

# 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=**one** of the following with a **current date and your current Lyncourt address**:
  - 1) mortgage commitment paperwork,
  - 2) notarized lease/rental agreement for a home or apartment within the district,
  - 3) Pay stub,
  - 4) recent property tax or school tax bill
  - 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 BANK STATEMENT, EMPLOYER LETTER, OR PAYSTUB THAT ESTABLISHES THE LYNLCOURT ADDRESS AS THEIR 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

☐ 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.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Resource Room        | <input type="checkbox"/> Special Class Placement | <input type="checkbox"/> School Counseling | <input type="checkbox"/> Outside Counseling |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech Therapy          | <input type="checkbox"/> Physical Therapy  | <input type="checkbox"/> Other              |

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

- |                                  |                               |                                  |   |
|----------------------------------|-------------------------------|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Math | <input type="checkbox"/> Science | <input type="checkbox"/> 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)? \_\_\_\_\_

---

---

**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 School - Emergency Information

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_

Resides with: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: _____
Street: _____
City: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____
E-Mail: _____

Father's Name: _____
Street: _____
City: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____
E-Mail: _____

# to be used for automated calls from School Messenger: \_\_\_\_\_

## **PERSONS TO CONTACT IN CASE OF EMERGENCY OTHER THAN PARENTS**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

1. Has your child received any immunizations or test not previously reported? If so, please provide MD documentation.
2. Has your child during the past year had any illness, injury or operation? If so, please write date and name of illness.

\_\_\_\_\_

3. Is there anything concerning the health of your child, including medications, which the school should know in order to give your child special care? \_\_\_\_\_

## **PHYSICALS**

- The Lyncourt School District policy states that physical exams are required for all students who are new entrants or in pre-kindergarten, kindergarten, second, fourth, and seventh grades.
- Physicals completed twelve months prior to the start of the current school year are acceptable.
- Those students who do not turn in a completed physical exam will receive a physical from our school physician at the next scheduled visit. Please indicate your preference below.

### **If choosing your own physician, a copy of the exam must be provided.**

☐ Will be examined by his/her own physician. Date of appointment is/was: \_\_\_\_\_

☐ I prefer the school physician to do the physical during school hours.

☐ My child will be participating in modified sports and needs a sports physical by the school physician.

☐ I prefer my private physician to do the sports physical. Date of appointment is/was \_\_\_\_\_

Parent/Guardian Consent: \_\_\_\_\_

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



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

Lisette 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.**

**STUDENT NAME:**

First Middle Last

**DATE OF BIRTH:**

Month Day Year

**GENDER:**

☐ Male  
☐ 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	_____ 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 _____ specify	<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	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

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

**SCHOOL DISTRICT INFORMATION:**

District Name (Number) & School

Address

**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**

## Home Language Questionnaire (HLQ)—Page Two

### Educational History

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

☐    ☐    ☐    \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?    ☐ Minor    ☐ Somewhat severe    ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past?    ☐ No    ☐ Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?

☐ No    ☐ Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention)    ☐ 3 to 5 years (Special Education)    ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?    ☐ No    ☐ 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? \_\_\_\_\_

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

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
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:    ☐ No    ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

MO. DAY YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

☐ ADMINISTER NYSITELL  
☐ ENGLISH PROFICIENT  
☐ 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:

☐ ENTERING    ☐ EMERGING    ☐ TRANSITIONING    ☐ EXPANDING    ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



## Transportation Information for 2 -2

We are very pleased to announce that through a collaborative effort we contract with Solvay Union Free School District for all of our transportation needs. Student busing is set up between home and school for those students living outside of our walkable area. Please see the bus stops and times below. Any alternate transportation requires the parent/guardian to submit a **Transportation Request Form** (see below). Submitting a form is only necessary for alternate transportation needs. Please use the district forms and submit to Lyncourt School at 2707 Court Street, Syracuse, NY 13208.

### Contact Information

Cathryn Marchese	Transportation Department, Lyncourt	315-455-7571 option 3,1
Bobbie Jo Eastman	Transportation Supervisor, Solvay	315-487-5842
Emergencies	315-487-5842	
Lyncourt Fax	315-455-7573	

### Request for Transportation to Daycare/Babysitter

If you wish to request transportation to or from an address other than your own (daycare or babysitter), you must complete the **Transportation Request Form** found on our website or available at the school. This is a permanent request for the whole school year. This request needs to be submitted every year and will not carry over to the next school year.

