

# Lyncourt Union Free School District Registration

2707 Court Street  
Syracuse, New York 13208  
Phone 315-455-7571, Option 7; Fax 315-455-7573

## Hours of Registration Office

8 AM to 11 AM } During the  
12 PM to 3 PM } School Year

**SUMMER OFFICE HOURS ARE  
8 AM to 2 PM---PLEASE CALL FIRST**

**YOU MUST BE A RESIDENT OF THE LYNLCOURT UNION FREE SCHOOL DISTRICT IN ORDER TO REGISTER AND ATTEND SCHOOL**

The registration office is open each week Monday through Friday (excluding holidays) from 8:00AM to 11:00AM and 12:00PM to 3:00PM. Please call 315-455-7571 ext. 7 to schedule your appointment to come in. Prek and K parents please attend one of the registration sessions listed on our website. (You do not need an appointment.)

In order to register your child for school in the district, you need to call and make an appointment AND you must be a resident of the Lyncourt Union Free School District. There are certain forms necessary to register your child for school and they can be downloaded from our website or you may come in person to pick them up.

**When you come in to register your child, you will need to bring the following with you:**

- **Proof of Residency** in the Lyncourt Union Free School District-acceptable proof of residency=  
TWO (must provide one from each category) of the following with a **current date and your current Lyncourt address:**  
Category A-  
(Must have one of the following)
  - \*Copy of residential lease; deed; or mortgage statement
  - \* Notarized Statement from landlord or ownerCategory B-
  - 1) Auto Insurance Card
  - 2) Income Tax Documentation
  - 3) National Grid/utility bill (electric, cable, gas, etc)
  - 4) Bank Statement addressed to a residential address within the district
  - 5) information from the Department of Social Services (DSS) or Social Security (SSI), with your name, address , and current date on it
- Valid **birth certificate** with seal
- Updated record of **immunizations**
- Parent's photo identification

***IF YOU ARE LIVING WITH ANOTHER FAMILY THAT RESIDES IN LYNLCOURT, YOU MUST FILL OUT THE PARENT/ GUARDIAN AFFIDAVIT & SUBMIT AN ITEM FROM CATEGORY B THAT ESTABLISHES THE LYNLCOURT ADDRESS AS YOUR ADDRESS. THE HOMEOWNER MUST COMPLETE THE RECEIVING PARTY AFFIDAVIT & SUBMIT A UTILITY BILL, LEASE AGREEMENT OR MORTGAGE PAPERWORK. BOTH FORMS MUST BE NOTARIZED.***

If applicable:

- Proof of guardianship (through court orders) or proof of custody.
- Parents/Guardians of special education students - child's most recent IEP (Individual Education Plan) and any other pertinent records. An additional form will need to be completed-available at our office
- Parents/Guardians with foster children must be accompanied by a social worker and paperwork should include Form DSS-2999 from the County Department of Social Services

**IF YOU ARE MISSING ANY OF THE REQUIRED FORMS FOR REGISTERING YOUR CHILD, YOU WILL HAVE FOURTEEN (14) DAYS TO SUBMIT THE DOCUMENT(S). PLEASE SUBMIT THE APPROPRIATE FORM(S) BY:**

**. THANK YOU.**

## LYNCOURT UNION FREE SCHOOL DISTRICT STUDENT REGISTRATION

STUDENT'S NAME: \_\_\_\_\_  MALE  FEMALE GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

**ETHNICITY: (Check one)**

- American Indian/ Alaskan Native     Black or African American     Asian  
 Hispanic/Latino     White     Native Hawaiian/Other Pacific Islander

CHILD RESIDES WITH:     Father     Mother     Both Parents     Other \_\_\_\_\_

CHILD'S PARENTS ARE:     Married     Separated     Divorced     Never Married

WHO HAS CUSTODY?     Mother     Father     Mother & Father Jointly     Foster Placement (DSS-2999 must be provided)  
 Copy of legal paperwork on file  Yes or  No    Custody pending  Yes or  No

**FAMILY STATUS (Living in household with student)**

Father     Step-Father     Legal Guardian  
 Name: \_\_\_\_\_

Mother     Step-Mother     Legal Guardian  
 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Parent Information**    (Information regarding the parent not living with student.)

Relationship to Student: \_\_\_\_\_

Can they receive Report Cards and mailings from the district?     Yes or  No

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Name/Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** District policy and legal requirements provide that both parents have equal access to their child(ren) and school records unless court papers are on file with the district.

