

SUPERINTENDENT EVALUATION • PERFORMANCE CRITERIA**SUPERINTENDENT EVALUATION PLAN (Revised 1997)*****PURPOSE:***

Evaluation of the Superintendent of Schools is an important job of the Board of Education. The Board of Education recognizes that student growth, district progress and community satisfaction are all affected by the performance of the Superintendent. The superintendent's evaluation is a valuable tool for strengthening planning and communications, promoting professional and leadership development, improving accountability and ultimately enhancing the functioning of the entire district. In addition, this evaluation process contributes to the development and maintenance of a constructive working partnership between the BOE and the Superintendent.

PROCEDURES

An effective evaluation consists of many features and is an essential tool to promote the professional growth and development of the superintendent.

- Yearly priorities mutually developed and agreed upon by the Board and the Superintendent prior to September will be incorporated into Part C of the Evaluation Program.
- The evaluation program shall be conducted annually in December, with updates in March and June of each year.
- Honesty, civility and confidentiality are expected at all times.
- The evaluation meeting should include a discussion of strengths as well as weaknesses.
- Each judgment should be supported by as much rationale and objective evidence as possible.

SCORING INSTRUCTIONS:

The Superintendent Evaluation Program shall consist of three sections:

- (1) Superintendent-School Board Relationship (11 items)
- (2) Job Related Functions (12 items)
- (3) Superintendent's Yearly Priorities
(up to 5 items to be mutually developed and agreed upon by the Superintendent and the Board of Education by September 1st of each year)

As to Sections A & B, the Board of Education shall vote as a whole on each item, one item at a time, yes or no, as to whether the Superintendent has demonstrated competence during the twelve-month period. If the majority does not agree to the affirmative, the item shall be designated as an "area of possible growth".

As to Section C, the Board shall vote as a whole on each item, one item at a time, yes or no, as to whether the Superintendent has accomplished (to the extent expected) the item in question. If the majority does not agree to the affirmative for that objective/goal, such item will be designated as an "area in need of further attention".

ADOPTED: October 22, 1997

WAYNE CENTRAL SCHOOL DISTRICT

PERFORMANCE APPRAISAL CRITERIA (Supportive statement must be provided)

A. Superintendent-Board Relationship

**Demonstrates
Competence***

**Possible area
of Growth**

- (1) Keeps the BOE informed on the conditions of the district's educational system
- (2) Assures preparation of agendas for Board meetings w/supportive materials
- (3) Assists the BOE w/developing the overall goals for the educational system
- (4) Assists the BOE with long range planning consistent with population trends, educational needs and the appropriate use of district facilities
- (5) Develops/provides specific regulations & programs to implement the policies established by the Board of Education
- (6) Serves as Chief Executive Officer and executes all decisions of the Board of Education
- (7) Serves as liaison between the Board and staff
- (8) Recommends the appointment, promotion, retirement and release of district personnel
- (9) Offers professional advice to the BOE on items requiring Board action
- (10) Remains impartial toward the Board treating all BOE members alike
- (11) Honors confidentiality for items discussed in executive sessions

B. Job Related Functions

- (1) Recruits/assigns the best available personnel
- (2) Administers procedures for seeing that all funds, physical assets & other property of the district are appropriately safeguarded
- (3) Promotes high standards of performance throughout the district
- (4) Approachable by staff/students/community to listen and/or respond to needs and concerns
- (5) Delegates authority to staff appropriate to their positions
- (6) Maintains professional development by reading, conference attendance work on professional committees, visiting other districts & superintendents
- (7) Encourages participation of appropriate staff members in professional growth experiences
- (8) Demonstrates ability to make effective decisions
- (9) coordinates with the administrative personnel a planned program of staff evaluation and improvement
- (10) Assures preparation and administration of annual budget in compliance with Board and state guidelines
- (11) Maintains high standard of ethics, honesty & integrity in all professional matters
- (12) Demonstrates ability to work well with individuals and groups

C. Superintendent's Yearly Priorities

(To be mutually developed and agreed upon each year by Board & Superintendent. The number of priority items may range from 1-5.)

