Hawkins Path Elementary School

485 Hawkins Road, Selden, NY 11784 ~ Ph: (631) 285-8530

Kristi Leonard, Principal

Dr. Roberta A. Gerold, Ed.D. Superintendent of Schools
Middle Country Central School District

August 2024

Dear Parents and Guardians,

Welcome to the 2024-2025 school year! Our first day of school is Wednesday, September 4, 2024. It is with great excitement that I welcome you to Hawkins Path Elementary School. I hope that you are as excited as we are to begin the new school year. The entire staff here has been busy preparing for the students to return. We also look forward to meeting our new families. Our school times for this year remain the same as last year and are as follows:

8:55 a.m.	Students permitted in cafeteria for breakfast
9:10 a.m.	Students welcomed into classrooms
9:20 a.m.	School day begins with the Pledge of Allegiance
3:35 p.m.	Dismissal begins

Your child's classroom teacher and room number are available on the PowerSchool Parent Portal. Please note that classroom assignments are made with great deliberation. Many factors are considered in the placement process. If your child experiences any adjustment difficulties after the first week of school, please contact us.

Student Arrival
Students are welcomed into the building at 9:10 am. Children are under the supervision of staff beginning at this time. Please do not drop your child off prior to 9:10 am.

If your child is participating in the breakfast program, he or she may enter the cafeteria at 8:55 am via the main entrance.

Your child's bus information is available by logging onto the PowerSchool Parent Portal. Specific concerns regarding buses may be directed to the Transportation Department at (631)285-8880.

If you plan to drive your child to school, please drop him or her off at the side entrance, in the parking lot, on Boyle Road and follow the steps below.

- Pull up along the curb, as far as you can go
- Have all belongings ready
- Students should exit the car on the curb side
- Quick kiss and a wave goodbye
- Stay in the line of traffic

Please park in a spot if you need to help your child out of the car. *The drop off line needs to move along in order to prevent traffic on Boyle Road.*

Please note only buses are permitted in the front driveway during student arrival. The front bus run is ONE WAY. **Please remember that New York State law prohibits vehicles from passing school buses when their lights are flashing and or when their stop signs are displayed.**

Early Pick Up
If you need to pick-up your child during the school day, for any reason, you must sign him or her out at the Welcome Desk. Advance written notification to your child's classroom teacher stating the time for the early pick-up is greatly appreciated. Early dismissal will not be permitted after 3:15 pm, except in an emergency situation. Children will be released to custodial parents or to those adults listed on your child's emergency contact card. All those who pick-up children **must produce photo identification**. If at any time your dismissal plans change, you must notify the school in writing. Please sign and date the letter.

Walker Dismissal
You **must** provide identification daily. Report to the outdoor classroom on the left side of the building to pick up your child. Please park in the parking lot next to the outdoor classroom on Hawkins Road. Do not park on Hawkins Road or in the bus lane.

Visitors
All visitors to our school are required to present photo identification and sign in at the Welcome Desk. Visitors must wear a visitor's pass for the duration of their stay at Hawkins Path.

Custody Issues
All custody issues should be brought to the attention of school personnel. Most recent court documents must be presented to the school. These will be kept in confidential files. Please keep school personnel informed of any information that may help us to maintain the safety and welfare of your child.

First Grade Nametags
Name tags are enclosed for all of our first-grade students. Please be sure they are clearly labeled with name, address, school, grade, and bus numbers. These tags should be worn the first week (at least) of school and will assist our staff getting students to the proper classrooms and buses.

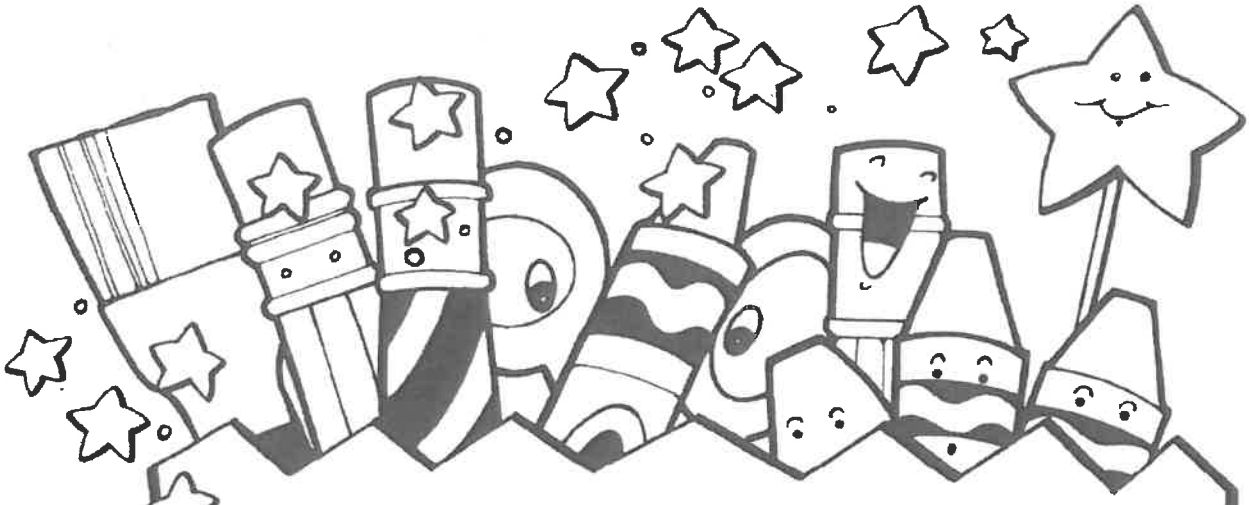
Please remember to write your child's name on all his or her belongings (lunch box, backpack, jacket.) This will help us to identify any items that have been lost or misplaced.

We look forward to an exciting school year, one that meets the needs of all of our children. If you or your child has questions or concerns, email the teacher or call us at your earliest convenience at (631)285-8530. I look forward to greeting you in September.

