____ (*Month* *Day* *Year*)

Grade: _____ (*preschool-12*)

ID#: ______________ (*optional*)

Address: ______________________________ Phone: ____________________

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, proof of age, school records, or immunization records. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

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

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

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

____
Date

If **ANY box other than "In Permanent Housing" is checked,** , then the student/family should be immediately referred to the McKenney-Vento (MV) Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's MV liaison must help the student get any other necessary documents or immunizations.

cc: Transportation
Data Administrador

2/22

CHESTER UNION FREE SCHOOL DISTRICT
CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: CHESTER UNION FREE SCHOOL DISTRICT

Nombre de la Escuela: ____

Nombre del Estudiante: ____
Apellido Primer Nombre Segundo Nombre

Género: ☐ Hombre
☐ Mujer
☐ No-Binario

Fecha de Nacimiento: _____ / _____ / ______
Mes Día Año

Grado:______ *(jardín de infantes – 12)*

ID#: _______ *(opciónal)*

Dirección: ____________________________________ Teléfono: ____________________

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Dónde está el estudiante viviendo actualmente? (*Por favor marque **una** caja.*)

- ❑ En un refugio
- ❑ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- ❑ En un hotel/motel
- ❑ En un carro, parque, autobús, tren, o camping
- ❑ Otra vivienda temporal (Por favor describa):
  ____

- ❑ En un hogar permanente

____
Nombre de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

____
Firma de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

____
Fecha

Si CUALQUIER caja que no sea "En un hogar permanente" está marcada, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción **y el estudiante debe ser matriculado inmediatamente**. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

cc: Transportación
Data Administrador

CHESTER UNION FREE SCHOOL DISTRICT

STUDENT EMERGENCY FORM

Student's Name____

Last | First | Birthdate | **Grade**

Home Address ____ Phone ____________________

____

Parent/Guardian (primary contact) | Home Address (if different) | Parent Email

____

Place of Employment | Work Phone | Cell Phone

____

Parent/Guardian (second contact) | Home Address (if different) | Parent Email

____

Place of Employment | Work Phone | Cell Phone

If my child has to be taken home because of a minor illness and I am not there or cannot be reached, please call:

____

Name of 1st contact | Address | cell phone / home phone

____

Name of 2nd contact | Address | cell phone / home phone

____

Name of 3rd contact | Address | cell phone / home phone

Doctor: ____________________________Address_________________________________Phone__________________

Dentist: ____________________________Address_________________________________Phone__________________

My child has the following conditions which requires special handling in any emergency:_____________________

____

Are there any individuals whose access to your child is prohibited or restricted by court order? ________

(If yes, please attach copies of court order)

In an emergency, when you cannot reach one of the above, I authorize the school to call 911 or the physician listed above. This authorization also includes permission to release pertinent medical records needed. In the event that one of the parents/guardians cannot be reached, please take my child to the nearest emergency treatment facility, by ambulance if necessary. I realize the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

Signature of parent/legal guardian ____ Date________________

PLEASE NOTIFY THE HEALTH OFFICE IF THERE ARE ANY HEALTH CONCERNS OR CHANGES DURING THE SCHOOL YEAR

CC: Health Office
Main Office
Superintendent's Office

CHESTER UNION FREE SCHOOL DISTRICT
HEALTH OFFICE

Chester Elementary School
2 Herbert Drive
Chester, NY 10918
845-469-2178 x2209
Fax: 845-469-2170

Chester Academy
64 Hambletonian Avenue
Chester, NY 10918
845-469-2231 x3315
Fax: 845-469-6634

Child's Name: _____________________________________Date & Place of Birth: ________________

Child's Address: ____Child's Home Phone #: ____________

Parent/Guardian's Name: ____Relationship: ________________

Resides with: (Y/N) Cell #: _______________________________ Work #:_______________________________

Parent/Guardian's Name: ____Relationship:___________________________

Resides with: (Y/N) Cell #: _______________________________ Work #:_______________________________

Please indicate if your child has been treated for any of the following diseases/conditions:
__ Asthma
__ Chicken Pox Date: ______________
__ Hepatitis
__ Pneumonia
__ Bone fracture(s)
__ Seizures
__ Frequent sore throats
__ Frequent earaches
__ Mononucleosis
__ Scarlet Fever
__ Heart Disease
Other ____

Has your child been hospitalized for any serious illness or injury? : __________ if yes, please list:______________________

Does your child take medication regularly? ___________ Name of Medication ____________________________________

Does your child have any allergies? ___________ If yes, please list those allergies:___________________________________

____

Has your child received medical treatment for any allergic reaction? _______ if yes, please list:_________________________

Does your child have any medical condition that could require immediate FIRST AID? _______________

If yes, please describe: ____

Are there any special services that your child requires that the school should be made aware of? ________________________

