



PLEASE SIGN & RETURN

Please return the forms to the school in the following ways:

- Please email us at **52info@rcsdk12.org**
- Send a text message to our email address **52info@rcsdk12.org**
- Please take a picture of the completed documents and email them to the school or mail them to **100 Farmington Rd. Rochester, NY 14609**
Attn. Main Office
- Call us at **585-482-9614 ext. 1000** or Fax: **585-654-1079**

Thank you so much for your attention and participation.
School No. 52 Main Office



Frank Fowler Dow School No. 52

100 Farmington Road,

Rochester, New York 14609

Phone (585) 482-9614 Fax (585) 654-1079

www.rcsdk12.org/52

Dr. Mary Ferguson

Principal

Mary.Ferguson@rcsdk12.org

Dear Parents and Guardians,

To ensure that you are receiving the most up-to-date notifications/communications from the Rochester City School District, as well as your student's school and teacher, we must have a current email address, mailing address, and phone number on file for your family.

Please take a moment to fill out the Student Information Sheet on the back of this page. Print any corrections and updates as needed, including your email. If you have custody changes, you must submit court documentation and this form to the Main Office.

You can also send us your updates in the following ways:

- Please email us at 52info@rcsdk12.org Send a text message to our email address 52info@rcsdk12.org
- Call us at **585-482-9614 Ext. 1000**
- Visit the main office at our school during regular business hours (9:00 AM-3:45 PM)

If you are changing your mailing address, you must provide proof of residency. Acceptable documents include a driver's license, mortgage or tenant agreement, telephone bill, utility bills (RG&E, water), and any State or other government-issued identification. These can be sent as a photo via text message and email. Feel free to contact us with questions about further acceptable proof of residency forms.

Thank you for your prompt attention to this matter.

Sincerely,

Dr. Mary Ferguson, Principal

Student Information Sheet – Please return the completed form to school on the first day, Wednesday, September 6, 2023.
You will need to complete a form for each child attending school.

STUDENT LAST NAME	STUDENT FIRST NAME	TEACHER	GRADE

HOME ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

List the names of the designee's that you authorize your child to leave the school building:

DESIGNEE NAME _____ RELATIONSHIP _____ AGE _____ PHONE _____

DESIGNEE NAME _____ RELATIONSHIP _____ AGE _____ PHONE _____

DESIGNEE NAME _____ RELATIONSHIP _____ AGE _____ PHONE _____

Please list the names of any other brothers/sisters in this school:

STUDENT NAME	TEACHER	GRADE

Please note that this form must be complete every time there is a change to your child's dismissal procedures.

PRINT PARENT/GUARDIAN NAME:	PHONE:
PARENT/GUARDIAN SIGNATURE:	DATE:



Rochester City School District
Student Health Services

FIELD AND WALKING TRIP MEDICAL CONSENT FORM FOR _____ SCHOOL YEAR

Parents/guardians must complete and return this form to the school nurse at least 7 days before the first field trip or walking trip of each school year and update this form if their child's medical condition changes

Student Name	Date of Birth
Street Address with Zip Code	Doctor's Name
Home Telephone	Doctor's Telephone Number
Insurance Carrier's Name	Insurance Identification Number

STUDENT'S HEALTH STATUS

Does your child have any **current** health problems? (Please check all that apply and tell us about them):

<input type="checkbox"/> Allergies (that requires emergency medicine)	<input type="checkbox"/> Asthma/Breathing problems
<input type="checkbox"/> Cardiac (Heart) problems	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Bones or Joints
<input type="checkbox"/> Bee sting (that requires emergency medicine)	<input type="checkbox"/> Other problems? _____

Please tell us more about the problem(s) _____

MEDICINES

****The school nurse must have a *current* doctor's order for medicine on file in order for your child to take medicine on the trip. Please contact your child's school nurse to make sure all medical forms are completed.**

Medication that needs to be taken on the Field Trip: _____

_____ (initials) My child doesn't need any medication on field trips for this school year.

I give permission to a physician or hospital to secure proper treatment including (but not limited to) medications, injections, anesthesia or surgery for my child as named above.

This health information is accurate and correct insofar as I know. My child has permission to engage in all activities except as noted above. In the event that I cannot be reached in an emergency, I authorize the school and/or its agents to authorize the treatment recommended by the health care provider available to render treatment. This authorization shall also extend to and include hospitalization for first aid where/when necessary. I understand that I will be responsible for the cost of all medical treatment rendered in connection with the trip.

Parent / Guardian Signature

Date

For School Nurse Use Only

No Concerns _____ Needs nurse to attend _____ No doctor orders/note _____ See nurse 24/48hrs before trip _____
Students Ability to Administer Medication: _____ Self-administration _____ Non-Self administration _____
Medical/Emergency Care Plan: _____ Yes (if so please provide plan) _____ No _____

Parent input: _____

Nurse signature

Date

This form is the property of the Rochester City School District ("RCSD") and should not be used if the school field trip is not authorized and approved by the RCSD. It may not be modified and must be completed in full to be processed and approved.

This form is available on the WEB at <http://www.rcsdk12.org> on the "Health Services Forms for Parents" link.
SNS/Field Trip - Emergency Medical Info



STUDENT OPT-OUT FORM FOR 2023-2024 SCHOOL YEAR ONLY

To Parents, Guardians, and Students 18 or Older:

Some student information, including images of your child, can be shared without your consent. If you are concerned about protecting the privacy of your Rochester City School District student, please read this letter carefully. **You must complete a new form for the 2023-2024 school year.**

U.S. military recruiters, colleges, and external agencies, entities, or parties may request directory information on students. Information that the District may share with these groups includes the student's name, address, phone number, date and place of birth; grade level; enrollment status; major field of study; height and weight of members of athletic teams; dates of attendance; degrees and awards received; photographs; and the name of the previous school the student attended.