Sincerely,

K. Leonard

Kristi Leonard
Principal



Second Grade

Supply List 2024-2025

5 marble notebooks
4 Sturdy Bottom Pocket folders (1 color of each: red, blue, yellow and green)
1 box of crayons
1 box of colored pencils and/or markers
60 SHARPENED Pencils (Ticonderoga is preferred)
1 pair of scissors
15 glue sticks
1 pack of sticky notes
1 pair of headphones / earbuds for Chromebook

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT – HAWKINS PATH ELEMENTARY SCHOOL-2024-2025
EMERGENCY HOME CONTACT-MAIN OFFICE/*TARJETA ANNUAL DE EMERGENCIA*

Date/*Fecha* _____ **Teacher** _____ **Room/*Salon*** _____ **Grade/*Grado*** _____

PLEASE PRINT/*FAVOR DE IMPRIMIR*

CHILD'S NAME/*NOMBRE DE ESTUDIANTE* _____ **SEX/O M** _____ **F**_____

(LAST/*APELLIDO*) **(FIRST/*NOMBRE*)**

ADDRESS/*DIRECCION* _____ **HOME PHONE/*TELEFONO DE CASA*** _____

(HOUSE #, STREET, TOWN/ *NUMERO/CALLE/CIUDAD*)

MOTHER/*MADRE*/GUARDIAN NAME/*NOMBRE* _____ **CELL** _____

ADDRESS IF DIFFERENT FROM CHILD/*DIRECCIÓN SI ES DIFERENTE DE NIÑO(A)* _____

FATHER/*PADRE*/GUARDIAN NAME/*NOMBRE* _____ **CELL** _____

ADDRESS IF DIFFERENT FROM CHILD/*DIRECCIÓN SI ES DIFERENTE DE NIÑO(A)* _____

NAME <u>TWO LOCAL</u> FRIENDS/RELATIVES WHO MAY BE CALLED UPON TO ASSUME RESPONSIBILITY IF CHILD IS ILL:
NOMBRE DOS AMIGOS LOCALES QUE PODEMOS LLAMAR Y PUEDAN TOMAR RESPONSABILIDAD SI SUN NIÑO(A) ESTA ENFERMO:

NAME/*NOMBRE* _____ **NAME/*NOMBRE*** _____

ADDRESS/*DIRECCIÓN Y CIUDAD* _____ **ADDRESS/*DIRECCIÓN Y CIUDAD*** _____

TELÉFONO *RELACIÓN* *TELÉFONO* *RELACIÓN*

PHONE-CELL _____ **RELATIONSHIP** _____ **PHONE-CELL** _____ **RELATIONSHIP** _____

PHYSICIAN IN CASE OF EMERGENCY/*MÉDICO EN CASO DE EMERGENCIA* _____ **PHONE** _____

PARENT/GUARDIAN PLACE OF EMPLOYMENT / *LUGAR DE EMPLEO*:

_____ _____

FATHER/*PADRE*/GUARDIAN **PHONE/*TELÉFONO*** **MOTHER/*MADRE*/GUARDIAN** **PHONE/*TELÉFONO***

TRANSPORTATION OF ILL CHILD TO BE ARRANGED BY PERSONS NAMED ABOVE. IT IS A PARENTAL RESPONSIBILITY TO NOTIFY NURSE/OFFICE OF CHANGES IN THE ABOVE. I AM AWARE OF DISTRICT POLICIES ON: ATTENDANCE, CODE OF CONDUCT, AND INTERNET/COMPUTER USE.
TRANSPORTE DE NIÑO ENFERMO DEBE SER ARREGLADO POR PERSONAS NOMBRADAS ARRIBA. ES RESPONSABILIDAD DE LOS PADRES NOTIFICAR A LA OFICINA/ENFERMERA DE CUALQUIER CAMBIO DE LA INFORMACION DE ARRIBA. SOY CONSCIENTE DE LAS POLÍTICAS DEL DISTRITO SOBRE: ASISTENCIA, CÓDIGO DE CONDUCTA Y USO DE INTERNET / COMPUTADORA:

PARENT/GUARDIAN SIGNATURE / *FIRMA DEL PARIANTE* _____

EMAIL ADDRESS/DIRECCIÓN DE CORREO ELECTRÓNICO _____

DP118(EMHMC)

PLEASE LIST ANY ADDITIONAL NAMES OF PERSONS WHO MAY PICK UP YOUR CHILD

Enumere los nombres adicionales de las personas que pueden recoger a su hijo

NAME / *Nombre*	ADDRESS / *Dirección*	PHONE / *Teléfono*	RELATIONSHIP / *Relación*

PLEASE LIST ANY SIBLINGS IN HAWKINS PATH _____ _____

Por favor lis cualquier hermana/o en Hawkins Path _____ _____

IMPORTANT HEALTH INFORMATION FOR PARENTS

Dear Parent(s),

The Emergency Contact Card on the other side of this form is vital to the School Nurse when your child becomes ill in school. Please fill out and return it to your child's school nurse as soon as possible.

As a reminder, a physical examination is required in Grades Pre-K, K, 1, 3, 5, 7, 9 and 11 and for all new entrants to any school in the district. We prefer to have this examination performed by your family physician as he/she is the most familiar with your child's health needs and immunizations. If you do not have the examination performed by your own physician within thirty days of the first day of the current school year the nurse will arrange for the examination to be done by district school physician during the school year.

INFORMACIÓN IMPORTANTE DE SALUD PARA LOS PADRES

Queridos Padres,

La tarjeta de contacto de emergencia al otro lado de este formulario es vital para la enfermera escolar cuando su hijo(a) se enferma en la escuela. Complete y devuélvalo a la enfermera de la escuela de su hijo(a) lo antes possible.

Como recordatorio, se require un examen físico en los grados Pre-K, K, 1, 3, 5, 7, 9 y 11 y para todos los nuevos participantes en cualquier escuela del distrito. Preferimos que su doctor familiar realice este examen médico ya que él / ella está más familiarizado con las necesidades de salud y las vacunas de su hijo(a). Si no tiene el examen realizado por su propio médico dentro de los treinta dias posteriors al primer dia del año escolar actual, la enfermera hará los arreglos para que el examen sea realizado por el médico de la escuela del distrito durante el año escolar.

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT – HAWKINS PATH ELEMENTARY SCHOOL-2024-2025
EMERGENCY HOME CONTACT-NURSE'S OFFICE/*TARJETA ANNUAL DE EMERGENCIA*

Date/*Fecha* _____ **Teacher** _____ **Room/*Salon*** _____ **Grade/*Grado*** _____

PLEASE PRINT/*FAVOR DE IMPRIMIR*

CHILD'S NAME/*NOMBRE DE ESTUDIANTE* _____ **SEX/O M** _____ **F**_____

(LAST/*APELLIDO*) **(FIRST/*NOMBRE*)**

ADDRESS/*DIRECCION* _____ **HOME PHONE/*TELEFONO DE CASA*** _____

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NAME/*NOMBRE* _____ **NAME/*NOMBRE*** _____

ADDRESS/*DIRECCIÓN Y CIUDAD* _____ **ADDRESS/*DIRECCIÓN Y CIUDAD*** _____

TELÉFONO *RELACIÓN* *TELÉFONO* *RELACIÓN*

PHONE-CELL _____ **RELATIONSHIP** _____ **PHONE-CELL** _____ **RELATIONSHIP** _____

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FATHER/*PADRE*/GUARDIAN **PHONE/*TELÉFONO*** **MOTHER/*MADRE*/GUARDIAN** **PHONE/*TELÉFONO***