Accomplished *Comments*

1.

2.

3.

4.

5.

ADOPTED: October 22, 1997

WAYNE CENTRAL SCHOOL DISTRICT

**WAYNE CENTRAL SCHOOL DISTRICT
POST-OBSERVATION CONFERENCE REPORT**

Teacher _____ Date of Observation _____
Subject _____ Time of Observation _____
Class _____ Scheduled _____ Unscheduled _____
Date/Time of Conference _____ Length of Conference _____

Summary of Observation:

Observer Reaction to Lesson:

Teacher Reaction to Observation/Conference:

I have read and understand the above post-observation report:

Signature _____ Date _____

Teacher

Signature _____ Date _____

Observer

cc: Superintendent of Schools
Principal
Supervisor
Teacher

ANNUAL TEACHER EVALUATION AND PLANNING GUIDE

Name of Teacher _____ School _____ Grade or Subject _____
Assignment _____ Name of Evaluator _____

EVALUATION CATEGORIES:

Instructional Competence

Interpersonal Relationships

Professional Responsibilities

PERFORMANCE:

___ Satisfactory ___ Satisfactory, Needs Improvement ___ Unsatisfactory

IMPROVEMENT PLAN and/or GOAL-SETTING

(Areas in which the administrator and teacher will work together for improvement)

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL OR LIBRARY MATERIALS

Title _____
 Author _____ Type of Material _____
 Publisher _____
 Request Initiated by _____ Telephone _____
 Address _____ City _____ Zip _____
 Complainant represents: _____ Himself/Herself
 _____ Name of Organization
 _____ Identify other group

To what do you object? (Please be specific. Cite pages if a book)

- 2. What do you feel might be result of using this material? _____
- 3. For what age group would you recommend this material, if at all? _____
- 4. Did you see or read all the material? _____

Are you aware of what professional critics think about this material? (If you have specific reviews, please attach them to this request.)

What do you believe is the theme of the material in question? Or why do you think this material exists? _____

Please indicate below what you would like our school to do about this material?

_____ Do not assign it to my child
 _____ Do not assign it to any child
 _____ Withdraw it from the school district

_____ Send it back to a reliable educational source for re-evaluation

What better quality material would you recommend in its place?

Signature

Date

Adoption date: July 24. 1996

FIELD TRIP EXHIBIT

**PARENT PERMISSION FOR A SCHOOL DAY
FIELD TRIP**

Each student must secure the permission of his/her parent or legal guardian in order to participate in a school sponsored field trip.

Parents or legal guardians are required to sign and return this form to their child's teacher at least one week prior to the date on which the school day field trip will be taken.

I, the undersigned parent or legal guardian of _____ give my permission for him/her to participate in a school sponsored field trip to _____ on _____ (date).

Transportation will be provided by _____

Time leaving school _____

Approximate time of return to school _____

Student needs to bring own lunch? Yes__ No

_____ will be the supervising Wayne Central staff member on this field trip.

Additional instructions or comments specific to this field trip are attached.

Will your child require any form of medication to be taken while he/she is on this field trip? Yes _____ No _____
If "Yes", please contact the school nurse at once so appropriate and timely arrangements may be made with you for the proper handling and administration of your child's medication during the field trip.

I understand that all school policies, regulations and rules will be in effect and will apply to my child for the duration of the field trip.

Signature of Parent/Legal Guardian Date

On the day of this field trip I can be reached at telephone number:

FIELD TRIP EXHIBIT

EXTENDED FIELD TRIP MEDICAL RELEASE FORM

In the event of an emergency, my signature below constitutes permission for my child to receive medical evaluation and necessary treatment to ensure his/her safety. Such treatment may come from either my child's physician or another physician or medical facility as deemed appropriate by the supervising Wayne Central staff member. As my Attorney In Fact, I give the supervising Wayne Central staff member my permission to execute any necessary documents in connection with the medical treatment including any required guarantee of payment.

