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
Dr. Mary Ferguson, Principal

Sincerely,

Thank you for your prompt attention to this matter.

If you are changing your mailing address, you must provide proof of residency. Acceptable documents include a driver's license or tenant agreement, telephone bill, utility bills (gas, electric, and 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 other acceptable proof of residency forms.

Visit the main office at our school during regular business hours (9:00 AM-3:45 PM).

Call us at 585-482-9614 ext. 1000

Please email us at mary.ferguson@rcsdkl2.org

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

If you have custody changes, you must submit court documentation and this form to the main office.

To ensure that you are receiving the most up-to-date notifications, contact the Rochester City School District’s main office.

Dear Parents and Guardians,

Mary.ferguson@rcsdkl2.org

Dr. Mary Ferguson

Phone (585) 422-9614 Fax (585) 694-1079
Rochester, New York 14609
100 Franklin Road, Rochester
Frank Fowler Dow School No. 52
Please note that this form must be completed every time there is a change to your child's dismissal procedures.

<table>
<thead>
<tr>
<th>DATE</th>
<th>Parent/Guardian Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE</td>
<td>Parent/Guardian Name:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DESIGENE NAME</th>
<th>RELATIONSHIP</th>
<th>PHONE</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESIGENE NAME</td>
<td>RELATIONSHIP</td>
<td>PHONE</td>
<td>AGE</td>
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<td>AGE</td>
</tr>
<tr>
<td>DESIGENE NAME</td>
<td>RELATIONSHIP</td>
<td>PHONE</td>
<td>AGE</td>
</tr>
</tbody>
</table>

List the names of the desigenees that you authorize your child to leave the school building:

<table>
<thead>
<tr>
<th>EMAIL:</th>
<th>MAILING ADDRESS:</th>
<th>HOME ADDRESS:</th>
</tr>
</thead>
</table>

You will need to complete a form for each child attending school.

Student Information Sheet—Please return the completed form to school on the first day, Wednesday, September 6, 2023.
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

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address with Zip Code</td>
<td>Doctor’s Name</td>
</tr>
<tr>
<td>Home Telephone</td>
<td>Doctor’s Telephone Number</td>
</tr>
<tr>
<td>Insurance Carrier’s Name</td>
<td>Insurance Identification Number</td>
</tr>
</tbody>
</table>

STUDENT’S HEALTH STATUS
Does your child have any current health problems? (Please check all that apply and tell us about them):
- Allergies (that requires emergency medicine)
- Asthma/Breathing problems
- Cardiac (Heart) problems
- Diabetes
- Seizure Disorder
- Bones or Joints
- Bee sting (that requires emergency medicine)
- 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 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 WFB at http://www.rcsdk12.org on the "Health Services Forms for Parents" Int.

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.

<table>
<thead>
<tr>
<th>Please complete a separate form for each child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name __________________________________</td>
</tr>
<tr>
<td>School ________________________________________</td>
</tr>
<tr>
<td>Home Address _________________________________</td>
</tr>
<tr>
<td>Phone _________________________________________</td>
</tr>
<tr>
<td>Date of Birth __________________ Student ID# __</td>
</tr>
<tr>
<td>Grade Level __________________ Enrollment Status</td>
</tr>
</tbody>
</table>

**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
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.

<table>
<thead>
<tr>
<th>Student Name (please print)</th>
<th>Grade</th>
<th>Parent / Guardian Name (please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher Signature</td>
<td></td>
<td>Parent / Guardian Signature</td>
</tr>
</tbody>
</table>