# MT. PLEASANT BLYTHEDALE U.F.S.D.

**95 Bradhurst Ave., Valhalla, N. Y. 10595-1637**
**(914) 347-1800 Fax: (914) 347-2307**


**User Agreement and Parent Permission Form**

**2023-2024 School Year**

**Students and parents are requested to please sign and return this form to the school office as soon as possible.**

**Thank you.**

**Required for Students**

As a user of the Mt. Pleasant-Blythedale Union Free School District's computer network, I hereby agree to comply with its Guidelines and rules to communicate over the network in a responsible fashion, while honoring all relevant laws and restrictions.

User Signature: _____ Date: _____

Name of User: _____

**Required for Parents**

As the parent or legal guardian of the minor student signing above, I grant permission for my son/daughter to access networked computer services such as electronic mail and the Internet. I understand that the rules and Acceptable Use Guidelines have been discussed with my child and that individuals and families may be held liable for not adhering to these guidelines.

Parent/Guardian Signature: _____ Date: _____

Street Address: _____Home Telephone#: _____

Return to:

Kate Garcia, School Guidance Counselor
Mt. Pleasant Blythedale UFSD
95 Bradhurst Avenue
Valhalla, New York 10595
(914) 347-1800 x81205
kgarcia@mpbschools.org

(J)

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**Formulario de Permiso de Padre y Responsabilidad del Estudiante**

**Ano Escolar 2022-2023**

**Estudiantes y Padres están requeridos a por favor Llenar y firmar esta forma y regresarla a la oficina de la escuela lo más pronto posible.**

**Gracias.**

**Requerimiento para Estudiantes**

Como estudiantes de Mt. Pleasant Blythedale, Yo estoy de acuerdo a seguir las reglas del manual para Estudiantes y comunicarlas en una manera responsible y en orden, mientras hono todas las leyes y restriciones que aplican.

_____ _____
Firma del Estudiante Fecha

_____
Nombre del Estudiante

**Requerimiento para Padres**

Como Padre/Guardian del Estudiante menor que firmo en las lineas anteriores, Yo le doy permiso a mi hijo/hija de usar los servicios de la computadora como por ejemplo , aceso a ver correos electronicos y aceso a la página de internet. Yo Comprendo que las reglas y regulaciones han sido presentadas a mi hijo/hija, por lo tanto, Yo y mi Familia estamos comprometidos a que mi hijo/hija siga y respete esas reglas.

_____ _____
Firma de padre/guardian Fecha

_____ _____
Direccion Numero de Telefono

Regresar a: Kate Garcia, School Guidance Counselor
Mt. Pleasant Blythedale UFSD
95 Bradhurst Avenue
Valhalla, New York 10595
(914)347-1800 x81205
kgarcia@mpbschools.org

(User Agreement)

(J)

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**MT. PLEASANT BLYTHEDALE UFSD**
**AND**
**BLYTHEDALE CHILDREN'S HOSPITAL**

**INTERNAL/EXTERNAL USE PHOTO/VIDEO RELEASE**

Dear Parent or Guardian:

During the course of your child's treatment at Blythedale Children's Hospital and while a student at the Mt. Pleasant Blythedale UFSD, opportunities may arise where recordings or films (photographic, video, electronic or audio) are made of particular events, services, programs, as well as of individual patients that will be heard or seen by the public (for example: television programming, newspaper articles, marketing materials). We would like your written consent to publish your child's recording or filming.

You have the right to stop the recording or filming at any time. You have the right to rescind consent of any filming or recording within a reasonable time before the recording or film is to be used.

I give permission for my child, _____, to be photographed/videotaped during their course of treatment by outside media. I consent to the release of these images for distribution to various media outlets.

