



September 2019

Dear Students and Families,

We are so excited to be starting the 2019-2020 school year! In this packet, you will find all of the necessary forms to begin the school year. Please review and return the completed packet.

**Please read through and complete the attached information and sign all attached forms as needed.**

- Student Contact Information - fill out
- Brooklyn Collaborative Photo Consent Form - **signature required**
- Photo Consent Form for NYC Outward Bound Schools - **signature required**
- Consent, Authorization, and Release Form for College March-Capital One - **signature required**
- Electronics Policy - **signature required**
- Anti-Plagiarism Policy - **signature required**
- Eating Lunch Outside the Building Policy - **signature required**
- Condom Distribution Opt-Out - **signature required**

### Student Fees

We are an EL Education School, part of the NYC Outward Bound network of schools. We support extensive field work to supplement learning time in the classroom. With the support of our families, we are able to enrich the instructional opportunities for our students. We ask for a student fee of \$40 per student. The student fee of \$40 supports the school in purchasing classroom materials beyond what the Department of Education provides. This contribution helps the school purchase paper, classroom sets of books, subsidize field trips, purchase stamps for mailing progress reports, purchase school supplies for individual classrooms and science labs, support specific units of study, and make student IDs.

Given our very tight budget constraints this year, please consider the following additional donation areas. Please make checks or money orders payable to BCS. Please put cash in a sealed envelope and deliver to 410.

- I want to donate \$\_\_\_\_\_ to BCS for their general school fund to support school programming.
- In addition to my child's \$40.00, I want to donate an additional \$40 to support a student who is eligible for free lunch.
- I would like to donate by credit card. Please go to our website [www.bcs448.org](http://www.bcs448.org) and click on the link there. It is also copied here: <https://www.bcspta.org/donate>
- I would like to donate items. Please bring items to 410. These are items that are frequently needed by all staff/classrooms:
  - Reams of Copy Paper
  - Reams of Looseleaf Paper
  - Boxes of Tissues
  - Rolls of Paper Towels
  - Containers of Antibacterial Gel
- I would like to donate my time or services. Please contact Assistant Principal Imani Matthews at [imani@bcs448.org](mailto:imani@bcs448.org) or 718-923-4700 x5161 to discuss opportunities.



- PTA communication:** I would like my contact information to be shared with the PTA so I can be notified of important family communications and events. \_\_\_ Yes \_\_\_ No

## Additional Information

Please bookmark our school website [www.bcs448.org](http://www.bcs448.org). There you will find the school supply lists for the year, a calendar of school events, as well as updates about what's happening in the classrooms at BCS.

Throughout the year, much of the communication to families is done through e-mail. If you are not on the BCS families list serve to receive our weekly family updates, please e-mail [scill@bcs448.org](mailto:scill@bcs448.org) with your child's name and grade, and we will add you. If you already receive emails from us, you are already on our list serve and you do not need to re-send your information.

Please note the following two events on your calendar - we expect 100% parent participation at these important fall events, and we look forward to seeing you there!

- Thursday, September 26 at 5:30 pm: BCS Curriculum Night (Auditorium and Classrooms)
- Thursday, November 21 evening or Friday, November 22 afternoon: Student Led Conferences

Any questions? Please reach out to Parent Coordinator Tracey at 347-563-5337 or [tracey@bcs448.org](mailto:tracey@bcs448.org) or Assistant Principal Imani Matthews at 718-923-4700x5161 or [imani@bcs448.org](mailto:imani@bcs448.org).

We look forward to a successful school year with you!

Scill and Imani





# BROOKLYN COLLABORATIVE

A NYC Outward Bound School

Student Name: \_\_\_\_\_

List below names of three persons who may be called in case of emergency or if child is sick in school. Child will be released only to persons named on this card.

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there is a person who may NOT HAVE ACCESS to child, please indicate:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Order of Protection Exists? Yes/No Is Order of Protection on file with school? Yes/No

### HEALTH INFORMATION:

Name of Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health Alert:

Does child have any health condition that may affect participation in physical activities? Yes/No

Limitations: \_\_\_\_\_ (e.g. stair climbing, participation in PE)

Allergies: \_\_\_\_\_

My child has (X any that apply): Private health insurance: \_\_\_\_\_ Medicaid: \_\_\_\_\_ No insurance: \_\_\_\_\_

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured? \_\_\_\_\_

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

### SIBLINGS:

Last Name	First Name	School of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to notify the school (and provide required documentation, if necessary) if any of this information changes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Brooklyn Collaborative Photo Consent Form

