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

- ✓ Take a picture of the completed documents and email them to the school email at 52info@rcsdk12.org
- ✓ Mail them to 100 Farmington Rd. Rochester, New York 14609
- ✓ Fax it to 585-654-1079

Thank you so much for your attention and participation.

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

Mr. Richard Smith
Principal
Richard.Smith@rcsdk12.org

Parent Compact

School No. 52 is committed to providing the finest educational experience for its students and strives to educate every student, so they realize their full potential in school and life. To fulfill these principles, students need the full support of their teachers, parents, guardians, and caregivers. Learning is a 24-hour-a-day, seven-day-a-week activity all year.

School No. 52 teachers are committed to addressing these critical 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 can do it?
4. What will the teacher do when they discover that a student doesn't know something or cannot yet 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 students at school.
- Support parents and guardians/caregivers so they can help their students with extra work at home.
- Give ongoing feedback to parents about the progress of their child.
- Support parents and guardians/caregivers so they can continue the learning process at home.

School No. 52 parents and guardians are committed to these critical 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 the teacher assigns.
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. I told 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

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Rochester, New York 14609
Phone (585) 482-9614 Fax (585) 654-1079
www.rcsdk12.org/52

Mr. Richard Smith
Principal
Richard.Smith@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 attached Student Information Sheet. Print any corrections and updates as needed, and cross out any incorrect information, 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

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. Please include the student's name in the email/text.

Feel free to contact us with questions about further acceptable proof of residency forms.
Thank you for your prompt attention to this matter.

Sincerely,

Mr. Richard Smith
Principal

Student Information Sheet – Please return the completed form to school on the first day, Thursday, September 5th.
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):

____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 where/when necessary. I understand that I will be responsible for the cost of all medical treatment render 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" list.
SNS/Field Trip - Emergency Medical Info

Distrito Escolar de la Ciudad de Rochester
Servicios de Salud del Estudiante

FORMULARIO DE CONSENTIMIENTO DE VIAJE DE CAMPO Y CAMINATA PARA AÑO ESCOLAR _____

Los padres/tutores tienen que completar y devolver este formulario a la enfermera de la escuela por lo menos 7 días antes del primer viaje de campo o caminata de cada año escolar y actualizar este formulario si la condición médica del niño cambia.

Nombre de estudiante	Fecha de nacimiento
Dirección residencial con Zona Postal	Nombre del médico
Teléfono del hogar	Número de teléfono del médico
Nombre del portador del seguro	Número de identificación del seguro

ESTATUS DE SALUD DEL ESTUDIANTE

¿Tiene su hijo algún problema de salud **actual**? (Favor de marcar todas las que aplican y háblenos de ellas):

____Alergias **(que requieren medicina de emergencia)**
____Asma/Problemas respiratorios
____Problemas cardiacos (Corazón)
____Diabetes
____Trastorno convulsivo
____Huesos y articulaciones
____Picadura de abeja **(que requiere medicina de emergencia)**
____Otros problemas _____

Favor de decirnos más acerca del(de los) problema(s) _____

MEDICINAS

***La enfermera escolar tiene que tener una orden **actualizada** del médico de las medicinas en récord para que su hijo(a) pueda tomar las medicinas en el viaje. Favor de comunicarse con la enfermera de la escuela de su hijo(a) para asegurarse de que haya completado todos los formularios médicos.*

Medicinas que necesita llevar en la excursión: _____

_____ (iniciales) Mi hijo(a) no necesita ninguna medicina para las excursiones este año escolar.

Doy mi permiso para que un médico u hospital provea el tratamiento apropiado incluyendo (pero no limitado a) medicaciones, inyecciones, anestesia o cirugía para mi hijo(a) mencionado arriba.

Esta información de salud es exacta y correcta en la medida hasta donde conozco. Mi hijo(a) tiene permiso para envolverse en todas las actividades con la excepción de las anotadas arriba. En el caso de que yo no pueda ser contactado en una emergencia, autorizo a la escuela y/o a sus agentes a autorizar el tratamiento recomendado por el proveedor de cuidados de salud disponible para proveer el tratamiento. Esta autorización también se deberá extender hasta e incluyendo hospitalización para los primeros auxilios donde/cuando sea necesario. Entiendo que yo seré responsable por el costo de todo el tratamiento médico prestado en conexión con el viaje.

