

BARKER CENTRAL SCHOOL

1628 QUAKER ROAD, BARKER, NEW YORK 14012-0328

Student Registration Instructions

Student registrations will occur during the following hours, and by appointment only:

Monday thru Friday, 9:00am to 3:00pm

at the Pratt Elementary Offices, located on Haight Road.

To register a student in the Barker Central School District, please contact Ms. Rachel Anderson at 716-795-3237 to receive a registration packet and more information on the process. The packet is also available for download at this link:

www.barkerksd.net/studentregistration

Once the packet is complete, please call Ms. Anderson at 716-795-3237 to set up an appointment to bring the paperwork and all necessary supporting documents in to begin the registration process.

Parents must complete the Student Registration Packet to begin this process.

The following information is required to enroll your child:

- Proof of Age
- Proof of Residency (2 forms, see below for examples)
- A current copy of immunizations
- A copy of the child's health examinations performed by a Licensed NYS provider within one calendar year.

Two proofs of residency are required. Examples of acceptable proof of residency include:

- Current Utility Bill (gas, electric, water, phone)
- House Deed, Lease Agreement, Rental Statement
- Automobile Insurance/Registration
- Driver's license - This is required, but can also be used as proof of residency if the address is correct, and not a PO Box.

Student Registration Packet forms:

1. Student Registration Form (Front & Back)
2. Emergency Information Card (Front & Back)
3. Records Release Form, with full address & phone number of previous school attended
4. Home Language Questionnaire (Front & Back)
5. Technology Agreement
6. Health Form
7. Free & Reduced Meal Application



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Student Registration

Pre-K - 12th Grade

Contact: Rachel Anderson **Email:** randerson@barkercsd.net **Phone:** 716-795-3237 **Fax:** 716-795-9330

DOCUMENTS REQUIRED TO REGISTER YOUR CHILD:

- 1. **Birth Certificate** (Please bring original birth certificate, we will make a copy)
- 2. **Guardian Driver's License** (can be used as residency proof if address is printed correctly and no PO BOX)
- 3. **2 Forms of Residency**
 - Current utility bill (electric, gas, water, phone)
 - House deed
 - Current rental/lease agreement
 - Tax bill
 - Automobile insurance or registration
 - Government issued mailings (child support, court, taxes)
- 4. **Immunization Record & Current Physical** (these may be faxed to 716-795-9330 from a physician's office.)
- 5. **Residential Custody/Guardianship Papers** (if applicable)
- 6. **Most recent report card or transcript**
- 7. **Grades to date, if entering during the school year**
- 8. **Sports information** (if your child has played a sport in their previous school, and is interested in playing at Barker)

FORMS TO BE COMPLETED:

- 1. Student Registration Form (Front & Back)
- 2. Emergency Information Card (Front & Back)
- 3. Records Release Form, with full address & phone number of previous school attended
- 4. Home Language Questionnaire (Front & Back)
- 5. Technology Agreement
- 6. Health Form
- 7. Free & Reduced Meal Application

Note: When there are unusual circumstances, such as a child living with a non-parent or noncustodial parent, you may be asked to fill out additional forms to be notarized and brought in at time of registration.

**ALL MATERIALS WILL BE SUBMITTED TO THE PRINCIPAL FOR APPROVAL BEFORE
REGISTRATION IS COMPLETE.**

Principal: _____ **Date:** _____ **Start Date:** _____



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STUDENT INFORMATION FORM

Please *PRINT* all information and complete *ALL* sides of this form.

Student's Full Name on Birth Certificate: _____

Student's Gender on Birth Certificate: Male Female DOB: _____ Age: _____

Student's Preferred Name: _____ Grade: _____

Student's Gender Identity: _____ Student's Preferred Pronouns: _____

1st Language: _____ 2nd Language: _____

Student's COUNTRY of birth: _____

Is the student an immigrant? No Yes If yes, what date did they enter the US? _____

Self Reported: Select 1: Yes, Hispanic No, not Hispanic

Select: Caucasian/White American Indian/Alaskan Native Asian

African American/Black Native Hawaiian/other Pacific Islander

School History for Student

Name of last school attended: _____

Address of school: _____
Street City State Zip

Phone Number: _____

Has the student ever repeated a grade: No Yes If yes, what grade? _____

Has the student been suspended within the last 6 months? No Yes Currently suspended