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PARENT/GUARDIAN SIGNATURE / *FIRMA DEL PARIANTE* _____

EMAIL ADDRESS/DIRECCIÓN DE CORREO ELECTRÓNICO _____

DP118(EMHMC)

→ → → → → →→ → →→ → →→ → →→ → →→ → →→ → →→ → →→ → →

PLEASE LIST ANY ADDITIONAL NAMES OF PERSONS WHO MAY PICK UP YOUR CHILD

Enumere los nombres adicionales de las personas que pueden recoger a su hijo

NAME / *Nombre*	ADDRESS / *Dirección*	PHONE / *Teléfono*	RELATIONSHIP / *Relación*

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REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: ☐ Female ☐ Male	Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

☐ **Allergies**	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ **Asthma**	☐ Intermittent ☐ Persistent ☐ Other: ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ **Seizures**	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ **Diabetes**	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

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: ☐ Yes ☐ Not Done **Hypertension:** ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K	Date
TB-PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥5 µg/dL	
Sickle Cell Screen-PRN	☐	☐			

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

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

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
☐ Additional Information Attached	*Required only for students with an IEP receiving Medicaid

Name:	Affirmed Name (if applicable):	DOB:

SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision	**With Correction** ☐ Yes ☐ No	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity		20/	20/	☐ Yes	☐
Near Vision Acuity		20/	20/		☐
Color Perception Screening	☐ Pass ☐ Fail				☐

Notes

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes	☐

Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes	☐

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

☐ ***Family cardiac history reviewed** – required for Dominic Murray Sudden Cardiac Arrest Prevention Act

☐ **Student may participate in all activities without restrictions.**

If Restrictions Apply – Complete the information below

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Other Accommodations***: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.

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

MEDICATIONS

☐ Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE	**IMMUNIZATIONS**
☐ Confirmed free of communicable disease during exam	☐ Record Attached ☐ Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone:	Fax:

Please Return This Form to Your Child's School Health Office When Completed.

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT AT CENTEREACH

8 43RD STREET □ CENTEREACH, NY 11720
631-285-8650 □ 631-285-8151 (fax) □ www.mccsd.net

Roberta A. Gerold, Ed.D., Superintendent of Schools
Francine McMahon, Deputy Superintendent for Instruction
Beth Rella, Ed.D.,, Assistant Superintendent for Business
James G. Donovan, Assistant Superintendent for Human Resources
Joseph Mercado, Director Health, Physical Education, Health & Athletics

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All students entering or attending school in NYS, including distance learning, must be immunized. Your child is missing one or more immunizations (shots) for school entry or attendance.

Please share the attached documents with your child's health care provider (MD, NP, PA) so they can provide the immunizations your child needs. The age at which vaccines (shots) are given must match the NYSDOH Immunization Requirements for School Entrance/Attendance Chart.

Tdap vaccine requirements in the 2024-2025 school year are:

- Students entering 6th grade will need a dose no earlier than 10 years of age and no later than 11 years of age.
- Students in grades 10- 12 doses will need a dose no earlier than 7 years of age.
    - **Please note that this is the first shot in a series. According to NYS, if proof of the first vaccine in a series is not submitted to the nurses office within 14 calendar days of the start of school a student may not be admitted into school, which is September 18th.**

Meningococcal Conjugate vaccine requirements in the 2024-2025 school year are:

- Students entering grade 7 are required to have the first dose no earlier than 10 years of age.
    - **Please note that this is the first shot in a series. According to NYS, if proof of the first vaccine in a series is not submitted to the nurses office within 14 calendar days of the start of school a student may not be admitted into school, which is September 18th.**
- New entrants in grade 12 are required to have the first dose no earlier than 6 weeks of age.
- For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
- The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

Schools can accept the following immunization records as proof of immunization:

- An immunization record from your healthcare provider or health department.
- An official copy of the immunization record sent directly from your child's previous school with the dates given.
- A NYSIIS/NYCIR Immunization Registry record.
- A blood test (titer) lab report that proves immunity to Measles, Mumps, Rubella, Varicella, Hepatitis B.
- A note from your health care provider with the date your child had Chicken Pox (varicella).

Please return your child's immunization record to the School Health Office.

School Nurse: **Peggy Donovan** School: **Hawkins Path Elementary School** Email: PDonovan@mccsd.net
Phone: **(631)285-8537** Fax: **(631)285-8531**

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

8 43RD STREET □ CENTEREACH, NY 11720
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Joseph Mercado, Director of Health, Physical Education & Athletics

Health Services Office
145 Marshall Dr
Selden, NY 11784

Date: August 2024

School: Hawkins Path Elementary School
Nurse(s):Peggy Donovan
Phone: (631)285-8537

Dear Parent/Guardian:

The district's School Health Services program supports your student's academic success by promoting health in the school setting. One way that we provide care for your student is by performing the health screenings as mandated by the State of New York.

During this school year, the following screenings will be required or completed at school:

Vision

Near Vision testing and color perception screening for all newly enrolled students.
Distance screening for newly enrolled students and students in Pre-K, Kindergarten, 1, 3, 5, 7 and 11th grades.

Hearing

Screening will be done for all newly enrolled students and students in Pre-K, Kindergarten, 1,3,5,7 and 11th grades.

Scoliosis

Scoliosis (curvature of the spine) screening for girls in grades 5 & 7, and boys in grade 9.

Health Appraisal

A physical examination including Body Mass Index with Weight Status Category is required for all newly enrolled students and students in Pre-K, Kindergarten, 1, 3, 5, 7, 9 and 11th grades. Should the physical not be supplied within thirty days of the first day of school an appointment will be scheduled for your child with the District Physician.

Dental Certificates

A dental certificate is requested for all newly enrolled students and students in Pre-K, Kindergarten, 1, 3, 5, 7, 9, & 11th grades.

A letter will be sent home if there are any findings on the screening done at school that would cause concern or need medical follow-up. Please call the school's Health Office if you have any questions or concerns.

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August 2024

Dear Parents and Guardians,

Food allergies can be life-threatening. There is a possibility that one or more students in your child's class might have a severe food allergy to peanuts, all tree nuts (cashews, pecans, walnuts and pistachios), eggs and/or sesame seeds. We are distributing this letter to all parents to help you understand this situation and to foster a safe and worry-free year for all students and their parents.

One or more students in your child's class may need access to an EpiPen at all times. We need your help in maintaining a nut-and egg aware environment in the classroom and ask that any classroom snacks or treats that you send be nut-and egg-aware. Some allergies can be triggered not only by direct eating or coming into contact with the items listed above, but also by exposure to foods that contain any peanut/nut traces, oils, flours, or food that is processed in a plant with peanuts, nuts, and/or sesame seeds. Also, many bakeries use nut products, flavorings, or oils in their facilities or products. If you are sending in any classroom treats, please notify the teacher in advance.

