

2023-2024 SPECIAL PERMISSION NOTICE****KCS D IS NOT CONSIDERING REQUESTS FOR SPECIAL PERMISSION TO ANY GRADE AT CHAMBERS ELEMENTARY SCHOOL DUE TO CURRENT ENROLLMENT PROJECTIONS**

The Kingston City School District (KCS D) is proud to partner with our parents in accommodating school special permission requests. We understand that many families need access to before and after school care in order to support their child's education.

Only first-time (new) school special permission requests are due on or before June 1, 2023, for the 2023-24 school year. All current school special permission approvals are no longer required to apply or renew a request every year.

The KCS D will proceed with planning and continuing all current 2022-23 special permission requests for the 2023-24 school year unless the parent/guardian notifies the KCS D in writing of their desire to return the student to their home school. If the KCS D is unable to continue to grant an approval for a continued special permission request, the KCS D will notify the parent/guardian in writing no later than July 15.

***ALL incoming Kindergarten students and ALL grade 5 students in 2023-24** seeking special permission must submit a *2023-24 Special Permission Request Form* no later than June 1. The special permission request form is available at the link listed below and is available in all district school's main offices.

General Special Permission Information and Procedures:

- Special permission is defined as permission for a student to attend a school in the Kingston City School District in an attendance zone outside of the student's residence.
- The approval or denial of all first-time (new) requests will be communicated in writing no later than August 1 by the office of the Superintendent for Teaching & Learning.
- **Special Permission approvals are not provided transportation by KCS D.** Special Permission students who are attending a childcare provider located in the school's boundary to/from the school may request to ride the bus route to and from the existing bus stops, based on seat availability. A *Special Permission Alternative Bus Stop Request* form is required to be completed and submitted for approval.
- **If a student on special permission shows a pattern of frequent absences, tardiness or inappropriate behavior, the principal of the school the child is attending may revoke the student's privilege to attend the school.** A decision by the principal will be made on a quarterly basis and the student will return to the school in the attendance area in which the student resides. The principal will communicate and inform the student and parent.
- If a student moves out of a school's attendance area but continues to reside in the district's boundaries during the school year, special permission may be requested to remain in the attending school by completing a *Request for Special Permission* form, subject to the approval of the principal. The school district will not provide transportation. Please contact your child's school principal with any questions.

2023-2024 *Special Permission Request Forms* are available at: <https://www.kingstoncityschools.org/domain/29>

We Inspire. We Educate. We Graduate.
*All Students, All of the Time*21 Wynkoop Place ♦ Kingston, NY 12401 ♦ 845.943.3000
www.kingstoncityschools.org**KINGSTON CITY SCHOOL DISTRICT****REQUEST FOR SPECIAL PERMISSION ~ 2023-2024 SCHOOL YEAR****To: Special Permission**
Kingston City School District
21 Wynkoop Place
Kingston, New York 12401

- Please PRINT all information
- Please INITIAL and SIGN

Phone: 845-943-3000, ext. 3007

School Requested: _____

School where I reside: _____

Residence address: _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

I understand: If this request is approved, it can also be revoked by the principal for reasons stated in the Special Permission Notice. *Please initial here* _____Permission for the transfer will only be honored if the requested school grade class size permits. *Please initial here* _____Transportation is the responsibility of the parents. *Please initial here* _____Reason for request of special permission to attend a school outside your attendance zone:

___ Daycare – forms enclosed must be completed*

___ Moved to another attendance zone in the district – **proof of residency must be attached**___ Other: *Please be specific* __________
Signature of Persons in Parental Relation Print Name: _____

Date: _____ Daytime Phone _____

ACTION OF THE SUPERINTENDENT (for office use)

___ APPROVED

___ DENIED

Superintendent's Signature: _____

Date: _____

DAY CARE INFORMATION(Return with *Request for Special Permission Form*)

Parent/Guardian Name: _____

Date: _____

School: _____

*To Whom It May Concern:*This is to certify that I _____ reside at
(print name)_____ and provide childcare in my home
(street address of your residence)

for the following student(s): (please indicate name and grade of each student):

Signed: _____
Signature of childcare provider*Any person who knowingly and with intent to defraud the Kingston School District or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.*

Please complete this form and return it at your earliest convenience to:

Kingston City School District
Attn: Special Permissions
21 Wynkoop Place
Kingston, New York 12401

We Inspire. We Educate. We Graduate.
*All Students, All of the Time*21 Wynkoop Place ♦ Kingston, NY 12401 ♦ 845.943.3000
www.kingstoncityschools.org**KINGSTON SCHOOL DISTRICT
SPECIAL PERMISSION ALTERNATIVE BUS STOP REQUEST
2023-2024 SCHOOL YEAR**

If you are requesting transportation to and/or from an alternative bus stop for daycare, please complete and return this form with the *Request for Special Permission form*. A bus stop request form must be completed for EACH child. A new form must be completed each school year (even if your child care arrangements have not changed).

School: _____ Date _____

Student's Name: _____ Grade _____

Home Address: _____

Home Phone Number: () _____

Emergency Number(s): () _____ () _____ () _____

Name and address of person responsible at alternative bus stop. NAME: _____
ADDRESS: _____

PHONE: () _____ CELL:() _____

My child's schedule will be as follows (please check one only)

- **Students that ride on a small bus must have the same pick up and drop off location.**
- **Pick up and drop off location must be within the students' school attendance zone.**

_____ Child will be picked up **FROM** daycare alternative bus stop_____ Child will be **DROPPED OFF** at daycare alternative bus stop_____ Child will be **PICKED UP** and **RETURNED TO** daycare alternative bus stop

I UNDERSTAND THAT THIS ARRANGEMENT IS FOR A FULL WEEK (5 DAYS, M-F), TO SCHOOL AND/OR FROM SCHOOL, FOR THE ENTIRE SCHOOL YEAR.

Persons in Parental Relation(print): _____ Date: _____

Persons in Parental Relation Signature: _____

School Approval

FAX to (845) 943-3215

(office use)