Parent's/legal guardian's insurance carrier: _____ Insurance ID

No. _____

Signature of Parent/Legal Guardian _____ Date _____

EMERGENCY INFORMATION

Student's Name:

Last _____ First _____

Address:

s/Legal Guardian's name: _____ Home telephone

number: _____

s/Guardian's workplace:

Workplace telephone number: _____ Mother's/Guardian's workplace:

Workplace telephone number: _____ If you plan to be away while we are

gone on the extended field trip, please indicate how we may contact you if the need arises: _____

Emergency contact (other than parent or legal guardian):

Name: _____ Phone number: _____

Address: _____

Relationship to student: _____

an's name: _____ Phone number: _____

's name: _____ Phone number: _____

l insurance plan: _____ ID number: _____

FIELD TRIP EXHIBIT

EXTENDED FIELD TRIP HEALTH INFORMATION

Does the student have any allergies (including allergies to medication) _____ If so, please explain

Do you have concerns about your child walking strenuously for long distances if required to do so on this extended field trip'?

If so, please explain _____

Does your child have, or ever had, seizure disorders? _____ If so. please explain

Please explain any dietary restrictions your child has _____

Does your child have motion sickness? _____ If so. will it require medication to be used on this extended field trip?
Yes _____ No _____ If "Yes," please contact the school nurse at once so appropriate and timely arrangements may be made with you for the proper handling and administration of your child's medication during the extended field trip.

Please explain any concerns you have about potential homesickness or sleep problems your child may experience on this extended field trip _____

Date of child's last Tetanus immunization _____

Please explain any medical condition or situation pertaining to your child we should be aware of during the time of this extended field trip: _____

Please attach any additional information you wish the school to be informed about concerning your child and this extended field trip.

Signature of Parent/Legal Guardian

Date Page 3 of 3

Adoption date: May 21. 1997

SECTION 504 REGULATION

The purpose of these regulations and procedures is to carry out the policy of the Board of Education of the Wayne Central School District to provide a free and appropriate public education to all disabled students regardless of the type of disability or its severity. Wayne Central School District does not discriminate against persons with disabilities in accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

Students who are disabled consistent with the definitions set forth in Section 504 and ADA will be identified, evaluated, and provided with appropriate instruction, educational services and accommodations. The Acts define a person with disability as anyone who "has mental or physical impairment which SUBSTANTIALLY LIMITS one or more major life activities; has a record of such impairment; or is regarded as having such an impairment. Major life activities include activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working."

It should be clearly understood by all parties that evaluating and providing specialized education, related services or aids to students under Section 504/ADA is a separate and distinct process from when a student is suspected of being disabled under the Individuals with Disabilities Act (IDEA). When it is suspected that a student has a disability and is in need of special education and related services under IDEA, that student should be referred directly to the Committee on Special Education. However, some students with disabilities that do not require special education and related services may receive accommodations under Section 504/ADA. Students who qualify for Section 504/ADA should be referred to the principal of the building they attend.

Compliance Officer

The Wayne Central School District will appoint a Section 504 Compliance Officer who will have the overall responsibility for insuring compliance with Section 504/ADA regulations. The Compliance Officer for the district is the Director of Pupil Personnel Services who may be reached at 524-0209. The office is located in the District Office located in the High School building on Ontario Center Road in Ontario Center.

Notice

A copy of policy 5020.3 shall be included in the annual Wayne Central School District Calendar. A copy shall also be included annually in each employee and student handbook. A copy shall also be given to each family new to the school district at the time of their registration.