_____ _____
Parent/Guardian Signature Date

If verbal permission is granted, witness sign below:

_____ _____
Witness Signature Date

Return to:

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## USO DE FOTOS INTERNOS Y EXTERNOS/CEDER PERMISO PARA TOMAR VIDEOS

Recordados padres o tutores:

Durante el tratamiento de su niño en el Hospital de Blythedale y mientras que el pertenesca a la escuela de Mt. Pleasant Blythedale Union Free School District hay veces tenemos ciertas oportunidades donde el uso de (cámaras, videos, electrónicos o audiovisual) son utilizados para ciertos eventos, servicios, programas o también los pacientes individualmente son vistos e oidos por el público (por medio de los programas de television, o articulos en periódicos). Cuando se presenta la oportunidad necesitamos su consentimiento para poder publicar o televisar a su niño. Si used esta de acuerdo, por favor firme la forma y lo conservaremos en nuestros archivos.

Usted tiene derecho de parar la filmacion por alguna razón. Usted tiene derecho de anular la filmacion con un tiempo razonable antes de comenzar a filmar.

Doy permiso que mi niño, _____, sea fotografiado o tomado con la camara video durante su tratamiento por personas de la Media de Comunicación. Doy permiso que las fotos o video sean repartidos a otras media de comunicación.

_____ _____

Firma del Padre of Tutor Fecha

Si la autorizacion es verbal, el testigo tiene que firmar debajo:

_____ _____

Firma del Testigo Fecha

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**RELEASE OF CONFIDENTIAL INFORMATION FROM/TO**
**MT. PLEASANT BLYTHEDALE U.F.S.D. COMMITTEE ON SPECIAL EDUCATION (CSE)**
**TO/FROM HOME CSE**

TO WHOM IT MAY CONCERN:

RE: _____ DOB:_____

I consent to release the following records/data, including the latest IEP, to/from the Mt. Pleasant Blythedale Union Free School District:

1. Medical
2. Psychological Screening/Assessment/Evaluation
3. Psychiatric/Neurological Examination
4. Educational (to include attendance and available report card data, transcript, school guidance oriented material, current teacher comments
5. Social History
6. Individualized Education Program (IEP), if applicable
7. Other Pertinent Data

The above information can be used by the CSE to evaluate the needs of my child to determine an appropriate program.

Please send requested information to the above address as soon as possible.

**Parent/Guardian Name:** _____

**Parent/Guardian Signature:** _____

**Date:** _____

Return this signed form to:

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Mt. Pleasant Blythedale U.F.S.D.
95 Bradhurst Avenue
Valhalla, New York 10595
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**PERMISO DE REVELAR INFORMACION CONFIDENCIAL**
**DE MT. PLEASANT BLYTHEDALE UFSD**
**AL COMITE DE LA EDUCACION ESPECIAL**

RE: _____

FECHA DE NACIMIENTO:_____

Yo doy el consentimiento para desprender los siguentes datos, incluso los ultimos IEP de Mt. Pleasant Blythedale Union Free School District:

Datos Medicos
Examenes Sicologicos/Evaluaciones
Examenes Siquiatricos/Neurologicos
Educacion (incluyendo asistencia y notas, materiales del consejero de la escuela, y comentarios del maestro/a)
Historia Social
Otras informaciones pertinentes

La informacion estara utilizada por el Comite de la Educacion Especial para evaluar las cosas necesarias para el nino para detrminar el programa apropriado.

Por favor devuelve este documento a las sensas ya mencionadas lo mas pronto posible.

**Firme del padre/madre o guardian legal:** _____

**Fecha:** _____

Devuelva el formulario firmado a:

Kate Garcia, School Guidance Counselor
Mt. Pleasant Blythedale U.F.S.D.
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Valhalla, New York 10595
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## COMMITTEE ON SPECIAL EDUCATION CONSENT FOR EVALUATION

I understand that my child has been referred to the Committee on Special Education for evaluation to determine if my child has a disability that may require special education services. I understand that I must give written consent to the district in order for my child to be evaluated.

I have received and understand the notice that my child has been referred to the Committee on Special Education for evaluation. I have also received access to the Procedural Safeguards Notice that is required by the Individuals with Disabilities Education Act (IDEA).

I hereby grant consent for evaluation by the Committee on Special Education regarding:

_____
Student Name

_____
Student Date of Birth

_____ _____
Parent/Guardian Signature Date

Return this signed form to:

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**Pedido Del Comision De La Educacion Especial Para Evaluar**

Re: _____ Fecha de Nacimiento:_____

Con este documento, doy mi permiso a la Comision de la Educacion Especial de Mt. Pleasant-Blythedale U.F.S.D. de hacer una evaluacion para determinar si una condicion de lisiado (si hay) de mi hijo existe.

