

High School

NEW STUDENT REGISTRATION PACKET

Please fill out all the forms in this packet and return it to the district office to register your child in our school.

*Lyncourt Union Free
School District*

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.

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 owner
Category 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 A COPY OF A CURRENTLY VALID DEED, MORTGAGE STATEMENT, LEASE AGREEMENT,
OR UTILITY BILL TO ESTABLISH THE LYNLCOURT ADDRESS AS YOUR CURRENT ADDRESS. THE HOMEOWNER MUST COMPLETE THE RECEIVING PARTY AFFIDAVIT &
SUBMIT A UTILITY BILL, LEASE AGREEMENT OR MORTGAGE PAPERWORK. CHECK FOR CURRENTLY VALID DEED, MORTGAGE STATEMENT, LEASE AGREEMENT, OR UTILITY BILL.***

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:
11:00 AM. 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 Mother Step-Mother Legal Guardian

Name: _____ 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)?

Date your student started school in the U.S.? _____

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 #:** _____

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:

Lyncourt Union Free School District

Solvay Transportation Department
2707 Court Street
Syracuse, NY 13208

Lyncourt Phone: 455.7571
Solvay Phone: 487.5842

Lyncourt Fax: 455.7573
Solvay Fax: 487.5857

Transportation Request Form

To start, update, or change student's transportation needs.

Today's date: _____

Student Name: _____ Male Female
Last First Middle Initial

Home Address: _____
No. Street

Age of Student: ____ Date of Birth: ____/____/____ Entering Grade: ____ in September 20 ____

Note: Children under the age of 4 cannot be transported on our school buses.

Parent/Guardian Home Phone Number: _____ Day Care Number: _____

Cell Phone Number: _____ Work Phone Number: _____

When would you like the change to take place? _____ (NOTE: 48 HRS. MINIMUM TO PROCESS)

.....
 New To Our District: \longleftrightarrow *Check one* *Change in Transportation:*

AM Change:

Current Address: _____ New Address: _____

PM Change:

Current Address: _____ New Address: _____

Parent(s) Signature: _____ Print: _____

NOTE: A NEW TRANSPORTATION REQUEST FORM NEEDS TO BE FILLED OUT EVERY YEAR AND MAILED TO THE TRANSPORTATION DEPARTMENT BY AUGUST 15 OTHERWISE PICK UP AND DROP OFF WILL BE AT THEIR HOME.

NOTE: In case of an "Early Dismissal," we will need to know the address where you would like your child to be transported.

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FOR TRANSPORTATION USE ONLY

Approved Denied Reason _____

Transportation Department Designee: *Signature:* _____

Bus # _____ Pick-up Time: _____ Pick-up Location: _____



Lisette Colón-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. | | |
|--|------------|---------------------------------|
| STUDENT NAME: | | |
| _____ | | |
| First | Middle | Last |
| DATE OF BIRTH: | | GENDER: |
| Month | Day | Year |
| | | <input type="checkbox"/> Male |
| | | <input type="checkbox"/> Female |
| PARENT/PERSON IN PARENTAL RELATION INFO: | | |
| _____ | | |
| 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 _____ <i>specify</i> |
| 2. What was the first language your child learned? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| 3. What is the Home Language of each parent/guardian? | <input type="checkbox"/> Mother _____ <i>specify</i> | <input type="checkbox"/> Father _____ <i>specify</i> |
| | <input type="checkbox"/> Guardian(s) _____ <i>specify</i> | |
| 4. What language(s) does your child understand? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| 5. What language(s) does your child speak? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| | | <input type="checkbox"/> Does not speak |
| 6. What language(s) does your child read? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| | | <input type="checkbox"/> Does not read |
| 7. What language(s) does your child write? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ <i>specify</i> |
| | | <input type="checkbox"/> Does not write |

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

| <i>Educational History</i> |
|---|
| 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* No Not sure <input type="checkbox"/> <input type="checkbox"/> <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 referred for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i> |
| 10b. <i>*If referred for an evaluation.</i> has your child ever received any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____ Age at which services received <i>(Please check all that apply):</i> <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? <i>(e.g., special talents, health concerns, etc.)</i> _____ _____ _____ |
| 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: _____

| OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ | |
|--|---|
| NAME: _____ | POSITION: _____ |
| IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: | |
| NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW | |
| 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 |
| NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL | |
| 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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: | |