____

Does your child wear glasses? ________________ Date of last eye exam: _________________________

Signature: ____Date: ____________________

CHESTER UNION FREE SCHOOL DISTRICT
HEALTH OFFICE

Chester Elementary School
2 Herbert Drive
Chester, NY 10918
(845) 469-2178 x2209
Fax: (845) 469-2170

Chester Academy
64 Hambletonian Avenue
Chester, NY 10918
(845) 469-2231 x3315
Fax: (845) 469-6634

Physical exams must be performed within the 12 months prior to the beginning of the school year in which the examination is required or within 15 days after registration in order to be acceptable. If you choose to have your child examined by your health care provider, please submit the completed medical form to the school health office by **September 30th**. If not received by this date, your child will be scheduled for a physical with the school nurse practitioner.

As part of a required school health examination, a student is weighed and his/her height is measured. These numbers are used to figure out the student's body mass index or 'BMI'. The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low. A sample of school districts will be selected to take part in a survey by the New York State Department of Health. If our school is selected to be part of the survey, we will be reporting to New York State Department of Health information about our students' weight status groups. Only summary information is sent. No names and no information about individual students are sent. However, you may choose to have your child's information excluded from this survey report. Please visit the district website to access the optional opt-out form.

Annual vision, hearing and scoliosis screenings will be performed according to the New York State guidelines.

If your child will need to take medication in school, please have your child's health care provider complete the Medication in School form which can be found on the Health Office Web page on the district website.

—---

COMPLETE AND RETURN THIS SECTION:

_____ I will have my child examined by my own health care provider.

_____ The examination has been scheduled for the following date: ___/___/___

_____ I would like my child to be examined in school by the nurse practitioner.

Child's name ____ Grade ____________

Parent/Guardian's Signature ____________________________________ Date ______________

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:	Sex: __M __F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ **No** ☐ Yes, indicate type	☐ Medication/Treatment Order Attached	☐ Aaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental		
Asthma ☐ **No** ☐ Yes, indicate type	☐ Medication/Treatment Order Attached	☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : ______________________________		
Seizures ☐ **No**	☐ Medication/Treatment Order Attached	☐ Seizure Care Plan Attached
☐ Yes, indicate type	☐ Type: _____________________________	Date of last seizure: _______________
Diabetes ☐ **No**	☐ Medication/Treatment Order Attached	☐ Diabetes Medical Mgmt. Plan Attached
☐ Yes, indicate type	☐Type 1 ☐ Type 2	☐ HgbA1c 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):** _ <5th _ 5th-49th _50th-84th _ 85th-94th _95th-98th _99th and<

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

PHYSICAL EXAMINATION/ASSESSMENT

Height:	**Weight:**	BP:	**Pulse:**	**Respirations:**
TESTS	**Positive**	**Negative**	**Date**	**Other Pertinent Medical Concerns**
PPD/ PRN	☐			One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
Sickle Cell Screen/PRN	☐			☐ Concussion – Last Occurrence: _________________________
Lead Level Required Grades Pre- K & K	**Date**			☐ Mental Health: ___________________________________ ☐ Other:
☐ Test Done ☐ Lead Elevated > 10 µg/dL				

☐ **System Review and Exam Entirely Normal**

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

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code ______________________ ______________________________ ____________________ ___________________________ ____________________ ___________________________

Name:	DOB:

SCREENINGS

Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				

Hearing	**Right** dB	**Left** dB	**Referral**
Pure Tone Screening		☐ Yes ☐ No	

Scoliosis Required for boys grade 9 And girls grades 5 & 7	**Negative**	**Positive**	**Referral**
	☐	☐	☐ Yes ☐ No
Deviation Degree:		Trunk Rotation Angle:	

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations**	Use the Interscholastic Sports Categories (below) for Restrictions or modifications
☐ No Contact Sports	**Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
☐ **No Non-Contact Sports**	**Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports
Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: ____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

CHESTER UNION FREE SCHOOL DISTRICT
HEALTH OFFICE

Chester Elementary School
2 Herbert Drive
Chester, New York 10918
(845) 469-2178 x2209
Fax: (845) 469-2170

Chester Academy
64 Hambletonian Ave
Chester, New York 10918
(845) 469-2231 x3315
Fax: (845) 469-6634

Dental Referral

Beginning July 1, 2018, New York State Law requests that students enrolling in pre-kindergarten, kindergarten, 1st, 3rd, 5th, 7th, 9th and 11th grades in a public elementary school in this state to present a dental health certificate; such dental health certificate must contain a report of a comprehensive dental examination performed on such child.

Name____**D.O.B**______________________

Grade ____**Teacher**___________________________

Dear Parents: Students should have an examination and cleaning by your dentist every 6 months to prevent serious tooth decay. Please take this form to your dentist for completion, and return it to the health office.

