



Port Byron Central School District
30 Maple Ave.
Port Byron, NY 13140
www.pbcschools.org
Phone: 315-776-5728

Dear Parent/Guardian:

Welcome to Port Byron Central School District! In order to standardize the registration process, we ask that you provide the following information along with the attached registration paperwork.

PROOF OF RESIDENCY

You must submit evidence establishing your physical residence within the school district. Acceptable documents for this purpose are a copy of the following:

- **A signed lease**
- **A copy of your property deed**
- **A utility bill from the last 30 days**

The District may also require the parent(s) and/or person(s) in parental relation to the child to provide an affidavit either:

- **Indicating that they are the parent(s) with whom the child lawfully resides; or**
- **Indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control.**

The District will also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency.

PROOF OF AGE

The District will require documentation and/or information establishing your child's age. ***Please supply a certified transcript of a birth certificate or record of baptism*** (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. **Where such documentation is not available, a passport (including foreign passport) may be used.**

Where a birth certificate or passport is not available, the District may consider certain other evidence, which as been inexistence two years or more. Other evidence may include, but will not be limited to the following:

1. **Official driver's license**
2. **State or government issued identification**
3. **School photo id with date of birth**
4. **Hospital or health records**
5. **Military dependent id cards**
6. **Native American tribal documents**
7. **Records from international non-profit agencies and volunteer agencies**

EVIDENCE OF IMMUNIZATIONS AND PHYSICAL:

In accordance with New York State's Public Health Law, the District must also receive evidence that your child has been immunized in accordance the NYS Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance. These records will be necessary to ensure your child's continued attendance. Additionally, please provide us with records of any recent physical examination your student has received. NYS mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

If you have any questions with respect to the foregoing or in regards to the enclosed registration packet, please contact:

Janet Tamilio, Registrar
Port Byron CSD
District Office
30 Maple Ave.
Port Byron, NY 13140
(315) 776-5728 ext. 1305
jtamilio@pbcschools.org

Thank you.

RESIDENCY QUESTIONNAIRE

Name of School: PORT BYRON CENTRAL SCHOOL DISTRICT

Name of Student: _____

Address: _____

Grade Entering: _____ Gender: Male Female

Date of Birth: _____ / _____ / _____
Month Day Year

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

STUDENT INFORMATION

Student's name: _____

Nickname (if applicable): _____

Student address: _____

Mailing address: _____

Student home phone: _____

Student cell: _____

Date of birth: _____

Student e-mail: _____

Gender: Male _____ Female _____

Grade entering: _____

School District student is transferring from: _____

Name of previous school: _____

CUSTODY

Who does the child live with? .

_____ Both parents _____ Mother _____ Father _____ Guardian

Are there any custodial restrictions or an order of protection? Please explain and provide copies of any applicable court orders or arrangements.

SIBLINGS (living in the home)

Name _____ Grade: _____

Name _____ Grade: _____

Name _____ Grade: _____

PRIMARY PARENT/GUARDIAN INFORMATION AND EMERGENCY CONTACTS

CONTACT #1: _____
 Primary Secondary Emergency

Relationship: _____

Address: _____

Mailing Address: _____

Employer: _____

Custody: Yes No
Student lives with: Yes No
Can Pick Up: Yes No
Receives Mailings: Yes No

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Ext: _____

CONTACT #2: _____
 Primary Secondary Emergency

Relationship: _____

Address: _____

Mailing Address: _____

Employer: _____

Custody: Yes No
Student lives with: Yes No
Can Pick Up: Yes No
Receives Mailings: Yes No

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Ext: _____

CONTACT #3: _____
 Primary Secondary Emergency

Relationship: _____

Address: _____

Mailing Address: _____

Employer: _____

Custody: Yes No
Student lives with: Yes No
Can Pick Up: Yes No
Receives Mailings: Yes No

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Ext: _____

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School: PORT BYRON CENTRAL SCHOOL DISTRICT
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School District Identification Number: N/A	Date of Birth (Month/Day/Year)
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Student Name: (Last, First, Middle)	Grade Level:
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DIRECTIONS TO PARENT/GUARDIAN:

PLEASE ANSWER QUESTIONS 1 AND 2. PLEASE READ THEM BEFORE YOU RESPOND.
For question 2, check all groups that apply to your child; **check at least ONE box.**