Identification and Referral

The building principal will insure that typical school records are reviewed to determine whether a student has a history of a physical or mental impairment or is regarded as having such an impairment which substantially limits one or more major life activities. This occurs when teachers and others routinely review records in the day to day activities of the school.

Typical school records which may be reviewed include Early Start, Kindergarten screening results, new entrant screening results, reports from classroom teachers, routine physical examinations, reports from outside agencies, parent conferences, state testing results, reports from private physicians and the like.

If after a review of the records, it is suspected that a student may be disabled and may require special education and related services, that student should be referred to the Committee on Special Education (CSE). If it is suspected that the student may be impaired but may not require special education and related services, that student shall be referred to the principal in order to initiate an evaluation under 504. (The CSE may act as the 504 Team and develop a 504 Accommodation Plan at the **CSE meeting. (See item 2.7 below)**).

At any point that a parent, eligible staff member or student suspects a disabling condition, a referral may be made to the CSE for consideration **under IDEA or to the 504 Team (CSE) for consideration under 504.**

The 504 referral should be made in writing utilizing the district provided 504 referral form.

Upon receipt of the 504 referral form, the principal or his/her designee will notify the parents. The notification will include a copy of the due process procedures and a parental consent for evaluation.

If the parent (or student over age 18) does not give consent for evaluation within ten days of notice, the principal will insure that the appropriate due process notices were received by the parents. If consent is not received, the district may commence an impartial hearing to override the failure to obtain consent, or may refer the student to the building Pupil Personnel Services (**PPS) team for consideration.**

If consent is received, the principal will direct the building staff to conduct an assessment, the results of which will be forwarded to the 504 Team.

Evaluation and Determination

A student referred under regulations of 504 will receive a multidisciplinary evaluation through the 504 Team. Persons on the team will include those persons qualified to administer and interpret the evaluation material.

Tests selected for use in evaluation will have been validated for the purposes for which they are used. Tests and other assessment instruments and materials will include those tailored to assess educational need rather than a single intelligence quotient or medical diagnostic label. Evaluation methods shall seek to accommodate disabilities that may impair the student's capacity to be evaluated.

Upon completion of the assessment, the 504 Team will meet to consider the results of the assessment and a determination. Persons on the team will be knowledgeable about the evaluation data and its meaning, currently teaching or providing instructional services to the student, and knowledgeable of decisions. The team will carefully consider information from a variety of sources including aptitude and achievement tests, teacher accommodations, physical condition of the student, social cultural background, and adaptive behavior if appropriate. The team will be comprised of a minimum of three people in addition to the parent/guardian and student (when appropriate). Members of the CSE may constitute the 504 Team.

The parent/legal guardian and student (when appropriate) will be invited to participate in the 504 Team meeting. A standard invitation form will be used, which includes the parent/student due process rights. Other parties who are knowledgeable about the student's educational needs may participate in the meeting at the request of the parent/student or the school. If the parent/legal guardian and/or the student do not attend the meeting, the team may proceed with the necessary deliberations and decisions.

5020.3-RC3)

The 504 Team will document the results of the meeting. The determination of the team will indicate whether the student is disabled under 504/ADA. If the student is eligible and in need of accommodations, these accommodations will be noted on the 504 Accommodation Plan. Accommodation could include, but are not limited to, specialized equipment, architectural, instructional, non-academic, extracurricular, and/or physical plant modifications.

NOTE: If the student with a disability requires special education and/or special education related services to receive an appropriate education, the student must be referred to the CSE.

The evaluation, findings and determinations of the 504 Team will be completed within 30 days from the consent for the evaluation. This time requirement may be extended by written agreement of both parties.

If the CSE has determined that a student has a disability but does not need special education and related services under IDEA, the CSE may act as the 504 Team and may develop a 504 Accommodation Plan, which will be forwarded to the building principal for implementation.