Dear Dentist: After examining this student, please check off one of the following:

___________________________________Currently receiving dental services

___________________________________Dental work is completed

___________________________________No treatment required at this time

___________________________________Return for cleaning/check-up every__________months

Other Recommendations:

____Date__________________

Signature of DDS/DMD/RDH

Printed or stamped name____

Address____

Telephone__________________________________Fax_______________________________

GRADE__________

CHESTER UNION FREE SCHOOL DISTRICT

Acknowledgement of Computer/Internet and Code of Conduct Policies

1. Student Use of Computerized Information Resources (Acceptable Use) Policy Acknowledgement
2. 2022-2023 Chester Union Free School District Code of Conduct and Student Handbook Acknowledgement

Student Initials:

__________ 1. I have received the Chester Union Free School District's **Student Use of Computerized Information Resources (Acceptable Use) Policy** and agree to abide by the terms and conditions contained in them. I further understand that violation of the policy and regulations is unethical and may constitute a criminal offense. Should I commit any violation my access privileges may be suspended or revoked and school disciplinary action and/or appropriate legal action may be taken.

__________ 2. I have received the ***2022-2023 Chester Union Free School District Code of Conduct and Student Handbook*** and agree to abide by the terms and conditions contained in them. Should I commit any violation school disciplinary action and/or appropriate legal action may be taken.

Parent/Guardian Initials:

__________ 1. As parent / guardian of this student I have received and read the District's **Student Use of Computerized Information Resources (Acceptable Use) Policy.** I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the Chester Union Free School District to restrict access to all controversial materials and will not hold them responsible for the materials acquired on the network. In consideration for the privilege of using the District's computer network and in consideration for having access to public networks, I hereby release the District, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use, or inability to use, the network and for Internet. I hereby give my permission for my child to access the Internet and certify that the information contained on this form is correct.

__________ 2. I have received the ***2022-2023 Chester Union Free School District Code of Conduct and Student Handbook*** and agree to abide by the terms and conditions contained in them. Should my child commit any violation school disciplinary action and/or appropriate legal action may be taken.

By signing below I confirm I have read the above information and initialed each paragraph as it pertains to me.

PARENT / GUARDIAN		
Print First Name	**Print Last Name**	**Signature**
STUDENT		
Print First Name	**Print Last Name**	**Signature**

CHESTER UNION FREE SCHOOL DISTRICT
TRANSPORTATION REQUEST FORM
Please Print

Date___________________

STUDENT'S NAME____
LAST FIRST

GRADE_____________

PARENT'S NAMES: Father____
LAST FIRST

Mother____
LAST FIRST

OR:

PERSON STUDENT IS RESIDING WITH (**if different from Parents**) _____________________________________

RELATIONSHIP____

TELEPHONE NUMBER________________________________EMERGENCY NUMBER________________________

ADDRESS FOR BUS PICK UP AND DROP OFF (**No P.O. Boxes**)

____
Street **City** **State** **Zip Code**

ADDRESS USED FOR BUS PICK UP AND DROP OFF, **IF DIFFERENT THAN ABOVE**:

a.m. ____

p.m. ____

PLEASE CHECK WHICH SCHOOL YOUR STUDENT ATTENDS:

_____________ Chester Elementary _____________ Chester Academy

X____
SIGNATURE OF PARENT OR GUARDIAN

(FOR TRANSPORTATION USE ONLY)

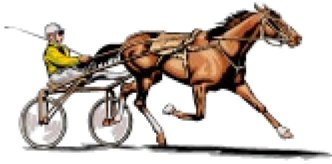
STUDENT I.D.___________________________ START DATE___________________

a.m. Bus No.__________ Stop_________________

p.m. Bus No.__________ Stop_________________

Date forwarded to First Student Bus Company_____________________

Original: Transportation 1/21



Chester UFSD -Parent Portal Registration Form

Report Cards and Progress Reports for the Chester School District are not mailed home. All such reports will be accessed through the Parent Portal. This effort helps us to "go green." **Please return this form to the Main Office of your child's school.** Please list your child/children who are enrolled in school. Once your child/children are in the school system, you will be receiving an email from Schooltools with a password to get into your school account.

Name______________________________ Grade_______

Name______________________________ Grade_______

Name______________________________ Grade_______

Name______________________________ Grade_______

Name______________________________ Grade_______

Name______________________________ Grade_______

Name of primary parent/guardian requesting e-mail communication:

____

*E-mail address: ____

Address: ____

Phone: ____

(If more than one parent wants access to this communication, a second e-mail address should be included.)

Name of second parent/guardian requesting e-mail communication:

____

*E-mail address: ____

Your signature below confirms your desire for electronic communication on issues relating to your child/children **(Required).**

Please Sign: ____

Date: ____