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs or film of my son/daughter by BCS, the BCS PTA, and the New York City Department of Education (DOE). The photograph(s), videotape(s) and video recording(s) will depict images of my child's work in school and participation in our school curriculum and will be used exclusively for noncommercial and educational purposes relating to the Brooklyn School for Collaborative Studies.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Office of Communications and Media Relations  
 52 Chambers Street, New York, NY 10007  
 Tel: 212.374.5141 Fax: 212.374.5584

Department of  
 Education

**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE**  
 (e.g. educational, public service, or health awareness purposes)

Student Name: \_\_\_\_\_ School: Brooklyn Collaborative

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by \_\_\_\_\_ NYC Outward Bound Schools.

I also grant to NYC Outward Bound Schools the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

OR

Signature of Student (if 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Consent, Authorization and Release Agreement

In consideration of my agreement to provide commentary, feedback, testimonials and statements, and recordings, video, photos and other images regarding Capital One Services, LLC, its affiliates and subsidiaries ("Capital One"); Capital One and its affiliated entities ("Co-Party"), and my and/or my child or guardian's (collectively, the "Participant") participation in the College March on December 14, 2018 (the "Program/Event"), as applicable, without the requirement of receiving any compensation or fees, from Capital One, Participant or any persons acting or functioning with its/their authority or permission (collectively, "Representatives"), I hereby give to Capital One, Co-Party and its/their Representatives (including any of its/their recorders and photographers), the following consent, authorization and release:

a) Unrestricted rights and permission, without restriction, to copyright and use, re-use, distribute, publish, republish and post electronically any commentary, feedback, testimonials, statements, video, photos and other images and recordings, including reproductions, in whole or in part, composite or distorted in form or character, which I, my child or guardian provide, as applicable, or which are taken for use in connection with the Program/Event. The rights granted herein are unrestricted and extend to, and include, the rights of Capital One, Co-Party and their Representatives to make changes to my name and appearance and that of my child or guardian, as applicable. The rights granted herein further extend and apply to all media (printed materials, video, photos, other images, etc.), including reproductions, in color or otherwise whether for advertising, publicity, promotion, trade, art, illustration or any other legal purpose.

b) I hereby relinquish any and all rights that I may have to examine or approve any completed products and any advertising copy or other printed or recorded materials and matter, including video, photos and other images and recordings, that may be used in conjunction therewith or the use to which any of the foregoing may be applied.

c) I hereby release, discharge and agree to hold harmless Capital One, Co-Party, its/their Representatives and any assigns, including their officers, directors, personnel, agents and insurers, jointly and severally, from any claims, liabilities and losses incurred involving use of the commentary, feedback, testimonials, statements, recordings, video, photos and other images provided hereunder and my related participation and/or support, and that of my child or guardian, as applicable, including liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, occurring or produced in the taking of any pictures of me, my child or guardian, as applicable, or subsequent processing, as well as any publication thereof, including without limitation, any claims for libel, defamation or invasion of privacy.

d) If participant is under the age of majority, I hereby affirm that I am the parent or legal guardian of participant and am over the age of majority, with the right to contract in my own name and capacity. I hereby affirm that I have read this Consent, Authorization and Release Agreement, prior to its execution, and I fully understand and agree with its content. This Consent, Authorization and Release Agreement shall be binding upon me, my heirs, legal representatives and assigns.

**IF PARTICIPANT IS UNDER 18 YEARS OF AGE, THE CONSENT OF PARTICIPANT'S PARENT OF LEGAL GUARDIAN IS REQUIRED:**

\_\_\_\_\_  
Name of Minor (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of Parent or Legal Guardian (Printed)

\_\_\_\_\_  
Full Address of Participant (and Parent or Legal Guardian if Participant is minor)




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**Brooklyn Collaborative Electronics Policy**


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**Foundations of our policy:**

- Cell phones have a direct negative impact on academic stamina and grades .
- Cell phones limit a student's ability to be fully mentally present in class because they undermine classroom focus and respectful behavior.
- Cell phones are a part of everyday life and students need to learn to use them responsibly.

**During instructional time, students must put cell phones and headphones in book bags or lockers every day including on fieldwork.** During lunch, students may use cell phones to play a game on their device quietly, read an electronic book or listen to music with headphones.

