2020-2021 SPECIAL PERMISSION NOTICE

**KCSD IS NOT CONSIDERING REQUESTS FOR SPECIAL PERMISSION TO ANY GRADE AT CHAMBERS ELEMENTARY SCHOOL DUE TO CURRENT ENROLLMENT PROJECTIONS**

The Kingston City School District (KCSD) 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, 2020 for the 2020-21 school year. All current school special permission approvals are no longer required to apply or renew a request every year.*

The KCSD will proceed with planning and continuing all current 2019-20 special permission requests for the 2020-21 school year unless the parent/guardian notifies the KCSD in writing of their desire to return the student to their home school. If the KCSD is unable to continue to grant an approval for a continued special permission request, the KCSD will notify the parent/guardian in writing no later than July 15.

*ALL incoming Kindergarten students and ALL grade 5 students in 2020-21 seeking special permission must submit a 2020-21 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 Deputy Superintendent for Teaching & Learning.

- **Special Permission approvals are not provided transportation by KCSD.** 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 course of 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.

2020-2021 Special Permission Request Forms are available at: [http://www.kingstonschools.org/parents.cfm?subpage=813717](http://www.kingstonschools.org/parents.cfm?subpage=813717)
KINGSTON CITY SCHOOL DISTRICT
REQUEST FOR SPECIAL PERMISSION ~ 2020-2021 SCHOOL YEAR

To: John J. Voerg, Deputy Superintendent of Schools
Kingston City School District
21 Wynkoop Place
Kingston, New York 12401

Phone: 845-943-3000, ext. 3007; FAX: 845-943-3216

School Requested: ________________________________

School where I reside: ________________________________

Residence address: _______________________________________________________

Student Name ________________________ Grade ______
Student Name ________________________ Grade ______
Student Name ________________________ Grade ______
Student Name ________________________ Grade ______
Student Name ________________________ Grade ______

I understand: If this request is approved, it is only for the current school year.  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 __________________________________________________________

__________________________________________ Print Name: ________________________________

Signature of Parent/Legal Guardian 
Date: __________________________ Daytime Phone _____________________________

__________________________________________

ACTION OF THE SUPERINTENDENT (for office use)

___ APPROVED 

Deputy Superintendent’s Signature: ______________________________

Date: __________________________

Enclosures: Voluntary Student Transfer Regulations and/or School Admissions
(To be retained by parent/guardian)

*Day Care Information Letter (attachment) (To be completed by day care provider and returned with this form)

*Alternative Bus Stop Request (attachment) (To be completed by parent/guardian and returned with this form)

01/2020
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: John J. Voerg
21 Wynkoop Place
Kingston, New York 12401

01/2020
KINGSTON SCHOOL DISTRICT
SPECIAL PERMISSION ALTERNATIVE BUS STOP REQUEST
2020-2021 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.

Parent/Guardian Name (print): __________________________ Date: ________________

Parent/Guardian Signature: ________________________________

FAX to (845) 943-3215

School Approval (office use)

01/2020