We want you and your child to understand that some allergies can be triggered by ingesting or exposure to very small amounts of the above mentioned allergens. We realize that helping us maintain a nut-and egg aware classroom takes a certain amount of effort and diligence on your part, and we thank you in advance for your cooperation in helping us maintain a safe, healthy environment for all of our students. If you have any questions, please feel free to contact me.

I know this will be an outstanding school year!

Warmly,

Joseph Mercado
Director of Physical Education, Health & Athletics

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
HEALTH SERVICES
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631-285-8650 • 631-285-8151 (fax) • www.mccsd.net

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ADMINISTRATION OF MEDICATIONS IN SCHOOL

_____ _____
Student's Name Grade and School

New York State Law states that medication can be given to a child during school hours **only if the school nurse receives a note from the child's physician with the physician's signature. All medication must be in the original container and clearly labeled** stating:

1. Name of medication;
2. Time medication is to be given, and dosage;
3. A request that it be dispensed in school, together with a note from the parent/guardian giving the school nurse permission to dispense the medication.
4. Medication must be in its original sealed container.

MEDICATION TO BE TAKEN IN SCHOOL must be taken to the nurse's office by the parent/guardian. PLEASE do not have medication in school for a child to take on his/her own. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be **FATAL**.

We cannot accept notes that are stamped, or signed by anyone other than your child's physician.

Dear Parent/Guardian of _____

Your child was receiving medication during the school year. Enclosed is the form needed to be completed by your child's doctor for the next school year. Please return the completed form to your child's nurse in September. Medications must be taken to the nurse's office by the parent/guardian.

Thank you for your cooperation.

Peggy Donovan
School Nurse

ADMINISTRATION OF MEDICATIONS IN SCHOOL

New York State Law requires that medications can be given during school hours only if the school nurse receives **a note from your doctor, including his/her signature (stamped signatures, nurse's signatures or secretary's signatures cannot be accepted)** stating:

1. Name of medication;
2. Time and dosage of medication to be given;
3. A request that it be dispensed in school, and a note from the parent giving the school nurse permission to dispense the medication;
4. The medication is in its original sealed container.

MEDICATION TO BE TAKEN IN SCHOOL must be taken to the nurse's office by the parent/guardian. **PLEASE** do not have medication in school for a child to take on his/her own. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be **FATAL**.

Date: _____

To the Physician:

Please complete the following:

1. Child's Name _____
2. Name of Medication _____
3. Times to be given _____
4. Dosage to be given _____
5. Duration of time child is to receive medication _____

_____

Physician's Signature _____

We cannot accept a stamped signature, or a signature of a nurse or secretary.

_____
Office Stamp

To the Parent:

Please sign the following:

I hereby give my permission for the School Nurse to administer the medication as prescribed by my doctor for my child. All medication(s) must be taken to the nurse's office by the parent/guardian.

_____
Parent's Signature

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

8 43RD STREET • CENTEREACH, NY 11720
631-285-8005 • 631-738-2719 (fax) • www.mccsd.net

Roberta A. Gerold, Ed.D., Superintendent of Schools
James G. Donovan, Assistant Superintendent for Human Resources
Beth A. Rella, Ed.D., Assistant Superintendent for Business
Jonathan Singer, Assistant Superintendent for Instruction

Letter to Parents/Guardians for School Meal Programs-Community Eligibility Provision 2024-2024

Dear Parent or Guardian:

We are pleased to inform you that **Middle Country Central School District** will be implementing a meal certification option available to schools participating in the National School Lunch and School Breakfast Programs for the **2024-2025 School Year.**

What does this mean for your child(ren)?

Pending additional New York State funding, all students enrolled at a **Middle Country school** are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the **2024-2025** school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submitting an application.

Middle Country CSD is requesting all non-direct certified households to complete the Community Eligibility Provision (CEP) Household Income Eligibility Form as it is used to determine eligibility for additional State and Federal program benefits that your child(ren) may qualify for. This form is enclosed, and available on **mccsd.net** under Important Resource Information, Food and Nutrition and the Food Services Department page. You may also request a copy by calling (631) 285-8190 or sending an email to, **foodservice@mccsd.net.**

If you have any questions, please contact the Middle Country, Food Service Office at (631) 285-8190.

Sincerely,

Sharon Dyke
School Lunch Coordinator
Middle Country Central School District
14-43rd Street
Centereach, NY 11720
foodservice@mccsd.net

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
(2) fax: (833) 256-1665 or (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The mission of the MCCSD is to empower and inspire all students to apply the knowledge, skills, and attitudes necessary to be creative problem solvers, to achieve personal success, and to contribute responsibly in a diverse and dynamic world.

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

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Carta a Los Padres/Tutores Sobre Los Programas de Comidas Escolares-
Disposicion de Elegibilidad de la Comunidad 2024-2025

Estimado Padre o Tutor:

Nos complace informarle que **Middle Country Central School District** Implementará una nueva opción disponible para las escuelas que participan en el Programas Nacional de Desayunos y Almuerzos Escolares llamado Provisión de Elegibilidad de la Comunidad (CEP) para el año escolar **2024-2025**

¿Qué significa esto para usted y sus hijos?

Pendiente de financiación adicional del estado de Nueva York, todos los estudiantes matriculados **en una escuela de Middle Country** son elegibles para recibir un desayuno y almuerzo saludable en la escuela **sin ningún costo** para los padres cada día del año escolar **2024-2025**. No se requiere ninguna acción adicional de usted. Su(s) hijo(s) podrá participar en estos programas de alimentación sin tener que pagar para las comidas o presentar una aplicación.

Middle Country CSD solicita a todos los hogares certificados indirectamente que completen el Formulario de Elegibilidad de Ingresos del Hogar de la Provisión de Elegibilidad Comunitaria (CEP), ya que se utiliza para determinar la elegibilidad para beneficios adicionales del programa Estatal y Federal para los que su(s) hijo(s) pueden calificar. Este formulario está se encuentra adjunto, y disponible en mccsd.net en la página Información Importante sobre Recursos, Alimentos y Nutrición y Departamento de Servicios Alimentarios. También puede solicitar una copia llamando al (631) 285-8190 o enviando un correo electrónico a foodservice@mccsd.net .

Si tiene preguntas, por favor contacte nuestra Oficina de Servicio de Alimentos de Middle Country, (631) 285-8190.

Atentamente,

Sharon Dyke
School Lunch Coordinator
Middle Country Central School District
14-43rd Street
Centereach, NY 11720
(631) 285-8190
foodservice@mccsd.net

De acuerdo con la ley federal de derechos civiles y las regulaciones y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo (incluida la identidad de género y la orientación sexual), discapacidad, edad, o represalias o represalias por actividades anteriores de derechos civiles.