The 504 Accommodation Plan and Implementation

The 504 Accommodation Plan is the vehicle used to document the modifications to meet the needs of the student. The Plan will include the following components:

A description of the specialized equipment, architectural, instructional, nonacademic, extracurricular, or physical plant modifications, and/or other supplementary aids and services;

The beginning and ending dates of accommodations, services and/or adaptations;

Assurances that all accommodations, services, and/or adaptations are provided with nondisabled students to the maximum extent appropriate;

Set the date that the plan will be reviewed;

Written consent of the parent and/or student, if appropriate, is required prior to implementing the 504 Plan. If consent is not received, the district may initiate an impartial hearing to override the failure to obtain consent or may refer the student to the building's PPS team for consideration;

Names and titles of the participants in the development of the 504 Plan.

The 504 Accommodation Plan will be sent to the district's 504 Compliance Officer who will assure that the Plan is consistent with the district's obligation pursuant to Section 504/ADA. The 504 Compliance Officer will reconvene the 504 Team within five days to develop a new Plan with the Compliance Officer in attendance if the initially submitted 504 Plan is not consistent with these obligations. In addition, the 504 Compliance Officer may refer the student to the CSE if it is believed that the student requires special education and related services in order to receive an appropriate education.

The 504 Accommodation Plan will be implemented within seven days following submission to the 504 Compliance Officer.

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The Compliance Officer will insure that the determination of the 504 Team, including the 504 Accommodation Plan, are communicated to the parent/student and that a copy is mailed to the parent/student. A copy of Due Process Rights (see 5020.3-E.2) will be included. The Compliance Officer will insure that all policies and procedures to pursue mediation or respond to impartial hearing requests are followed in the event that the parent/student disagrees with or does not give consent for the Plan. In such cases, the principal will notify the 504 Compliance Officer of these proceedings in writing.

Review and Implementation

Accommodation Plans will be reviewed when a student is moving from elementary to middle school, middle school to high school, and in the final semester of anticipated completion of diploma requirements. Other review requests may be submitted in writing to the building principal or the 504 Compliance Officer by persons defined in Section 200.4 of the NYS Commissioner's Regulations. The 504 Compliance Officer will notify the 504 Team of the need to reconvene within 20 days of the receipt for review.

A student identified under 504 will be re-evaluated periodically, and prior to any significant change of placement.

Parent and Student Rights under Section 504

The principal will be familiar with all due process rights of the parent/student. These are clearly stated in the Parent/Student Rights Notice.

The Due Process rights referred to in the document above will include:

Parent/student notice will be provided

before the school identifies, assesses, or places a student requiring accommodation due to a disability;

before changes in identification, assessment, or placement are made;

Written consent will be sought from the parent, or the student if over age 18, before the school will conduct an evaluation.

If consent is not received, the district may initiate an impartial hearing to override the failure to obtain consent.

Written consent also will be sought before the implementation of a 504 Accommodation Plan.

An individualized evaluation will be conducted before the student can receive accommodations.

The student will be educated, to the maximum extent appropriate, with students who are not disabled.

The student's placement must be reviewed consistent with the date specified on the 504 Accommodation Plan.

Parent/student has the right to inspect the student's records and receive, upon request, a list of the types of education records kept on the student, where they are maintained, and how to gain access to them.

The confidentiality of the student's education records will be protected in accordance with the Family Education Rights and Privacy Act (FERPA).

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The parent has the right to mediation and/or an impartial hearing before an impartial hearing officer regarding any matter related to the identification, evaluation or placement of the student or the provision of "free appropriate public education" (FAPE). This right includes the opportunity for participation by the student's parents and representation by counsel. The district will appoint the mediator or hearing officer who may not be an employee of the district or anyone who has a personal or professional interest which would conflict with objectivity in the mediation and/or hearing.

Grievance Procedure; Mediation and Impartial Hearing

If, for any reason, the district and parent and/or student are in disagreement with regard to the identification, evaluation or placement of the student under 504, the parent and/or student has the right to initiate a grievance to request mediation and/or an impartial hearing under the following procedures. (see 5020.3-E.3)

Mediation

The 504 Compliance Officer (or designee) will offer informal mediation within 21 days of written notice of known disagreement.

