

ConnectED NY Parent / Caregiver Application

The ConnectED NY program is providing hotspots and data plans to students with unreliable internet service at home.

- A mobile hotspot provides a secure internet connection for other devices.
- Through AT&T, households will be offered unlimited data through June 2022. *Internet service may be slowed each month after exceeding a high data usage threshold (50 GB).*
- No payments or financial information required.
- Mobile hotspots will be mailed to student/caregiver homes in May 2021. Or, option to pick-up at a school district location if needed.

Please complete this form and submit to **Poughkeepsie Middle School, Poughkeepsie City School District, by May 5, 2021.** A separate application must be completed for EACH student that is requesting a hotspot.

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|--|--|
| Parent / Caregiver Name: | |
| Parent / Caregiver Phone Number: | |
| Parent / Caregiver Email Address: | |

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|--|--|---------------|--|------------------|--|
| <p>Primary Service Address: This is the address where the student will primarily be using the device.</p> | | | | | |
| Street Address: | | | | | |
| Street Address (Line 2): | | | | | |
| City: | | State: | | Zip Code: | |

Shipping Address: This is the address where the device will be shipped. Please select an option below:

- Please ship to the primary service address identified above.
- I would prefer to pick up the device from a district location.
- Please ship to an alternate residential address (complete information below)

| | | | | | |
|---------------------------------|--|---------------|--|------------------|--|
| Street Address: | | | | | |
| Street Address (Line 2): | | | | | |
| City: | | State: | | Zip Code: | |

Please confirm the following (all must be checked in order for application to be considered eligible):

- As the parent / caregiver of _____ (student), I would like to enroll my student in the ConnectED NY program through which my student will receive a wireless device and service at no charge in order to facilitate distance learning.
- As the parent / caregiver, I confirm that my student does not have an existing internet connection, or the existing connection is too slow to accommodate at-home learning.

- As the parent / caregiver, if approved, I accept that my student will receive a wireless device and data at no charge in order to facilitate distance learning. The wireless device is intended for students' use alone, solely for purposes of the program, and it cannot be sold or transferred to any other person or entity. The internet service provider will provide data service solely to facilitate your participation in distance learning; if data use is excessive usage other than in connection with student's education, the service may be limited, slowed or terminated without notice. On June 30, 2022, wireless service to the device will be discontinued.

AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records unless authorized by the parent or guardian (or the student if age 18 or over). By signing this form, you agree that the school district may provide the information as indicated below.

Name of Student _____

Date of Birth _____/_____/_____
 MM DD YY

I, the undersigned, authorize _____ School District to release the following educational records and/or any information contained therein:

- Student Name**
- Student Home Address or Primary Residence**
- Device Shipping Address (if different from Primary Residence)**
- Parent/Guardian (or Student, where applicable) Contact Phone**
- Parent/Guardian (or Student, where applicable) Contact Email**

Additional Information: _____

To:

AT&T, 1762 Central Ave., Albany, NY 12205.
Person / Agency / Address

Digital Promise, 1001 Connecticut Ave NW #935, Washington, DC 20036, (202) 450-3675
Person / Agency / Address

For the following purpose(s):

- Facilitation of internet connectivity in connection with the ConnectED NY program.**

Parent/Guardian's Signature (or student if age 18 or over)

Date

PLEASE RETURN COMPLETED FORM TO: Your Building Principal

Mrs. Nadine Elting-Dargan