The law allows parents or guardians, or high school students over 18, to say no to disclosing this information. **If you do not want information shared with any or all of the organizations below, please check the appropriate boxes and sign the form below.**

You must check "no" in the appropriate box and return this signed form to the main office of your child's school no later than September 29, 2023, if you do not want information disclosed. If no documentation is on file, we will assume that you are granting permission to release directory information and/or photo or video images.

Please complete a separate form for each child.

Student Name _____

School _____

Home Address _____

Phone _____

Date of Birth _____ Student ID# _____

Grade Level _____ Enrollment Status _____

DO NOT RELEASE DIRECTORY INFORMATION TO: (check all that apply)

PreK-12th Graders:

☐ Outside Agencies ☐ Colleges ☐ Military Recruiters

DO NOT RELEASE PHOTOS OR VIDEOS OF MY CHILD:

At times, photographs or videos may be taken of students for use in District publications, digital communications, including websites and social media, and for use by the news media. This may include stories published or broadcast by news media, or in District communications for distribution to employees and the public. Separate photo release forms are not required. You must check the box below to prevent photos and videos from being shared.

PreK-12th Graders:

☐ Do not release photographs or video images

By completing, signing, and returning this form to the school of the student named, I am directing the Rochester City School District as to my wishes regarding disclosure of directory information and photographs or video images.

(PRINT) Parent or Guardian Name*

(SIGNATURE) of Parent or Guardian*

Date

*Students who are 18 years old must sign their own form.

Child's Name _____ Teacher's Name/Rm. # _____

ROCHESTER CITY SCHOOL DISTRICT
INTERNET ACCEPTABLE USE AGREEMENT FORM
(Rochester City School District Policy # 4526)

All Rochester City School District Internet users are required to complete and sign an Internet Use Agreement Form, and to abide by its terms and conditions and those in District Policy 4526. The District does not authorize any use or access to the Internet not conducted strictly in compliance with its policy.

Term of Agreement: Once signed by a User, or in the case of a student under the age of eighteen (18) signed by a parent or guardian, this form will remain in effect as long as the user is assigned to the same school or building, or until the User (or for student under 18, the parent or guardian) revokes the agreement by giving notice, in writing, to the Principal of the school, or Department Head in any District building other than a school. Prior versions of this Consent remain valid.

I. User's Agreement.

I have read and understand the District's Internet Acceptable Use Policy and will abide by its terms and conditions. I further understand that any violation of the rules is unethical, and that any use of the Internet which violates federal or state laws may constitute a punishable criminal or civil offense. Should I commit any violation of policy or of law, my access privilege may be revoked and disciplinary action and/or appropriate legal action may be taken.

USER'S SIGNATURE: _____ DATE: _____

SCHOOL OR BUILDING OFFICIAL: **Frank Fowler Dow School No.52** DATE: _____

II. Parent/Guardian Consent (For Student under Eighteen)

As Parent/Guardian of the student named above, I have read and understand the terms and conditions for Internet access, and give my child permission to participate. I understand and agree that my child and I may be responsible for any violations of federal or state law, and that the District does not warrant or represent that the student can or will be completely protected from access to Internet sites I may find objectionable. In consideration of the privilege of using the District's network and having access to the public networks available through the Internet, I release the District, its officers, employees and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature whatsoever arising from my, or my child's use, access, or inability to use the system, including without limitation the types of damages identified in the District's policy and regulations. I understand that this consent will remain in force unless and until I give written notice of revocation to the School, or until my child registers in a different school.

_____ I give my permission to issue Internet access for my child, and certify that the information contained on this form is correct.

_____ I do not give my permission for my child to access the Internet through the District's network.

Parent/Guardian (Signature): _____

Parent's email address: _____

Date: _____

Please answer each question below with a **yes** or **no**:

My child has access to word processing on our home computer: yes or no

My child has access to a printer: yes or no

My child has Internet Access at home: yes or no



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Parent Compact

School No. 52 is committed to provide the finest educational experience for its students and strives to educate every student so they realize their full potential in school and in life.

To fulfill these principles, students need the full support of their teachers, parents and other guardians and caregivers. Learning is a 24 hours a day, 7 days a week activity all year long.

School No. 52 teachers are committed to address these key questions for each student:

1. What should each student know and be able to do?
2. What teaching approaches are necessary so each student learns what they must know?
3. How will the teacher know when each student knows it and is able to do it?
4. What will the teacher do when they discover that a student doesn't know something or is not yet able to do something?

When a teacher discovers that a student doesn't know something or is not yet able to do something, the teacher will:

- Provide additional help for the student at school.
- Support parents and guardians/caregivers so they can help their students with extra work at home.

Teachers will give ongoing feedback to parents about the progress of their child. Teachers will support parents and guardians/caregivers so they continue the learning process at home.

School No. 52 parents and guardians are committed to these key aspects of schooling:

1. Make sure my child attends all scheduled classes.
2. Make sure my child does their homework every night, including any extra work that is assigned by the teacher.
3. Make sure my child reads at home each day. Read with them, if possible.
4. Communicate with my child's teacher periodically. Contact my child's teacher if I have any questions or concerns.
5. Express to my child that being a good student is their #1 job.

We acknowledge and will work to fulfill our commitments to student learning.

Student Name (please print)

Grade

Parent / Guardian Name (please print)

Teacher Signature

Parent / Guardian Signature