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información del programa (por ejemplo, Braille, letra grande, cintas de audio, lenguaje de señas americano), deben comunicarse con la agencia estatal o local responsable que administra el programa o con el Centro TARGET del USDA al (202) 720- 2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (Forma AD-3027) que está disponible en línea en: http://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17 o llame al (866) 632-9992 o mande por FAX, o escriba una carta dirigida al USDA. La carta debe contener el nombre, la dirección, el número de teléfono del denunciante y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y la fecha de una supuesta violación de los derechos civiles. El formulario AD-3027 completado o su carta debe enviarse al USDA por:

(1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; o
(3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Community Eligibility Provision (CEP)
Household Income Eligibility Form, School Year 2024-2025

Middle Country Central School District is participating in the Community Eligibility Provision (CEP) for the 2023-2024 school year. All children in the school will receive meals at no charge regardless of household income or completion of this form. **MCCSD requests households to complete this form as it is used to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for**. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to,
Middle Country CSD/Food Service Office, 14, 43rd Street, Centereach, NY 11720 or to your child's school. Call (631) 285-8190, if you need assistance.

1. List ALL children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE #_____

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions *Amount / How Often*	Child Support, Alimony *Amount / How Often*	Pensions, Retirement Payments *Amount / How Often*	Other Income, Social Security *Amount / How Often*	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

4. Signature: An adult household member must sign this application.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: Date:

Email Address:

Home Phone

Work Phone

Home Address

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster Income Total Household Income/How Often: Household Size:

Free Eligibility Reduced Eligibility Denied Eligibility

Signature of Reviewing Official

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

PART 1

ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one form.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2

HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
(2) An adult household member must sign the form in PART 4. **SKIP PART 3 -** Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4

ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.

Family Educational Rights and Privacy Act of 1974 (FERPA)

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. They are:

(1) The right to inspect and review the student's education records within 45 days of the day the District receives a request for access.
Parents and eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the record(s) may be inspected.

(2) The right to request the amendment of the student's education record(s) that the parent or eligible student believes inaccurate or misleading or otherwise in violation of the student's privacy under FERPA. Parents or eligible students may ask the Middle Country Central School District to amend a record they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the District decides not to amend the record as requested by the parent or eligible student, the District will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to provide written consent before the District discloses personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the District as an administrator, supervisor, instructor, support staff member (including health or medical staff and law enforcement unit personnel), or a person serving on the School Board; a person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist), or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Another exception permits disclosure without consent to an authorized representative. An authorized representative is any individual or entity designated by a State or local educational authority or a Federal agency headed by the Secretary, the Comptroller General or the Attorney General to carry out audits, evaluations, or enforcement or compliance activities relating to educational programs.

The Board directs that "directory information" such as a student's name, address, telephone number, date and place of birth, major course of study, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, and most recent school attended.

A directory of names, addresses and telephone numbers of 11th and 12th grade students will also be released to the Armed Services unless a written parental request is made preventing disclosure of this information.

Upon request, the District discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

(4) The right to file complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA. The name and address of the office that administers FERPA are:
Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5920

**All rights and protections given parents under the FERPA and this procedure transfer to the student when he or she reaches the age of 18 or enrolls in a post-secondary school. The student then becomes an "eligible student." The following information is designated as student "Directory Information:" student's name, address, date of birth, grade level, extra-curricular participation, awards or honors, photograph, height and weight (if a member of an athletic team), previous school attended, parent's name. "Directory Information" may be disclosed without prior written consent. Parents or eligible students will have two weeks from the beginning of the school year or date a student enrolls to advise the school district, in writing, of any and all items they refuse to permit the district to designate as directory information for the balance of the school year.*

Last Modified on January 11, 2019

Disposición de Elegibilidad Comunitaria (CEP) Formulario de elegibilidad para ingresos de vivienda, Ano Escolar 2024-2025

El Distrito Escolar Central de Middle Country está participando en la Provisión de Elegibilidad Comunitaria (CEP) en el año escolar 2023-2024. Los niños de la escuela recibirán comidas y leche sin costo, sin importar los ingresos de su hogar o si llenaron este formulario. Este formulario tiene la finalidad de determinar la elegibilidad para beneficios adicionales de programas estatales y federales que sus hijos podrían recibir. Lea las instrucciones al reverso, llene **solamente un** formulario por hogar, fírmelo y a, **Middle Country CSD/Food Service Office, 14-43rd Street, Centereach, NY 11720 o a la escuela de su hijo.** Llame al (631) 285-8190 si necesita ayuda.

1. Escriba los nombres de todos los niños de su hogar que asisten a la escuela:

Nombre del estudiante	Escuela	Grado/Maestro	Hijo de acogida	Sin ingresos

2. Beneficios de SNAP/TANF/FDPIR:
Si algún miembro de su hogar recibe beneficios de SNAP, TANF o FDPIR, escriba su nombre y numero de CASO aquí. Vaya a la parte 5 y firme la solicitud.

Nombre: N.° de caso:

3. **Ingresos brutos del hogar: Escriba los nombres de todas las personas que viven en su hogar, cuál es su sueldo y con qué frecuencia lo reciben (semanal, cada dos semanas, dos veces al mes, mensual). No deje el ingreso en blanco. Si no tiene ingresos, marque la casilla correspondiente. Si mencionó a un hijo de acogida antes, debe incluir sus ingresos personales.**

Nombre del miembro del hogar	Ingresos del trabajo antes de deducciones *Cantidad / Frecuencia*	Manutención de menores, pensión por divorcio *Cantidad / Frecuencia*	Pensiones, pagos por jubilación *Cantidad / Frecuencia*	Otros ingresos, Seguro Social *Cantidad / Frecuencia*	Sin ingresos
	$ _____/ _____	$ _____/ _____	$ _____/ _____	$ _____/ _____	
	$ _____/ _____	$ _____/ _____	$ _____/ _____	$ _____/ _____	
	$ _____/ _____	$ _____/ _____	$ _____/ _____	$ _____/ _____	
	$ _____/ _____	$ _____/ _____	$ _____/ _____	$ _____/ _____	
	$ _____/ _____	$ _____/ _____	$ _____/ _____	$ _____/ _____	
	$ _____/ _____	$ _____/ _____	$ _____/ _____	$ _____/ _____	
	$ _____/ _____	$ _____/ _____	$ _____/ _____	$ _____/ _____	
	$ _____/ _____	$ _____/ _____	$ _____/ _____	$ _____/ _____	

4. **Firma: Un miembro adulto del hogar debe firmar esta solicitud.**

Certifico (prometo) que toda la información en esta solicitud es veraz y que se han incluido todos los ingresos. Entiendo que la información se proporciona con el fin de que la escuela pueda recibir fondos federales. Los funcionarios escolares pueden verificar la información, y en caso de que haya proporcionado información falsa de manera deliberada puedo ser procesado de acuerdo con las leyes federales y estatales aplicables, y mi hijo puede perder los beneficios de comidas.