<p>1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p>_____ YES, Hispanic</p> <p>_____ NO, not Hispanic</p>

<p>2. Select one or more races from the following five racial groups: (For question (2) check all groups that apply to your child; check at least ONE box)</p> <p>_____ AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America.</p> <p>_____ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>_____ BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.</p> <p>_____ WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>

Signature of Parent/Guardian/Other

Date

EARLY DISMISSAL RELEASE INFORMATION

STUDENT'S NAME: _____

Emergency Go Home Information:

In the event that my child has to be dismissed early from school, he/she has been advised to:

_____ Go directly to home/usual drop-off location on the bus

_____ Go to the following location:

Name: _____

Address: _____

Phone: _____ Bus No.: _____

**Adults allowed to Pick-up Student:
(With or without a note)**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Parent/Guardian Signature

Date

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the Port Byron Central School District as a legal resident.

I further understand that if my child is found not to be a legitimate resident of the Port Byron Central School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission.

I also realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

Parent/Guardian Signature

Date

NOTE: ALL DATA SUBMITTED VIA THE REGISTRATION PROCESS IS SUBJECT TO VERIFICATION BY THE DISTRICT.

**Port Byron Central School District
Committee on Special Education
Special Programs Office
30 Maple Avenue
Port Byron, NY 13140 ((315) 776-5728 ext. 1100)**

Medicaid Consent

Dear Parent/Guardian:

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services and to release information to the school district's/county's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____, have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The school district/county must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district/county to release the following records/information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (e.g. records or information about services your child receives, student demographic information):	
IEP	Medication Administration Report
Written Order/Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable Information
Session Notes	Any Other Specific Records Pertaining to the Student's Services or Program

Student's CIN, if known: _____

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____



**NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Students¹**

*Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other _____

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? yes no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? yes no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? yes no

16b. Can your child recognize letters or symbols in another language? yes no

If yes, in what language(s)?

17a. Does your child pretend to read? yes no unsure

If yes, in what language(s)?

17b. Does your child pretend to write? yes no unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? yes no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? yes no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

¹ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.

Student Health History

New Enrollment Annual Review

Student Name (Last, First) _____ Birthdate: _____ Grade: _____ Gender: _____

1. Does your student have a LIFE-THREATENING health condition? Yes No

Life-Threatening Conditions: (Care plan is REQUIRED)

EG Anaphylaxis (Epi-pen prescribed)
 Allergic to _____
 Date of last reaction _____

EK Diabetes Type 1

NP Seizures – Emergency medication required?
Type: _____
Date of last seizure _____

RD Asthma – Severe

OB Other Life-Threatening Condition: _____

If yes, state law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes, or seizures have a completed care plan along with any required medication prior to the first day of school. Fill out the life-threatening conditions section left AND contact the school nurse as soon as possible for additional forms.

2. Does your student have any known health concerns? Yes No Please initial: _____

MEDICAL HISTORY (check all that apply)

Congenital/Genetic
AH Down Syndrome
AJ Fetal Alcohol Spectrum Disorder
AG Other conditions, please describe: _____

Blood / Hematology
BA Anemia
BB Hemophilia
BC Sickle Cell Disease Trait
OJ History of Severe Nosebleeds
BD Other Blood Condition: _____

Cardiac / Heart
CC Heart Birth Defect
CD Heart Murmur
CG Other Cardiovascular Condition: _____

Allergy, Immune, Endocrine, Metabolic and Nutritional
ED Allergy – Food: _____
EE Allergy – Insect: _____
EB Allergy – Other List: _____
EL Diabetes Type 2
EO Other Endocrine, Immune, Nutritional or Metabolic: EQ/ER _____

Gastrointestinal, Dental and Oral
GA Celiac
GG Food Intolerance / Religious Preference List: _____
GL Lactose Intolerance
GF Encopresis
GO Chronic Constipation
GH Gastric Reflux
GJ Inflammatory Bowel Disease
GK Irritable Bowel Syndrome
GI/GN Other Gastrointestinal, Liver, Dental, Oral Condition: _____

Musculoskeletal
MC Juvenile Rheumatoid / Idiopathic Arthritis
ME Please list: _____