What year did the student enter 9th Grade? _____

Has the student ever attended Barker Central Schools? No Yes Date left: _____

Has the student been classified by the Committee on Special Education (has an IEP)? No Yes

Is the student currently receiving any special education services? No Yes

Please check any special program that they have been assigned:

- 504 Accommodation Plan
- IEP
- Resource Room
- AIS/RTI Services
- Consultant Teacher Services
- Special Class (Self-Contained)
- Counseling
- Bilingual Education/English as a New Language
- Speech Therapy
- Occupational Therapy
- Physical Therapy

Do you have other children currently attending Barker Central School? No Yes

Siblings from Birth to age 21 LIVING WITH THIS STUDENT

Name	Date of Birth	Grade



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STUDENT INFORMATION FORM (continued)

Student's Full LEGAL Name: _____

Parent/Guardian Information that RESIDES in Household with Child:

Contact #1's Full Name: _____

Gender Identity: _____ Preferred Pronouns: _____

Marital Status: Single Married Separated Divorced

Relationship to Student: Mother Father Step-Parent Guardian/Other

Phone Numbers: Cell Phone _____ Land Line _____

Work: _____ Email Address: _____

First Language: _____ Second Language: _____

Contact #2's Full Name: _____

Gender Identity: _____ Preferred Pronouns: _____

Marital Status: Single Married Separated Divorced

Relationship to Student: Mother Father Step-Parent Guardian/Other

Phone Numbers: Cell Phone _____ Land Line _____

Work: _____ Email Address: _____

First Language: _____ Second Language: _____

Emergency Contacts, other than listed above, who can be called in the event that the parent/guardian cannot be reached or is unavailable, and the student needs to be picked up from school.

Name	Relationship to Student	Phone Number

Parent/Guardian Signature _____ Date: _____



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HOUSING QUESTIONNAIRE

Name of School: _____ **Barker Pratt Elementary** _____ **Barker JR/SR High School**

Legal Name of Student: _____
Last First Middle

Student's Preferred Name: _____

Gender Identity: _____ Preferred Pronouns: _____

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

Street Address: _____ City/State/Zip _____

Mailing Address: _____ City/State/Zip _____
(if different from Street Address)

Phone Number: _____ Work Phone: _____

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 do not 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 box.)

- 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 arrangements (Please describe): _____

- In Permanent Housing

Print Name of Parent, Guardian or Student (for Unaccompanied homeless youth)



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PROOF OF RESIDENCY

Legal Name of Student: _____ **DOB:** _____

Student's Preferred Name: _____

**Proof of Residency for each family registering students is required by the Barker CSD.
Please check the box that represents your residency status and provide proofs listed below.**

Please provide **ONE** item from Category 1 and **ONE** item from Category 2.

NOTE: Each item **MUST** list the **RESIDENTIAL** address on it, not a **PO BOX**.

Category 1:

- **HOMEOWNER**
 - Mortgage Statement
 - Warranty Deed
 - School or Property Tax Bill
 - Home Insurance Policy
- **RENTER**
 - Lease Agreement
 - Notarized Statement from Landlord
 - Other notarized statement by at third party that establishes your physical presence in the District (Affidavit)
- **SHARED RESIDENCY**
 - Sharing a single family residence or apartment with another family.
(The Shared Residency Affidavit will be provided to you if it is determined that housing is not due to loss of residency because of hardship.)

Category 2:

- Pay Stub
- Utility Bills:
 - Gas/Electric
 - Water
 - Cable
 - Landline Telephone
- Income Tax Form
- Voter Registration Document
- Official State Issued Driver's License, Learner's Permit, or Non-Driver Identification
- Documents issued by Federal, State or Local Agencies, ie: Local Service Agency, Federal Office of Refugee Resettlement



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize _____
Parent/Guardian Previous School

to release the following information regarding _____
Last First Middle

whose date of birth is _____ and is in grade _____,
(Month/Day/Year)

to Barker Central School District, on this day _____.