Firma: **Fecha:**

Dirección de correo electrónico:

Teléfono de residencia

Teléfono de trabajo

Domicilio

NO ESCRIBA EN ESTE CUADRO – SÓLO PARA USO DE LA ESCUELA

Conversión de los ingresos anuales (convierta solamente cuando se informen frecuencias de ingresos distintas en la solicitud) Semanal X 52; Cada dos semanas (catorcenal) X 26; Dos veces al mes X 24; Mensual X 12

SNAP/TANF/Acogida

Ingresos del hogar: Ingresos totales del hogar/Frecuencia: _____/ _____Tamaño del hogar: _____

Elegibilidad gratuita Elegibilidad reducida Elegibilidad denegada

Firma del funcionario que revisa:_____

INSTRUCCIONES del formulario de ingresos del hogar para CEP/Disposición 2 en año no básico

PARTE 1 **TODOS LOS HOGARES DEBEN LLENAR LA INFORMACIÓN DEL ESTUDIANTE. NO LLENE MÁS DE UN FORMULARIO PARA SU HOGAR.**

(1) Escriba en un solo formulario y con letra de molde los nombres de los niños para los que presenta la solicitud, incluyendo a los hijos de acogida.
(2) Escriba sus grados y escuelas.
(3) Marque la casilla para indicar a un hijo de acogida que vive en su hogar, y marque la casilla para cada hijo sin ingresos.

PARTE 2 **LOS HOGARES QUE RECIBEN SNAP, TANF O FDPIR DEBEN LLENAR LA PARTE 2 Y FIRMAR LA PARTE 4.**

(1) Escriba el número de caso vigente de SNAP (siglas en inglés del Programa de Asistencia Nutricional Suplementaria), TANF (siglas en inglés de Asistencia Temporal para Familias Necesitadas) o FDPIR (siglas en inglés del Programa de Distribución de Alimentos en Reservaciones Indias) de todas las personas que viven en su hogar. No use el número de 16 dígitos que aparece en su tarjeta de beneficios. El número de caso se encuentra en su carta de beneficios.
(2) Un miembro adulto del hogar debe firmar la PARTE 4 del formulario. **OMITA LA PARTE 3** - No escriba los nombres ni los ingresos de los miembros del hogar si incluyó algún número de SNAP, TANF o FDPIR.

PARTES 3 Y 4 TODOS LOS DEMÁS HOGARES DEBEN LLENAR EN SU TOTALIDAD LAS PARTES 3 Y 4.

(1) Escriba los nombres de todos los miembros de su hogar, reciban o no ingresos. Inclúyase a usted mismo, a los hijos por los que llena la solicitud, a todos sus demás hijos, a su cónyuge, a los abuelos y a las demás personas, con o sin parentesco, que viven en su hogar. Use otra hoja de papel si necesita más espacio.
(2) Escriba el monto de los ingresos actuales que recibe cada miembro del hogar, antes de impuestos y de cualquier deducción, e indique de dónde proviene, como ingresos, beneficencia, pensiones u otros ingresos. Si los ingresos actuales fueron mayores o menores de lo usual, escriba los ingresos usuales de la persona. **Especifique con cuánta frecuencia recibe este monto de ingresos; semanal, cada dos semanas (catorcenal), 2 veces al mes, mensual. Si no tiene ingresos, marque la casilla correspondiente.** El valor del cuidado de niños provisto u organizado, así como cualquier monto recibido como pago por dicho cuidado de niños y reembolso por costos incurridos debido a dicho cuidado de acuerdo con el Subsidio en Bloque para Cuidado y Desarrollo de Niños, TANF y Programas de Cuidado de Menores en Situación de Riesgo, **no** debe considerarse como ingreso para efectos de este programa.

DECLARACIÓN DE PRIVACIDAD (FERPA)

La Ley de privacidad y derechos educativos de la familia (FERPA) otorga a los padres/tutores y estudiantes mayores de 18 años (denominados "estudiantes elegibles" en este aviso) ciertos derechos con respecto a los registros educativos del estudiante. Ellos son:

1) El derecho a inspeccionar y revisar los registros educativos del estudiante dentro de los 45 días posteriores al día en que el Distrito Escolar de Middle Country recibe una solicitud de acceso. Los padres/tutores o estudiantes elegibles deberán presentar una solicitud por escrito al director de la escuela

que identifica los registros que desean inspeccionar. El director hará los arreglos para el acceso y notificará a los padres o al estudiante elegible sobre la hora y el lugar donde se pueden inspeccionar los registros.

2) El derecho a solicitar la enmienda de los registros educativos del estudiante que el padre/tutor o el estudiante elegible crea que son inexactos o engañosos. Los padres/tutores o estudiantes elegibles pueden pedirle al Distrito Escolar de Middle Country que modifique un registro

que creen que es inexacta o engañosa. Deben escribir al director de la escuela, identificando claramente la parte del registro que desean cambiar y especificar por qué creen que es inexacto o engañoso. Si el Distrito Escolar de Middle Country decide no enmendar el registro según lo solicitado por el padre/tutor o estudiante elegible, notificará la decisión al padre/tutor o estudiante elegible y les informará sobre su derecho a una audiencia con respecto a la solicitud de enmienda. Se proporcionará información adicional sobre los procedimientos de audiencia al padre/tutor o al estudiante elegible cuando se le notifique el derecho a una audiencia.

3) El derecho a dar su consentimiento para la divulgación de información de identificación personal contenida en los registros educativos del estudiante, excepto en la medida en que FERPA autorice la divulgación sin consentimiento. Una excepción que permite la divulgación sin consentimiento es la divulgación a funcionarios escolares con intereses educativos legítimos. Un funcionario escolar es una persona empleada por el Distrito Escolar de Middle Country como administrador, supervisor, instructor o miembro del personal de apoyo (incluido el personal médico o de salud y el personal de seguridad); una persona que sirve en la Junta de Educación; una persona o empresa contratada por el Distrito Escolar de Middle Country para realizar una determinada tarea (como un abogado, auditor, consultor médico o terapeuta), o un padre/tutor o estudiante que participe en un comité oficial, como un comité disciplinario o comité de quejas, o ayudar a otro funcionario escolar a realizar sus tareas.