Cancer / Tumor
DA Please list: _____

Nervous System
NB ADHD / ADD diagnosed by: _____
NC Autism Spectrum Disorder
NE Cerebral Palsy
NF Developmental Disability
NH Migraines

NI Headaches, Recurring
NP Seizure Disorder Current History Type:
NU Traumatic Brain Injury
NO Other Neurological Condition: _____

Transplant
OD List organ: _____

Mental or Behavioral Health
PA Anxiety
PC Depression
PH Sleep Disorder
PJ Other Mental or Behavioral Health Condition: _____

Respiratory / Breathing
RG Asthma – Current
RH Asthma – Ever Diagnosed
RA Asthma – Exercised Induced, Last Used Meds _____
RE Reactive Airway Disease
 Hospitalization/ER visit, Date _____
RF Other Respiratory Condition: _____

Skin
SB Eczema or Contact Dermatitis or Psoriasis
SH Other Skin Condition: _____

Renal / Kidney
UH Please list: _____

Ear / Hearing
YA Chronic Ear Infections Currently Historically
YB Hearing Impaired Hearing Aid/s Cochlear Implant
YC Other Ear Condition: _____

Eye / Vision
YF Wears glasses / contacts
YG Color Vision Deficit
YD Visually Impaired
YE Other Eye Condition: _____

Other Health Concerns
DB Please list: _____

Student Health History New Enrollment Annual Review

Student Name (Last,First) _____ Birthdate: _____ Grade: _____ Gender: _____

MEDICATIONS

Please report all medications that your student takes at home and/or at school.

Is medication needed at home? No Yes Please list: _____

Is medication needed at school? No Yes Please list: _____
 Complete REQUIRED paperwork for medication at school.

State law requires written permission from guardian and a health care provider before any medication (prescription and over-the-counter) may be taken at school. Forms are available from your school office or on our district website and must be completed annually.

<p>Medical Devices / Equipment / Procedures Example: Gastrostomy tube, VP Shunt, Catheterization, Vagal Nerve Stimulator, or Other Please Describe: _____</p>	<p>Physical Activity or Mobility Issues / Assistive Equipment Example: wheelchair, braces, or Other Please Describe: _____</p>
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To help us better understand your child, please complete the following:

Health/Developmental History:
 Birth and Infancy: Birth Weight _____ Was pregnancy Full Term? Yes No Duration of pregnancy _____
 At what age was your child: Toilet trained? _____ Walking? _____ Talking? _____
 Hospitalizations? _____
 Serious Injuries? _____
 Specialist? _____
 What other information would be helpful for us to know regarding your child? Please share. _____

- I understand that the information I provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student.
- If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.
- I understand that Washington law requires that my student's immunizations are complete or conditional before starting school. I give permission to my child's school to add immunization information to the Immunization Information System to help the school maintain my child's school record.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Guardian phone/cell _____ Work _____

Emergency contact/relationship _____ Phone _____

Health Care Provider Name _____ Phone _____

For Office Use only: Complete Immunization Records
 Complete IIS # _____ IIS Copy Provided _____ Medically verifiable records provided _____ COE _____
 or Conditional status _____ Parent signed acknowledgment _____
 or Out of compliance _____



IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____) - ____ - ____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

SchoolTool Parent Portal Accessing Guide

Preparation

When first logging in, a parent (in this case) will need three things:

1. An email address.

Your current email address may be used to access SchoolTool. For this to happen, simply make sure to provide the school with this, and confirm that they have allowed your email address to be used when logging into to SchoolTool.

2. The SchoolTool web site address.

You can access the SchoolTool web site directly using the below address,

<https://portbyron.schooltool.cnyric.org/SchoolToolWeb/>

Or simply go to the Port Byron school website and click on the SchoolTool button under the quick links on the right-hand side of the page.



3. Access to your own email.

You will receive your first SchoolTool password through your email. It will be necessary to make sure you have access to your email for any passwords resets as well.

NOTE

Instruction on accessing your SchoolTool account is included with the initial account creation email. Remember to check the Junk/SPAM folder within your email if you think that you have an account but have not received any email notice from SchoolTool. You can always contact Guidance or the Registrar Office to verify the school has the correct email address listed for you. You can also email schooltool@pbcschools.org if additional assistance is needed.

