2021-2022 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, 2021 for the 2021-22 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 2020-21 special permission requests for the 2021-22 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 2021-22* seeking special permission must submit a 2021-22 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.

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: _______________________________________

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<th>Student Name</th>
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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  ___ DENIED

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)
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

01/202
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 us 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