**If a student has their cell phone out in class or at an ET site:**

- 1) Students are asked once to put the phone away by the teacher.
- 2) If the student persists or refuses to put the phone away, the teacher logs the violation in the Electronics Log, has a WOW conversation with the student, and makes successful contact with a parent. In both the WOW conversation and the parent update, the teacher restates the electronics policy including consequences for continued cell phone use.
- 3) If a student receives three write-ups (from any teachers) the phone must be turned into the Restorative Practice Coordinator for a period of one week (to be returned to the student daily at dismissal, not lunch). The RPC communicates this during a meeting with the student, calls home and records this incident in OORS as *B05~Bringing items to or using items in school in violation of Department of Education or school policy.*
- 4) If a student refuses to give the phone to the RPC and/or if the cell phone use persists, RPC records in OORS as *B21 ~Defying or disobeying the lawful authority or directive of school personnel in any way that substantially disrupts the educational process* and escalates using the following:
  - 1st time: Family meeting
  - 2nd time: Support Circle
  - 3rd time: Class removal
  - 4th time: Suspension

We expect families to message that electronics are to be invisible at school. Families should not contact their children during school and expect a response. If a student is not responsible with their device during school hours, we encourage parents to contract with their child, confiscate the device, turn off particular apps/features on their child's device, and/or work with the cellular carrier to limit internet/data access during school hours.

Administrators, teachers, or staff will not be responsible for missing, stolen, or damaged devices. The school will not investigate issues of theft of electronics since they are the full responsibility of the student.

I have read the policy and understand my responsibility in keeping my electronics away during school.

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 Student Signature

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 Parent/Family Signature





# Brooklyn Collaborative Anti-Plagiarism Policy

## ACADEMIC INTEGRITY

Academic integrity is essential to our teaching and learning at BCS. Students are expected to demonstrate the highest standards of academic integrity in all of their classwork and projects. All violations of this expectation are unacceptable, diminish the learning experience, and undermine our school's core values. The commission of plagiarism is a violation of academic integrity.

## WHAT IS PLAGIARISM?

Plagiarism, as defined by the New York City Department of Education Citywide Behavioral Expectations To Support Student Learning (Infraction B31), is the act of "appropriating another's work and using it as one's own for credit without the required citation and attributions."

Plagiarism includes but is not limited to the following:

- a. Directly copying or paraphrasing material from the Internet or any other source (magazine, newspaper, journal, etc.) without citing the source
- b. Copying someone else's work and submitting or representing it as your own, with or without the individual's consent
- c. Allowing someone else to submit or represent your work as their own
- d. Paraphrasing sentences or whole paragraphs without citing the original source
- e. Purchasing a paper from an internet website and submitting as your own
- f. Presenting the writing or research of another as your own
- g. Handing in the same paper/lab report (or much of the same material) for two different courses or assignments

## RESPONSE TO CASES OF PLAGIARISM

If a teacher suspects a student of plagiarism, the following are actions that may be taken:

- a. Substantiate and document the specific incident of plagiarism.
- b. Meet with student, provide them with a copy of their original work, and discuss with them your reasons for concluding that their work has been plagiarized.
- c. Inform student that they will fail this assignment.
- d. Contact the parent(s)/guardian(s).
- e. Inform the student's crew leader.
- f. Notify the appropriate administrative contact and provide a copy of the plagiarized work.
- g. Arrange a meeting, in consultation with an administrator, that includes you, the student, his/her parent/guardian, the crew leader, and an administrator. One focus of this conference will be to discuss the impact and to determine a specific restorative approach (e.g. a circle) to repair the harm to the student's classmates, teacher(s), and the larger community that his/her breach of academic integrity represents.

**I understand the anti-plagiarism policy and commit to adhering to it when doing my academic work.**

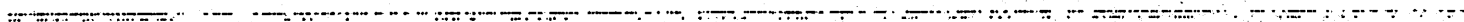
\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# INTERNATIONAL CONFERENCE ON THE HISTORY OF THE HUMAN SCIENCES

The International Conference on the History of the Human Sciences is a biennial event that brings together scholars from various disciplines to discuss the history and philosophy of the human sciences. The conference is organized by the Center for the History of the Human Sciences at the University of Vienna.

The conference is held in a grand, historic building in Vienna, Austria. The program includes plenary sessions, panel discussions, and individual presentations. The conference is open to all who are interested in the history of the human sciences.