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Latest Report Cards/5 Week Reports |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Key to Grading |
| <input type="checkbox"/> Health Record/Immunizations
(Including Current Physical) | <input type="checkbox"/> Graduation Requirements |
| <input type="checkbox"/> CSE Records | <input type="checkbox"/> Science Labs (if applicable) |
| <input type="checkbox"/> 504 Records | <input type="checkbox"/> Discipline |
| | <input type="checkbox"/> Test Records |
| | <input type="checkbox"/> Sports Information (if applicable) |

(Parent/Guardian Name Printed)

(Parent/Guardian Signature)

(School Representative)

Grades Pre-K through 6th
Attn: Rachel Anderson
randerson@barkerccd.net
Fax: 716-795-9330

Grades 7th through 12th
Attn: Kelly Schnars
kschnars@barkerccd.net
Fax: 716-795-9665

All Special Education Records
Attn: Sherrie Wozniak
swozniak@barkerccd.net
Fax: 716-795-3283

Parental permission is no longer required when records are requested by authorized school personnel.
(Family Educational Rights & Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Volume 41, No. 118, page 24673)



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NOTICE AND RECORDS REQUEST AUTHORIZATION

NOTICE

Please be advised that the provision of false information on this registration form could result in a perjury prosecution. In addition, the district reserves the rights to recover from parents, legal guardians or other responsible parties the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or false pretenses. This includes costs for students receiving special education services, which are considerably higher and vary depending upon the specific program(s).

CERTIFICATION

I, _____, the parent/guardian of:

_____ / _____ (Student's Legal Name/Preferred Name)

Declare under penalty of perjury that the above named student resides at the address shown on the document indicated above and attached student information form. I will notify the school within two weeks of residency changes and agree to provide a new residency proof and update signed statements at that time. Non-compliance may jeopardize continued enrollment.

FALSIFICATION OF ANY INFORMATION OR DOCUMENT REQUIRED FOR RESIDENCY VERIFICATION OR THE USE OF THE ADDRESS OF ANOTHER PERSON WITHOUT ACTUALLY RESIDING THERE MAY RESULT IN REVOCATION OF STUDENT ENROLLMENT AND POSSIBLE LEGAL ACTION FOR PERJURY.

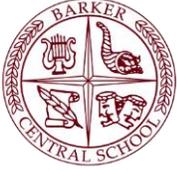
AUTHORIZATION

I authorize the request of student records from the previous school and give permission to the Barker Central School District to verify telephone numbers and addresses. I understand that if the District believes that the information on this form is no longer accurate, or that the child being registered no longer lives at the address provided by myself, the Barker Central School District has the right under New York State Law to investigate and to withdraw that child from the Barker Central School District.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____



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CUSTODY DISCLOSURE FORM

When registering your child for school in the Barker Central School District, you will be required to provide, if applicable, your most recent Custody paperwork provided by NYS Family Court or other Court system.

Please check the current custody/guardianship arrangement:

1. Parents/Guardians are together, residing at the same residence.
2. Single parent (Father and Mother ARE listed on the birth certificate.)
3. Single parent (ie: Father IS NOT listed on the birth certificate.)
4. Parents/Guardians are divorced/separated - Joint Custody
5. Parents/Guardians are divorced/separated - Sole Custody
6. Parents have never been married and have no legal custody papers
7. Custody/Guardianship is transferred by courts
8. Student is emancipated - Legal documentation **MUST** be provided

Please check all that apply:

I have disclosed my current custody/guardianship arrangements

I have attached a copy of those pages of the legal current custody agreements/court documents that describe custody.

I understand that it is my responsibility to update my child's school records of changes in custody.