If informal mediation does not bring resolution to the disagreement within 15 days following its initiation, the 504 Compliance Officer (or designee) will offer formal mediation to the parent and/or student. Formal mediation offers will be accepted or rejected by the parent and/or student in writing within 10 days following the date of offer to mediate. Offers of third party formal mediation in no way implies that either party has surrendered the right to an impartial hearing as a consequence of mediation attempts.

When both parties have agreed to formal mediation, the 504 Compliance Officer (or designee) will arrange for mediation and provide the mediator with documents requested after securing appropriate releases from the parent and/or student. Confidentiality procedures set forth by the district consistent with IDEA provisions will apply. The 504 Compliance Officer (or designee) will ensure the notification of parent and/or students, in writing, of the date, time and location for mediation proceedings along with the name and address of the mediator.

After reviewing all pertinent information, considering the concerns and differences between the parties and other exploratory inquiries, the mediator will engage the parties in an attempt to resolve the disagreement. If an agreement is reached, the substance of the agreement will be put in writing and signed by both parties. The district will provide copies of the agreement to the parent and/or student and maintain the original agreement in the student's file. Any unresolved matters may still be the subject of an impartial hearing.

All formal mediation efforts will be completed within 30 days, following the date of agreement by both parties to pursue formal mediation. While formal mediation efforts are employed, all time limits for the initiation of an impartial hearing will be suspended; that is, the time limits will not apply when the issues in dispute are in the process of formal mediation.

If formal mediation does not bring resolution to the disagreement, either party may ask for an impartial hearing pursuant to the requirement under Part 200.5 of the Commissioner's Regulations.

5020.3-R

Impartial Hearing

A parent and/or student, or district representative if appropriate, must make a written request to the Board of Education for an impartial hearing. If the district representative makes the request, the parent and/or student will be notified in writing immediately.

The Board of Education will appoint immediately an impartial hearing officer who will hear both sides of the case and render a written decision within 45 calendar days of the date that the Board of Education received the initial hearing request.

The procedures of Part 200.5 of the Commissioner's Regulations will apply to the conduct of impartial hearings under the 504 procedures.

Review

If either party disagrees with the impartial hearing officer's decision, the party has the right to appeal to the Office of Civil Rights and/or federal court.

Adoption date: May 21, 1997

RESIDENCY AFFIDAVIT OF EMANCIPATED STUDENT

STATE NEW YORK (
COUNTY OF WAYNE (si:
TOWN OF _____ (

I, the undersigned being duly sworn, depose and say that the information provided herein is true and complete to the best of my knowledge:

Name _____

Date & Place of Birth _____
3) Grade (19..9 _____ Age _____

1) Present Full-time Address: _____

Names & Address(es) of Parent(s): _____

Date on which you no longer resided with your parent(s): _____

Please indicate as fully as possible the reasons why you are no longer residing with your parents:

Will you be staying in the home of your **parents at any time:**

During the ~h~iol y~~r? **Yes** **No 0** During ~huol vmztiun pcnud~? **Yes 0 No 0**

If **YES**, indicate when & ~why:

Indicate as fully as possible the means by which you are supporting yourself financially:

It)) Are 'ou receiving any financial assistance or support from your parents? **Yes 0 No 0**

If so. ~hat ponion of your total financial support are your parents pwviding and what is the nature of that supporV'

~4/1 2/00

(continued)

Notary Public

(Please affix stamp)

N

WAYNE CENTRAL 504001 O~Rjcr

Exhibit 5151 E-2

Ontario Center, New York 14520

CUSTODY & CONTROL OF A STUDENT

(ACCEPTING _____ AFFIDAVIT OF PERSON(S))

STATE NEW YORK (

COUNTY OF WAYNE (ss.:

TOWN OF _____ (

I (we), the undersigned, being duly sworn, depose and say that the student named below is currently residing with me/us on a full-time basis and that the information provided herein is true and complete to the best of my (our) knowledge:

1) We reside at

Student's Name: _____ Grade (It~I9.....)