Estas evaluaciones seran unos examenes psicologicos/academicos y tecnicos para determinar el cogniticio y los factores sociales y psicologicos que puedan contribuir al nivel de estudio y el potenical de mi nino.

_____

_____ Doy Permiso Para Que Mi Hijo Sea Evaluado Por El Comite De Educacion Especial

Padre/Madre o Guardian Legal: _____

Fecha: _____

_____

Devuelva el formulario firmado a:

Kate Garcia, School Guidance Counselor
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I

# *PARENT/STUDENT HANDBOOK*

This is to verify that I have received the Mt. Pleasant Blythedale U.F.S.D.'s Parent/Student Handbook.

I understand that my child, _____, is required to respect and honor all the policies listed in this handbook.

_____ _____
Parent/Guardian Signature Date

Return this signed form to:

Kate Garcia, School Guidance Counselor
Mt. Pleasant Blythedale U.F.S.D.
95 Bradhurst Avenue
Valhalla, New York 10595
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05/15 (H)

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# *Manual Para Padres/Estudiantes*

Esto es para verificar que yo he recibido El Manual De Padres/Estudiantes.

Yo entiendo que mi hijo/hija _____, Esta requerido a respetar y honorar todas las reglas y regulaciones incritas en este manual.

_____ _____
Firma de Padre/Guardian Fecha

Regrese esta forma Llena a:

Kate Garcia, School Guidance Counselor
Mt. Pleasant Blythedale U.F.S.D.
95 Bradhurst Avenue
Valhalla, New York 10595
(914)347-1800 x81205
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05/16 (H)

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**Consent to Release Information**

Student Name: _____

DOB: _____

I _____, give the Mt. Pleasant Blythedale Union Free School District/Blythedale Children's Hospital permission to share information regarding my child, _____. I understand that I may revoke this permission at any time.

_____
Signature (Parent or Guardian)

_____
Date

En relación con: _____

Fecha de Nacimiento: _____

Yo _____, doy permiso al Distrito de la Escuela de MT. Pleasant Blythedale/Blythedale Children's Hospital para compartir información hacerca de mi niño/niña, _____. Tambien entiendo que en cualquier momento puedo anular este permiso.
_____

_____
Firma (padre o tutor)

_____
Fecha

Return this signed form to:

Kate Garcia, School Guidance Counselor
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May 2016 (I)

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To Whom It May Concern:

Please arrange transportation for my child, _____,

DOB:_____, OSIS #_____, to the Mt. Pleasant Blythedale UFSD, School Code #75944.

Sincerely,

_____ _____
(Parent/Guardian Signature) (Date)

Please Print – Parent/Guardian Name: _____

Address: _____

Phone Number: _____

A Quien Le Pueda Interesar:

Por favor haga arreglos de transportación para mi hijo/a, _____Fecha de nacimiento_____,

número de OSIS_____, a la escuela Mt. Pleasant Blythedale UFSD Codigo #75944.

Sinceramente,

_____ _____
(Firma de Padre/guardián) (Fecha)

Por favor imprima – Nombre de padre/guardián: _____
Dirección:

_____

Numero de teléfono _____

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Return this signed form to:


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Mt. Pleasant Blythedale U.F.S.D.
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**Parental/Guardian Internet Consent Form**

We are sending you this parental consent form to both inform you and to request permission for your child's photo to be published on the district's web site or Facebook page.

**We want to celebrate your child and his/her work. The law requires that we ask for your permission.**

Pursuant to law, we will post only your child's image and will not release any other personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, residential addresses, e-mail address, phone numbers.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to Griselda Reyes, Principal of MPB. Rescission will take effect upon receipt by the school.

**Please check one of the following choices:**

_☐_ I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the school and/or district's public Internet site.

_☐_ I/We DO NOT GRANT permission for photo/image that includes this student to be published on the school and or district's public Internet site.

Student's Name: (please print) _____
Student's Grade: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

Date: _____

Return this signed form to:

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