**SIBLINGS AND OTHERS RESIDING WITH STUDENT AT SAME ADDRESS**

Name	Birth Date	Grade	Sex M/F	Relationship to Student
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

**LYNCOURT UNION FREE SCHOOL DISTRICT STUDENT REGISTRATION (Page 2)**

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

**Is your child a U.S. Citizen?**  Yes  No **Immigration date:** (if applicable) \_\_\_\_\_

**Country of Origin:** \_\_\_\_\_ **Date student entered school in the United States:** \_\_\_\_\_

**What language is spoken at Home:** \_\_\_\_\_ **What language does the student primarily speak?** \_\_\_\_\_

**Did the student receive ESL (English as a Second Language) services from a prior school?**  Yes  No

**Has Student attended Lyncourt School before?**  Yes  No **If yes, please provide dates:** \_\_\_\_\_

**Is the student receiving Special Education services:**  Yes  No

If yes, please check any services listed below that your child has received in the past school year.

Resource Room  Special Class Placement  School Counseling  Outside Counseling

Occupational Therapy  Speech Therapy  Physical Therapy  Other

**Is the student receiving any Academic Intervention Services (AIS) for any of the following areas, check all that apply:**

English  Math  Science  Social Studies

**Do you have any concerns about special needs for your child?**  Yes  No **If yes, please explain.** \_\_\_\_\_

**Has your student ever repeated a grade in school?**  Yes  No **If yes, what grade level(s)?** \_\_\_\_\_

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**If this student is transferring from another school, please give the name and address of the former school.**

**LAST SCHOOL ATTENDED:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**ADDRESS OF SCHOOL:** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

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***Parent / Guardian Statement***

Permission is hereby granted to the Lyncourt Union Free School District to obtain health and scholastic records from the above listed school as well as transfer records to a new school in the event of a move to another district or state.

I certify that the information provided is accurate to the best of my knowledge and that I have legal custody of the above named child.

**Signature of parent / guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**LYNCOURT UNION FREE SCHOOL DISTRICT  
STUDENT REGISTRATION: RESIDENCY QUESTIONNAIRE**

**Student Name:**

*Please answer the following questions. This will help determine whether you are residents of the Lyncourt Union Free School District.*

Is the current address and living arrangement in the Lyncourt Union Free School District the student's actual and only address/residence?  Yes  No

As the parent or legal guardian, is the place you claim as your residence, the place where you and your child sleep, reside, and use as a base of operation?  Yes  No

Does the student intend to remain permanently in the district?  Yes  No

Does the student live with the adult having physical custody (custodian parent or guardian) of the student?  Yes  No

***I understand that:***

- *If I provide false information on this registration form to the Lyncourt Union Free School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);*
- *If I provide false information on this registration form to the Lyncourt Union Free School District with the intent to defraud the Lyncourt Union Free School District, I may be committing the crime of perjury in the second degree (a class E felony); and*
- *I may be prosecuted on criminal charges for such false information.*

Signature of parent or guardian: \_\_\_\_\_

***These questions are asked in accordance with the McKinney-Vento Act 42 U.S.C. 1134a [2] and Education Law 3209 (1)(a). The answers to the following residency questions will provide information to help the Lyncourt Union Free School District determine the services a student may be eligible to receive.***

**To be completed by a Lyncourt Union Free School District official.**

Is the student in temporary living arrangements due to the loss of housing or economic hardship?  Yes  No

***If the answer is YES, please complete the remainder of this form. If the answer is NO, you may stop here.***

**The student is currently living...**

In a household with the custodial parent and/or legal guardian Yes No

In a shelter Yes No

With more than one family or relatives in a house or apartment Yes No

In a place not designed for ordinary sleeping accommodations such as a car, park, or transportation center/station (i.e. train, bus etc.) Yes No

In a motel, hotel, trailer park, camping ground or other similar situation due to the lack of alternative, adequate housing Yes No

In an abandoned apartment/building Yes No

In an Office of Children and Family Services (OCFS) facility awaiting permanent foster care placement Yes No

As a migratory child by moving from place to place Yes No

As an unaccompanied youth for whom no parent or person in parental relation is available Yes No

**Temporary Address:**



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234  
Office of P-12

Lissette Colon-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

### Home Language Questionnaire (HLQ)

**Dear Parent or Guardian:**  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

**Language Background**  
(Please check all that apply)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED**

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
District Name (Number) & School	
Address	

## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. <u>If referred for an evaluation</u> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____	
12. In what language(s) would you like to receive information from the school? _____	

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of Parent or of Person in Parental Relation \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ MO. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
<b>NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL</b>	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ MO. DAY YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	