Un funcionario escolar tiene un interés educativo legítimo si el funcionario necesita revisar un registro educativo para cumplir con sus responsabilidades profesionales. Previa solicitud, el Distrito Escolar de Middle Country CSD divulga registros educativos sin consentimiento a los funcionarios de otro distrito escolar en el que un estudiante busca o tiene la intención de inscribirse. Además, la Ley de Educación Primaria y Secundaria revisada requiere que las escuelas secundarias divulguen la información del directorio de estudiantes (nombre, dirección, números de teléfono) a los reclutadores militares e "institutos de educación superior", que incluyen universidades, escuelas de oficios y escuelas técnicas. Sin embargo, bajo FERPA, los padres/tutores tienen derecho a prohibir la divulgación de información del directorio sin el consentimiento previo de los padres. Si los padres/tutores o estudiantes mayores de 18 años desean ejercer este derecho, se debe enviar una solicitud por escrito dentro de un (1) mes a partir del primer día de clases al Asistente del Superintendente de Educación Secundaria, en el **Middle Country CSD, Administrative Bldg., 8 43rd Street, Centereach, NY 11720.**

4) El derecho a presentar una queja ante el Departamento de Educación de los Estados Unidos sobre supuestos incumplimientos por parte del Distrito Escolar de Middle Country de cumplir con los requisitos de FERPA. Más información sobre las regulaciones de FERPA está disponible en cada edificio escolar del Distrito. FERPA se administra a través de la Oficina de Cumplimiento de Políticas Familiares, Departamento de Educación de los Estados Unidos, 400 Maryland Avenue, SW, Washington, DC 20202-4605

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

8 43RD STREET • CENTEREACH, NY 11720
631-285-8005 • 631-738-2719 (fax) • www.mccsd.net

Roberta A. Gerold, Ed.D., Superintendent of Schools
James G. Donovan, Assistant Superintendent for Human Resources
Beth A. Rella, Ed.D., Assistant Superintendent for Business
Jonathan Singer, Assistant Superintendent for Instruction

August 2024

Dear Parents and Guardians,

We are happy to announce that Middle Country CSD, **Hawkins Path Elementary School**, was selected to participate in the U.S. Department of Agriculture's (USDA) Fresh Fruit and Vegetable Program (FFVP) during the 2024-25 school year.

The goals of this grant program are to:

- Create healthier school environments by offering healthy choices.
- Expand the variety of fruits and vegetables children experience.
- Increase children's fruit and vegetable consumption.
- Make a difference in children's diets to impact their current and future health.

Beginning the week of September 16th, students in grades 1-5 will be offered a fresh fruit or vegetable to try twice weekly. FFVP snacks will generally be served outside your child's regularly scheduled lunch time.

A new FFVP menu will be available online on the MCCSD Food Service webpage each month. Participating classrooms will be provided with supplemental nutrition education material to increase students' knowledge of the health benefits of eating fresh fruits and vegetables. The FFVP is an excellent way to supplement other wellness programs in our schools that promote health, nutrition, and physical activity.

You can support your student's efforts to increase their fruit and vegetable consumption in many ways. For example:

- Take your student grocery shopping. Let your student select a new fruit or veggie to try.
- Give your student options! Let your student choose which veggie to serve at dinner.
- Keep fruits and vegetables where your student can see them, such as on the counter.
- Take your student to a local farmers' market and discover fruits and vegetables in season.
- Be a role model! Let your child see you regularly eating fruits and veggies.

If you have questions, please contact the district food service office at foodservice@mccsd.net, 631-285-8190, or visit MCCSD.net. Additional resource information is available at USDA Food and Nutrition Service U.S. Department of Agriculture, https://www.fns.usda.gov/ffvp

Sincerely,

Sharon Dyke
School Lunch Coordinator
Middle Country Central School District
14-43rd Street
Centereach, NY 11720
foodservice@mccsd.net

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
(2) fax: (833) 256-1665 or (202) 690-7442
(3) or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

September

SAMPLE MENU ONLY 2024

MCCSD Primary Schools, All Students in Grades 1 -5

Monday	Tuesday	Wednesday	Thursday	Friday
2 *Labor Day*	3	4 *Welcome Back Students*	5	6
9	10	11	12	13
16	17	18 *Watermelon Chunks*	19	20 *Celery Sticks*
23	24	25 *Clementine*	26	27 *Honeydew Melon Chunks*
30				

Please review the menu before allowing your child to consume new foods.
Changes to this menu will be posted on the online menu.
Parents/Guardians may choose to have their child opt out of participating in this program.
The FFVP aims to introduce children to fresh fruits and vegetables, to include new and different varieties, and to increase overall acceptance and consumption of fresh, unprocessed produce among children.
For more information, visit MCCSD.net, Food Service Department webpage or contact The Middle Country School Lunch Office at (631) 285-8120, or email, foodservice@mccsd.net

Ann Marie Kaufmann
President

Kristen Castellan
Vice President

Chris DeMaio
Treasurer

485 Hawkins Road, Selden NY 11784
(631) 285-8530
Mrs. Kristi Leonard, Principal

Contact
PTAHawkinsPath@gmail.com

Jenna Allsopp
Recording Secretary

Christina Erland
Corresponding Secretary

Heather Hanak
Council Delegate

Welcome From Our President!!!

Hello Hawkins Path Families! My name is Ann Marie Kaufmann and I would like to introduce myself as your PTA President for the upcoming 2024-2025 school year. I am excited to be working with you and I'm looking forward to an amazing year ahead!

The PTA has planned some awesome events for your students. The Hawkins Path PTA supplies our wonderful Arts in Education programs. In addition, the PTA sponsors events such as, Welcome Back BBQ, Treat Street, Family Fun Nights, and Much More..

I invite you to join our Hawkins Path PTA by making a one time membership donation. Membership is only $10.00 and is open to all family and friends. Your membership funds programs and events, and helps bring all the fun to life for our students throughout the year. We welcome you to get involved, when you can, by coming to the monthly meetings. Learn what is going on and give us new insights and perspectives. We also encourage you, when you can, to volunteer at any of our events throughout the year. The children enjoy seeing their parents at the events. We need your help to make our events successful and a memorable experience for your students.

LET'S SHOW OUR CHILDREN HOW MUCH WE CARE
AND MAKE THIS THE BEST YEAR YET!!!

Attached you will find information about membership and a brief description of our upcoming events/committees, along with how you can get more involved!

Please don't hesitate to contact me with any questions or concerns you may have. You may reach me by phone at: 631-456-9256 or email me at: ptahawkinspath@gmail.com.

On behalf of the PTA Executive Board, I want to thank you in advance for your support and cooperation. We look forward to seeing you at our first PTA meeting.

Warmest Regards,

Ann Marie Kaufmann
PTA President

Ann Marie Kaufmann
President

Kristen Castellan
Vice President

Chris DeMaio
Treasurer

485 Hawkins Road, Selden NY 11784
(631) 285-8530
Mrs. Kristi Leonard, Principal

Contact
PTAHawkinsPath@gmail.com

Jenna Allsopp
Recording Secretary

Christina Erland
Corresponding Secretary

Heather Hanak
Council Delegate

Bienvenida de nuestra presidenta !!!