Student's Legal Name:

Last	First	Middle	Date of Birth
------	-------	--------	---------------

Printed Parent/Guardian Name: _____

Sign Here: _____

Parent/Guardian Signature

Date



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Student Health History Update

Name: _____ DOB: _____ Age: _____

Gender: Male Female Non-binary

Parent/Guardian: _____ Best Phone #: _____

Has your child ever:	NO	YES	If Yes, please explain:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring Emergency Room Visit	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion or seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cochlear implant <input type="checkbox"/> Hearing Aid
Had Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Food <input type="checkbox"/> Environmental <input type="checkbox"/> Medication <input type="checkbox"/> Insect <input type="checkbox"/> Other
Have any family members under the age of 50 ever:	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS) | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Asthma/Trouble breathing | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Single Organ (kidney/testicle) |
| <input type="checkbox"/> Autism/Asperger | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Dental Injuries | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Speech Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Urinary Condition |
| <input type="checkbox"/> Ear Infections | (depression, eating disorder, anxiety, OCD, ODD, etc.) | |

Continued on back



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Current Medications	Please list name, dose & time(s):		

***** BCS Needs Authorization to Dispense Medication. Regulations outlined in the Nurse Practice and State Education Law restricts the dispensation of medicine, even Tylenol, to students. If parents submit a written request to school authorities, accompanied by written authorization from a physician, then medicine can be given. The physician's note must indicate the frequency and dosage of the medication, and the nurse must have both parental and doctor authorization before the medication can be dispensed. In addition, the medicine must be delivered to the school nurse by the parent, not the child. Do not allow your child to bring medication on school grounds, including on the school bus. The temptation to "share" a single dose can be very dangerous.*****

Assistive Equipment	Please check all that apply:		
<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Other
Treatments:	<input type="checkbox"/> Insulin/Blood Glucose Monitoring	<input type="checkbox"/> Inhaler/Nebulizer/ Peak Flow Monitoring	<input type="checkbox"/> Special Diet

Is there any condition that would prevent your child from participating in physical education or sports?

No Yes: _____

Please list any additional information or concerns: _____

Parent/Guardian Signature: _____ Date: _____



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Office 365 Pro Plus - Student Advantage Parent Information

What is Office 365 Pro Plus and why does my child have this?

Office 365 ProPlus is an online software program that provides students with access to Microsoft Office Applications for their personal use in the public cloud.

The full version of Microsoft Office on the PC and Mac are available for of/line use.

This is offered to students at no additional charge because the Barker Central School District pays for faculty and staff licenses through the Microsoft EES program.

Office ProPlus includes:

- Office 365 ProPlus for PC(Office 2013 base applications)
- Office 365 ProPlus for Mac (Office 2011 for Mac base applications)
- Office for /Pad

Each student receives a license that allows them to run Microsoft Office on up to 5 machines: PC, Mac, mobile devices and tablets.

What applications come with Office ProPlus for PC (2013)?

Word, Excel, PowerPoint, OneNote, Access, Publisher, Outlook, Lyne, InfoPath

What applications come with Office ProPlus for Mac (2011)?

Word, Excel, PowerPoint, Outlook

How does my child access Office 365?

The account is tied to a valid Office365 login for students and is required to enable any of the Office ProP/us features. The district will set up this login with parental permission.

How long can my child access this?

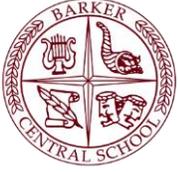
They have access until they graduate or stop attending the school district.

How will my child understand how to use Office 365 ProPlus?

They may use this in class or at home. They will be provided the login information.

What if something goes wrong while they are using Office 365 ProPlus?

They can access the Microsoft help info, contact a teacher or the Barker Central School Technology Department.



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Office 365 ProPlus Student Advantage, Google Education & Schoology Account Creation Agreement

The Barker Central School District may provide Office 365 ProPlus and Google Education accounts to all students in grades Pre-K through 12. Students will be able to utilize the accounts while in school or on another device that has Internet connection. They will also be able to use some of the tools offline. Please see information provided in the Parent Information Document.

As a school district, which operates under the Family Educational Rights and Privacy Act (FERPA) we are responsible for obtaining parental consent for the students' use of an Online Service for any student under 18 years of age.

Please indicate that you give permission for your child to have access to Office 365 ProPlus Student Advantage, Google Education & Schoology through the creation of accounts.

_____ Yes, I give permission for Barker Central School to create accounts for my child.

_____ No, I do not give permission for Barker Central School to create accounts for my child.

Please sign below to indicate that you have read and agree to the terms and conditions of this form. Return this form with your registration packet.