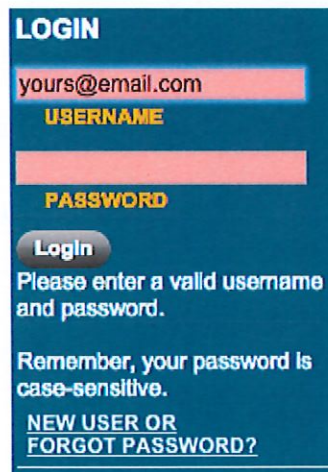
Logging In & Obtaining a New Password

1. Use your web browser (Internet Explorer, for instance) to access the internet and go to the SchoolTool web site (from step 2, above).
2. Where it says **USERNAME**, type in your full email address. Enter the password you were given or leave this field blank if you do not remember your password.



A screenshot of a login form titled "LOGIN" on a dark blue background. It features two input fields: the first is labeled "USERNAME" and contains the text "yours@email.com"; the second is labeled "PASSWORD" and is empty. Below the fields is a "Login" button.

3. Click on the **Login** button.
4. If the password you entered is incorrect (or if you left it blank), the words "New User or Forgot Password" will appear on the screen. Click once on those words to proceed with resetting your password if needed.



A screenshot of the login form after an incorrect password attempt. The "USERNAME" field contains "yours@email.com" and the "PASSWORD" field is empty. Below the "Login" button, an error message reads: "Please enter a valid username and password." Below the error message, it says "Remember, your password is case-sensitive." At the bottom, there is a link that says "NEW USER OR FORGOT PASSWORD?".

5. You will be prompted again to enter your username. Fill in the box, again, with your email address, and click the **Submit** button.

Enter your Username to receive your password by email.



A form for requesting a new password. It has a label "Username:" followed by an input field containing "yours@email.com". Below the input field is a "Submit" button.

6. Retrieve your new password from email. Look for an email message from SchoolTool.



Our school is using ParentSquare!



ParentSquare™

Dear Parents & Guardians,

We are excited to let you know that this year we'll be using ParentSquare to communicate with you at the school, and in your classrooms and groups.

ParentSquare provides a simple and safe way for everyone at school to connect.

With ParentSquare you'll be able to:

- Receive all district, school and classroom communication via email, text, or app
- View the school and classroom calendar and RSVP for events
- Easily sign up to volunteer and/or bring items
- Securely receive report cards, IEPs and other important student documents

Activate your Account

You will soon receive an invitation email or text to join ParentSquare. Please click the link to activate your account. It takes less than a minute.

You can use ParentSquare on any device. You can download the free mobile app for iOS or Android or use the desktop version at www.parentsquare.com.

Our goal is for every family to join ParentSquare and engage with our school community. Please feel free to email pbtech@pbcschools.org if you have any questions.

Thank you so much!



@portbyroncsd



@PortByronCSD

#GOPANTHERS



Our school is using ParentSquare!



ParentSquare™

ParentSquare Setup for Parents & Guardians

1 ACTIVATE YOUR ACCOUNT

Click the link in your activation email/text, or sign up on parentsquare.com or via the ParentSquare app.

2 DOWNLOAD APP

It's easy to stay in the loop with the ParentSquare app. Download it now for iOS or Android devices.

3 SET PREFERENCES

Click your name in the top right to set your notification and language preferences.

4 GET PHOTOS & FILES

Click 'Photos & Files' in sidebar to access pictures, forms, and documents that have been shared with you.

5 APPRECIATE POSTS

Click 'Appreciate' in your email/app or website to thank a teacher or staff member for a post.

6 COMMENT OR REPLY

Click 'Comment' in app or website to privately ask a question about the post that your teacher or school sent.

7 PARTICIPATE

Click 'Sign Ups & RSVPs' in the sidebar to see available opportunities. Click bell on top to check your commitments.

8 JOIN A GROUP

Click 'Groups' in the sidebar to join a group or committee at your school to participate or to stay up-to-date.

9 FIND PEOPLE

Click 'Directory' in the sidebar to find contact information for school staff.

10 GET IN TOUCH

Click 'Messages' in the sidebar to privately get in touch with staff and teachers.



@portbyroncsd



@PortByronCSD

#GoPANTHERS