_____ _____
Firma de Padres/Tutor Fecha

Para uso de la Enfermera Escolar Solamente (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

Este formulario es propiedad del Distrito Escolar de la Ciudad de Rochester ("DECR") y no debe ser usado si la excursión de la escuela no está autorizada y aprobada por el DECR. Esta no puede ser modificada y tiene que ser llenada en su totalidad para ser procesada y aprobada.

Este formulario está disponible en la WEB en http://www.rcsdk12.org en el enlace de "Health Services Forms for Parents" SNS/Field Trip - Emergency Medical Info

STUDENT OPT-OUT FORM FOR 2024-2025 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 2024-2025 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 27, 2024, 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.*

FORMULARIO DE NO DIVULGACIÓN DE INFORMACIÓN DEL ESTUDIANTE PARA EL AÑO ESCOLAR 2024-25 SOLAMENTE

A los Padres, Encargados y Estudiantes mayores de 18 años:

Cierta información del estudiante, incluyendo imágenes de su hijo, puede ser compartida sin su consentimiento. Si le preocupa proteger la privacidad de su estudiante en el Distrito Escolar de la Ciudad de Rochester, por favor lea esta carta cuidadosamente. **Debe llenar un nuevo formulario para el año escolar 2024-2025.**

Los reclutadores militares de los EE.UU., universidades y agencias externas, entidades u organizaciones pueden solicitar información de directorio sobre estudiantes. La información que el Distrito puede compartir con estos grupos incluye el nombre del estudiante, dirección, número de teléfono, fecha y lugar de nacimiento; grado de estudio; estado de matrícula; área principal de estudio; estatura y peso de los miembros de equipos deportivos; fechas de asistencia; títulos y premios recibidos; fotografías; y el nombre de la escuela anterior a la que asistió el estudiante.

La ley permite a los padres o encargados, o a los estudiantes de secundaria mayores de 18 años, decir no a la divulgación de esta información. **Si no desea que se comparta la información con alguna o todas las organizaciones que se indican a continuación, marque las casillas correspondientes y firme el formulario que aparece más abajo.**

Debe marcar "no" en la casilla correspondiente y devolver este formulario firmado a la oficina principal de la escuela de su hijo a más tardar el 27 de septiembre de 2024, si no desea que se divulgue la información. Si no hay documentación archivada, asumiremos que usted otorga permiso para publicar información del directorio y/o imágenes fotográficas o de video.

Favor llenar un formulario para cada hijo por separado.

Nombre del Estudiante _____

Escuela _____

Dirección Residencial _____

Teléfono _____

Fecha de nacimiento _____ #ID del Estudiante _____

Grado _____ Estado de Matricula _____

NO DAR INFORMACIÓN DEL DIRECTORIO A: (marque todo lo que corresponda)

Preescolar a 12º grado: ☐ **Agencias Externas** ☐ **Universidades** ☐ **Reclutadores militares**

NO PUBLICAR FOTOS O VÍDEOS DE MI HIJO:

En ocasiones, se podrán tomar fotografías o videos de los estudiantes para uso en publicaciones del Distrito, comunicaciones digitales, incluyendo sitios web y medios sociales, y para su uso por los medios de comunicación. Esto puede incluir historias publicadas o transmitidas por medios de noticias, o en comunicaciones del Distrito para distribución a empleados y al público. No se requieren formularios de permiso para fotografías por separado. Debe marcar la casilla siguiente para evitar que se compartan fotos y vídeos.

Preescolar-12º grado: ☐ **No publicar fotografías ni imágenes de vídeo**

Al llenar, firmar y devolver este formulario a la escuela del estudiante nombrado, doy a conocer al Distrito Escolar de la Ciudad de Rochester mis deseos con respecto a la divulgación de información de directorio y fotografías o imágenes de video.

_____ _____ _____

(LETRA DE IMPRENTA) Nombre del padre o tutor * (FIRMA) del Padre o Encargado* Fecha

** Los estudiantes que tienen 18 años deben firmar su propio formulario.*