Print Student Name: _____ **ID#** _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Date: _____

Teacher: _____

Grade: _____



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HEALTH AND EMERGENCY INFORMATION CARD

Student Name: _____ Birthdate: ____/____/____

Students Gender Identity: Male Female Non-binary Other: _____

Address: _____ Bus #: AM ____ PM ____

Student resides with: Mother Father Other: _____

**** LEGAL VERIFICATION OF GUARDIANSHIP IS NECESSARY IF OTHER THAN PARENT.
CUSTODY PAPERS ARE REQUIRED TO BE UPDATED EVERY YEAR****

ADULTS IN RESIDING IN HOUSEHOLD

Full Name: _____ Full Name: _____

Relationship to Student: _____ Relationship to Student: _____

Email: _____ Email: _____

Phone: (H) _____ (C) _____ Phone: (H) _____ (C) _____

Employer: _____ Employer: _____

Employer Phone #: _____ Employer Phone #: _____

IN CASE OF EMERGENCY

Please provide **TWO** names of people to contact in case of an emergency. These contacts will assume responsibility/transportation in absence of parent/guardian. This is very important and should be kept up to date.

1. Name: _____ Phone #: _____

Relationship to student: _____ Address: _____

2. Name: _____ Phone #: _____

Relationship to student: _____ Address: _____



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HEALTH INFORMATION

Physician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Diagnosed Medical Conditions: _____

Allergies: _____

****Please include reaction and if an EpiPen is needed****

Medications: _____

****Please include inhalers/antidepressants/cardiac/behavioral medications/EpiPens, etc.****

Does your child wear glasses or contact lenses, have a hearing aid or hearing loss? Yes No

If yes, please specify: _____

Are there any family circumstances which might have an impact on your child's school performance?

No Yes: _____

**** This information is kept in your child's confidential medical file and is shared only with appropriate members of the teaching team. You are invited to make an appointment with the School Nurse to discuss any sensitive information if you prefer.****

CONSENT FOR EMERGENCY TREATMENT

In case of serious illness or the accident injury of my child, I request school personnel to contact me.

If the school is unable to reach me or the emergency persons listed, I hereby authorize officials of the **Barker Central School District** to make any arrangements deemed necessary for the emergency care of my child.

You must have a written physician's order for your child to take medication at school. This includes prescription medication such as inhalers, EpiPens, and over the counter medication including, but not limited to, cough drops, triple antibiotic ointment, hydrocortisone, cough syrup, Anbesol/Orajel, antifungal cream, topical analgesics, acetaminophen, and ibuprofen.

The school nurse will **NOT** dispense any medication without a written MD order and written parental consent.

Mother's (Female Legal Guardian's) signature

Date

Father's (Male Legal Guardian's) signature

Date

****STUDENTS ENTERING PRE-K, K, 1st, 3rd, 5th, 7th, 9th, and 10th GRADE MUST HAVE AN UPDATED PHYSICAL AND IMMUNIZATION RECORD AT THE START OF THE SCHOOL YEAR. CERTAIN IMMUNIZATION BOOSTERS ARE REQUIRED FOR K AND 6th GRADERS.****

CONSENT TO SHARE INFORMATION

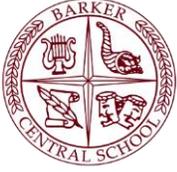
I give permission to the school nurse/designee to share information relevant to my child's condition with appropriate personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

Mother's (Female Legal Guardian's) signature

Date

Father's (Male Legal Guardian's) signature

Date



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Pratt Elementary uses PickUp Patrol for all Bus Changes, Early dismissals, Pickup Changes & After School Activities.

You will receive a welcome email from PickUp Patrol to the email address you have provided.

Please set up an account by following the links provided in the email.

All changes must be made by 1:00pm. Changes can be made in advance, and if a change is “permanent” for each day, you can update your child’s “default” plan to reflect these changes.

If you have any questions, please contact Rachel Anderson at 716-795-3237 or email her at randerson@barkerbsd.net. Thank you for your continued support of Pratt Elementary!

www.pickuppatrol.net



Email

Password



Remember me

LOGIN

[FORGOT PASSWORD](#)

[? LOGIN HELP](#)