¡Hola familias de Hawkins Path! Mi nombre es Ann Marie Kaufmann y me gustaría presentarme como su presidenta de la PTA para el próximo año escolar 2024-2025. ¡Estoy emocionado de trabajar con usted y espero tener un año increíble por delante!

La PTA ha planeado algunos eventos increíbles para sus estudiantes. La PTA de Hawkins Path ofrece nuestros maravillosos programas de Artes en la Educación. Además, la PTA patrocina eventos como Welcome Back BBQ, Treat Street, Family Fun Nights y mucho más.

Lo invito a unirse a nuestra PTA de Hawkins Path haciendo una donación única de membresía. La membresía cuesta solo $10.00 y está abierta a todos los familiares y amigos. Su membresía financia programas y eventos y ayuda a que nuestros estudiantes cobren vida durante todo el año. Le invitamos a participar, cuando pueda, asistiendo a las reuniones mensuales. Conozca lo que está sucediendo y bríndenos nuevos conocimientos y perspectivas. También lo alentamos, cuando pueda, a ser voluntario en cualquiera de nuestros eventos durante todo el año. Los niños disfrutan ver a sus padres en los eventos. Necesitamos su ayuda para que nuestros eventos sean exitosos y una experiencia memorable para sus estudiantes.

DEMOSTREMOS A NUESTROS HIJOS LO TANTO QUE NOS IMPORTAMOS
¡¡¡Y HAGA DE ESTE EL MEJOR AÑO AÚN!!!

Adjunto encontrará información sobre la membresía y una breve descripción de nuestros próximos eventos/comités, ¡y cómo puede participar más!

No dude en ponerse en contacto conmigo si tiene alguna pregunta o inquietud. Puede comunicarse conmigo por teléfono al: 631-456-9256 o enviarme un correo electrónico a: ptahawkinspath@gmail.com.

En nombre de la Junta Ejecutiva de la PTA, quiero agradecerles de antemano por su apoyo y cooperación. Esperamos verlo en nuestra primera reunión de la PTA.

El más cálido saludo,

Ann Marie Kaufmann
Presidente de la Asociación de Padres y Maestros

Ann Marie Kaufmann
President

Kristen Castellan
Vice President

Chris DeMaio
Treasurer

Jenna allsopp
Recording Secretary

Christina Erland
Corresponding Secretary

Heather Hanak
Council Delegate

485 Hawkins Road, Selden NY 11784
(631) 285-8530
Mrs. Kristi Leonard
Principal

Joining the PTA is a great way to show your support for our school as well as empowering the National PTA to have a stronger voice when advocating for ALL CHILDREN. Anyone can join our PTA (ie: mom, dad, grandma, grandpa, cousin, uncle, aunt, family friend)! Please help support our kids by joining the PTA!

Being a member of PTA gives you the opportunity to take advantage of special rates/discounts for movie tickets, theme parks, concerts, hotels, and so much more! **Membership is a one-time fee of only $10.00**. This membership fee will help support your PTA throughout the year. Some of the MANY programs that are funded by the efforts of the PTA are:

- All Arts in Education Assemblies/programs
- PARP (Parents as Reading Partners)
- Reflections
- Treat Street
- February Dance
- And many, many more activities

***We ask for your email address to give you updates, on occasion, regarding advocate alerts or notices about PTA meetings and other events happening at Hawkins Path School. It is a great way to be kept informed. Please print your email address clearly so we are sure to copy it down correctly. If anyone has a zero in their email address, please put a slash through it so it can be distinguished from the letter "O".*

HAWKINS PATH PTA MEMBERSHIP

Member Name_____

StudentName_____
Grade_____
Address_____

Phone Number_____

Email_____

PLEASE ENCLOSE A CHECK (MADE OUT TO HAWKINS PATH PTA) OR CASH IN THE AMOUNT OF $10.00 PER MEMBERSHIP, ALONG WITH THIS FLIER. THANKS FOR SUPPORTING YOUR PTA!!!

Ann Marie Kaufmann
President

Kristen Castellan
Vice President

Chris DeMaio
Treasurer

Jenna allsopp
Recording Secretary

Christina Erland
Corresponding Secretary

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Council Delegate

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Principal

Unirse a la PTA es una excelente manera de mostrar su apoyo a nuestra escuela, así como de empoderar a la PTA Nacional para que tenga una voz más fuerte al defender a TODOS LOS NIÑOS. ¡Cualquiera puede unirse a nuestra PTA (es decir, mamá, papá, abuela, abuelo, primo, tío, tía, amigo de la familia)! ¡Por favor ayude a apoyar a nuestros niños uniéndose a la PTA!

Ser miembro de la PTA le brinda la oportunidad de aprovechar tarifas/descuentos especiales para entradas de cine, parques temáticos, conciertos, hoteles y mucho más.
La membresía es una tarifa única de solo $10.00. Esta cuota de membresía ayudará a respaldar a su PTA durante todo el año. Algunos de los MUCHOS programas que son financiados por los esfuerzos de la PTA son:
Todas las asambleas/programas de Artes en la Educación
PARP (Padres como compañeros de lectura)
Reflexiones
Tratar la calle
baile de febrero
Y muchas, muchas más actividades.
**Le solicitamos su dirección de correo electrónico para brindarle actualizaciones, en ocasiones, sobre alertas o avisos de defensores sobre reuniones de la PTA y otros eventos que suceden en la Escuela Hawkins Path. Es una excelente manera de mantenerse informado. Imprima claramente su dirección de correo electrónico para que podamos copiarla correctamente. Si alguien tiene un cero en su dirección de correo electrónico, coloque una barra diagonal para distinguirlo de la letra "O".

MEMBRESÍA DE LA PTA DE HAWKINS PATH

Nombre de miembro_____
Nombre del estudiante_____
Grado_____
DIRECCIÓN_____
Número de teléfono_____
Correo electrónico_____
POR FAVOR ADJUNTE UN CHEQUE (A FAVOR DE HAWKINS PATH PTA) O EFECTIVO POR LA CANTIDAD DE $10.00 POR MEMBRESÍA, JUNTO CON ESTE VOLANTE.
¡¡¡GRACIAS POR APOYAR A SU PTA!!!

Ann Marie Kaufmann
President

Kristen Castellan
Vice President

Chris DeMaio
Treasurer

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Scan our QR codes below to
Sign up for the 2024-2025 PTA membership
Get a head start on your Hawkins Path spiritwear
Join our Facebook Page
Feel free to contact us at: ptahawkinspath@gmail.com

Hawkins Path

PTA Memberahip
24-25 school year

1STPLACE.SPIRITWEAR

Facebook page