2) Age

What is your relationship to this student?

4) Have you assumed financial support of this student in addition to

EJYE~SE1NO

If not, what portion of financial support have you assumed?

Who provides the remaining financial support? _____ 5) Has this student lived with

you before? YES ED Na

YES. When & Why?

How long will the student be living with you

in case of medical or other emergency, who will be responsible for decisions affecting this student?

NAME(s)

ADDRESS

Phone: (Home)

(Work) _____

What school has this student most recently attended?

NAME(s)

ADDRESS

(continued....)

041~2/00

Ontario Center, New York 14520

(ACCEPTII~G AFFIDAVIT OF PERSON(S)

CUSTODY & CONTROL OF A STATE NEW YORK (

COUN1Y OF WAYNE (ss.: TOWN OF _____

I (we), the undersigned, being duly sworn, **depose and say that the student named below is currently residing with me/us on a full-time basis and that the information provided herein is true and complete to the best of my (our) knowledge.**

1) I/We reside at _____

Student's Name: _____ Grade (I9~-I9..J

2)Age

What is your relationship to this student?

4)Have you assumed financial support of this student in addition to

vdrrng a home? EI YES EI NO

F M)T, what portion of financial support have you assumed?

Who provides the remaining financial support? _____

5) HaS this student lived with you before?

EJYEsEJNo

~ YES, When & Why? _____

How kng will the student be living with you

ca~ of medical or other emergency, who will be responsible for decisions affecting this student?

NAAE(s)

ADDRESS

Phone: (Home)

(Work) _____

What school has this student most recently attended?

NAME(s)

ADDRESS

(continued....)

Will **this student reside** in the home **of anyone else at any time during the following periods:**

El During the Week El ~ Weekends ~ El During School Recess Periods IF YES, when & why

Please indicate as fully as possible the reasons why this student will no longer reside with his or her parents:

CERTIFICATION

I (we) hereby certify that: I (we) have assumed full responsibility for and custody and control over the student named in item 2, above, including the right to make decisions pertaining to the health, welfare and education of the student. If the student is permitted to attend Wayne Central School District, I (we) agree to promptly notify the Superintendent of Schools in the event that there is any change in the information provided herein.

Signature _____

Signature _____

Subscribed and sworn before me on this

Notary Public

(Please affix stamp)

WAYNE CENTRAL SCHOOL DISTRICT
Ontario Center, New York 14520

(RESIDENCY AFFIDAVIT OF PARENT(S))

STATE NEW YORK C.
COUNTY OF WAYNE (ss.:
TOWN OF _____

I (we), the undersigned, being duly sworn, depose and say that: I (we) am (are) the parent (s) of the student named below and certify that the information provided herein is true and complete to the best of my (our) knowledge:

1) Student's Name: _____ Grade (IL-19..J) _____

2) Student's Date & Place of Birth: _____

Student's Present Full-Time Address:

4) Name & Address of Student's Father. _____

5) Name & Address of Student's Mother: _____

Name(s) & addresses of other children in student's family-.

NAME(s)

ADDRESS

7) What school has this student most recently attended?

NAME(s)

ADDRESS

Where did this student resident during the previous school year?

*P44JUNG AE*X~ESS:* _____

Are you responsible for the full financial support of this student?

YES

~NO

~

If not, what percentage of support do you or your wife provide? —

In case of medical or other emergency, who will be responsible for decisions affecting this student?

NAME(s)

ADDRESS

Phone: (Home) _____ (Work) _____

04/12100 (continued....)