The conference is a unique opportunity for scholars to share their research and to engage in a lively discussion of the history and philosophy of the human sciences. The conference is a must-attend event for anyone interested in the history of the human sciences.

For more information, please contact the Center for the History of the Human Sciences at the University of Vienna.

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**Parent Notification Form for Eating Lunch Outside the Building**

**(Upper Grade Students Only – Grades 9-12)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Crew: \_\_\_\_\_

I, the parent/guardian of the upper grade student named above, understand that it is the policy of this school to permit upper grade students to go outside on their own during their lunch period (12:43 PM – 1:28 PM). We believe upper grade students can demonstrate the maturity and responsibility of behaving appropriately in the neighborhood during their lunch period. Students are also permitted to remain in the cafeteria and eat school lunch or lunch brought from home.

I, the student, have read this form and understand that I am to act during lunch in the same responsible and kind manner in which I am expected to conduct myself while in school, whether in the cafeteria or outside. I also understand that outside of the building, I am expected to behave maturely, to clean up after myself and the area around the school, and to be respectful of visitors and residents of the community and their property. I understand that I am only allowed outside of the building during the specified times.

**Grade 9 students will not be permitted to go out to lunch until October after which time they need to earn the privilege of out-to-lunch based on punctuality to Pd 7 class.**

**Any student (Grades 9-12) may have their out-to-lunch privilege revoked at any time during the school year by administration based on punctuality to Pd 7 class.**

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**Condom Distribution Opt-Out (For Upper Grades Students Only – Grades 9-12)**

Dear Parent/ Guardian/ Custodian:

The Department of Education offers an HIV/AIDS prevention program as part of an ongoing comprehensive health education program. As part of this program, all high school students in grades 9-12 are permitted to request free condoms at their school. As a parent or guardian, you may ask the school not to give your child condoms. This is referred to as a *parent opt-out*. You are not permitted to make this request if your child 1) is 18 years of age or older; 2) has been or is currently married; 3) is a parent, and/or 4) is entitled under law to give consent for himself/herself.

To request that your daughter/son not be permitted to receive condoms at his/her high school, please complete the attached sheet and send it to the principal in an envelope marked "CONFIDENTIAL." If you change your mind and decide that your youngster can request free condoms, send a letter to the principal during the school year. We are committed to ensuring confidentiality to all students, including those who do not participate in this program. All high schools know this policy and have been told to maintain the confidentiality of students.

The condom availability program for high school students offers an opportunity for you to talk to your child about health issues associated with HIV/AIDS. The most responsible decision a young person can make in this regard is to abstain from any high risk behaviors, including sexual intercourse and substance abuse. Please support your child in making positive health choices.

Sincerely,  
Scill Chan

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**Sign and return only if you DO NOT want your daughter/son to participate in the Condom Availability component of the HIV/AIDS Prevention Program.** It must be noted that this option shall not apply to students who are 18 years or older, who are or who have been married, who are parents, or who are entitled under law to give consent for themselves. If you have more than one child enrolled in the school, please complete a separate form for each child.

My son/daughter (print student name) \_\_\_\_\_  
who is in grade 9 10 11 12 at BCS 15K448, IS NOT to participate in the condom availability component of the program.

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Printed name of parent/guardian/custodian

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Signature of parent/guardian/custodian

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Date



# **BROOKLYN COLLABORATIVE**

A NYC Outward Bound School

## Are you ready for the fall? Did you...

- Complete your lunch form online?  
Go to [www.myschoolapps.com](http://www.myschoolapps.com)
- Complete your summer reading?  
Go to [bcs448.org](http://bcs448.org) and click on the tab labeled **"STUDENTS"**. Scroll down until you see the link **"Summer Readings 2019"**. Click on it.  
Remember you must read at least 3 books from the list
- Buy the school supplies needed?  
Go to [bcs448.org](http://bcs448.org) and click the link for the supply lists for your Grade. Supply lists will be posted by July 1.
- Complete your forms packet?
- Complete your SUNY Downstate clinic paperwork?
- Complete your field work permission slip? (given out the first day of school)
- Make sure we have the correct address for you?
  - If you received the orientation letter, you should be all set.
  - If you did not and/or have changed your address since the orientation letter, please set up a time to meet with our school secretary to update your address. E-mail [joyce@bcs448.org](mailto:joyce@bcs448.org) to arrange this.
- Complete the Family 4 Engagement form?
- Donate your student fees (\$40)

**We can't wait to see you in September!**  
**We look forward to your active participation in 2019-2020!**