Exhibit 5151 E-3

If this student will reside in the Wayne Central School District, but not with his or her parent(s) or guardian(s), please indicate with whom he or she will reside?

NAME(s)
Phone: (Home)

ADDRESS
(Work)

Date on which this student ceased or will cease to reside with his or her parent(s) or guardian(s) or will begin residence with the person(s) noted in item 11, above:

13) How long will this student reside with the person(s) noted in item 11, above? _____

Will this student reside in the home of his or her parent(s) or guardian(s) at any time during the following periods:

During the Week On Weekends ~ During School Recess Periods IF YES, when & why?

Please indicate as fully as possible the reasons why this student will no longer reside with his or her parents:

Parent(s)' CERTIFICATION

I (we) hereby certify that: I (we) have relinquished all custody and control over the student named in item 1, above, to the person(s) named in Item 11, including the right to make decisions pertaining to the health, welfare and education of the student. If the student is permitted to attend Wayne Central School District, I (we) agree to promptly notify the Superintendent of Schools in the event that there is any change in the information provided herein.

Signature _____

Signature _____

Subscribed and sworn before me on this

day of _____ 19

Notary Public

(Please affix stamp)

ADMISSION OF FOREIGN EXCHANGE STUDENTS
EXHIBIT
INCOMING FOREIGN EXCHANGE STUDENT APPLICATION

This application form must be completed annually by the sponsoring organization and submitted to the High School Principal not later than June 30 for consideration for the following school year.

Name of sponsoring organization: _____

Name of sponsoring organization's local coordinator: _____

Address: _____

Telephone Number: (____) / _____

3. a. **Proof of designation as an "Exchange Visitor Program"** by the United

States Information Agency: _____

Proof of approval by the Council of Standards on International Educational

Travel(CSIET): _____

Name of potential student: _____

Date of

Birth: _____

Nationality: _____

Name of potential host family: _____

Address: _____

Telephone: (____) / _____

A copy of the Wayne Central School District policy and regulations on the admission of foreign exchange students is attached to this application for your information for the sponsoring organization and the potential host parent(s).

The signatures of the local coordinator and the host parent(s) signify they have received the policy and regulations and that they agree to meet and comply with all requirements set forth in those documents and to submit all required documentation and information.

Signatures:

local coordinator of
sponsoring organization
date

potential host parent(s)
date

8. Principal's Recommendation:

I have reviewed this application and any other supporting information. All of the requirements in the policy and regulations have/have not been met. It is my recommendation that this application be approved/rejected for the _____ school year.

Comments:

9. Superintendent's Action: Approve/Reject

Date: _____

Adoption date: May 21, 1997

STUDENTS WITH HIV-RELATED ILLNESS EXHIBIT

The University of the State
of New York Education Department

**Authorization for Release of Confidential HIV*
Related Information to the Superintendent of
Schools and the Board of Education**

Approved by:

New York State Department of Health

OC-I (6/89)

Confidential HIV Related Information means any information indicating that a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Under New York State Law, except for certain people, confidential HIV related information can only be given to persons you allow to have it by signing this form. You may ask for a list of people who can be given confidential HIV related information even without this form.

If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign the form, and you can change your mind at any time.

If you experience discrimination because of the release of HIV related information, you may contact the New York State Division of Human Rights at (212) 870-9624 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.

NAME OF PERSON WHOSE HIV RELATED INFORMATION WILL BE RELEASED

NAME AND ADDRESS OF PERSON SIGNING THIS FORM (IF OTHER THAN ABOVE)

REET	CITY	STATE	ZIP CODE
RELATIONSHIP TO PERSON WHOSE HIV INFORMATION WILL BE RELEASED			

Name and addresses of the Superintendent of Schools and individual members of Board of Education (Board of Trustees) of the above named school district who be given HIV related information.

SUPERINTENDENT'S NAME			
REET	CITY	STATE	ZIP CODE
NAME			
REET	CITY	STATE	ZIP CODE