### Request for Non-Public School Transportation

If you live in the Lyncourt School District and you would like to request transportation for your child that is attending a non-public school, you will need to submit a **Private and Parochial School Transportation Form**, found on our website or available at the school, each year by April 1<sup>st</sup> to request transportation for the following school year. This request needs to be submitted every year and will not carry over to the next school year.

Parents will be contacted directly private, parochial and out of district (special education) routes.

BUS ROUTES FOR Pre-K through 8th Graders					
Bus # 1, Bear	Pick-up Time	Bus # 2, Owl	Pick-up Time	Bus # 3, Deer	Pick-up Time
Craigie @ Woodbury	7:45	Snyder @ Swan	7:45	Craigie @ Leighton	7:45
Brookmanor Apts D-315	7:47	Swan @ Tower	7:46	Craigie @ Schaffer	7:45
Woodbury @ 149	7:49	Swan @ Swansea	7:47	Craigie @ Snyder	7:46
Woodbury @ Galster	7:50	Swansea @ Craigie	7:49	Craigie @ Tower	7:46
Galster @ 101	7:50	Craigie @ Woods	7:50	Noble @ Adams	7:48
Lorenzo @ 107, 115	7:52	Craigie @ Gaynor	7:50	Noble @ Granville	7:48
Schaffer @ 410, 420	7:54	Gaynor @ 422, 445	7:51	Noble @ E Dale	7:49
Arrival at Lyncourt by	8:00	Noble @ Court, 355	7:54	E Dale @ Gaynor	7:50
		Noble @ Craigie	7:55	Watson @ Woods	7:51
		Arrival at Lyncourt by	8:00	Swansea @ Galster	7:52
				Galster @ Tower	7:53
NOTE: ALL students should be at the bus stop ten (10) minutes prior to scheduled pick up time so they are ready when the bus arrives, keeping the bus on schedule.				Galster @ Snyder	7:54
				Galster @ Schaffer	7:55
				Schaffer @ 212	7:55
				Arrival at Lyncourt by	8:00

**Elementary and Middle School dismissal time is 2:45 pm**

MORNING BUS ROUTES FOR High School					
Bus # 1 to High School	Pick-up Time		Bus # 1 to High School	Pick-up Time	
Schaffer @ Lorenzo	6:45				
Swan @ Swansea	6:46		Roxford S @ Wilmore Pl	6:55	Court @ 2622
Swansea @ Craigie	6:46		Kenwick @ Hillside	6:56	Edgeware @ Covington
Craigie @ Gaynor	6:47		Kenwick @ Orwood	6:57	Covington @ Marsden
Noble @ E Dale	6:48		Orwood @ Pleasantview	6:58	Covington @ Medford
E Dale @ Gaynor	6:49		Pleasantview @ Roxford S	6:59	Covington @ Roxford N
Watson @ Woods	6:51		S Berwick @ Windam	7:00	Chester @ Medford
Swansea @ Adams	6:53		S Berwick @ Knoll Pl	7:00	Wayland @ Covington
Craigie @ Tower	6:55		Lyncourt @ Roxford S	7:01	Wayland @ Hamden
Craigie @ Snyder	6:56		Brookland @ Orwood	7:02	Hamden @ Medford
Galster @ Schaffer	6:58		Orwood @ 713	7:03	Hamden @ Roxford N
Schaffer @ Craigie	6:59		Delmar @ Brookland	7:04	Arrival at Solvay HS by
Craigie @ Leighton	7:00		Lyncourt @ Court St	7:05	
Leighton @ Galster	7:01		Arrival at Solvay HS by	7:20	
Galster @ Woodbury	7:02				
Woodbury @ Short	7:03		NOTE:		
Teall @ 2114	7:04		ALL students should be at the bus stop ten (10) minutes prior to scheduled pick up		
Arrival at Solvay HS by	7:20		time so they are ready when the bus arrives, keeping the bus on schedule.		

**High School dismissal time is 2:05 pm**

## BUS AND WALKER SAFETY

- For both bus riders and walking students we urge you to talk with your children about traffic and bus safety
- Be at the bus stop prior to the pickup time so you are not rushed and your student is ready
- Wait at the bus stop in a safe place, away from driveways and the street
- Make sure you make eye contact with the bus driver and wait for them to signal you if you need to pass in front of the bus
- Do not approach the bus until it comes to a complete stop and the driver opens the door
- Quickly get to a seat and remain seated properly while riding the bus
- It is important to listen to your bus driver, your safety is important to them
- Keep your belongings in your school bag and respect others belongings on the bus
- Be on your best behavior, talk quietly and keep your hands to yourself, do not distract the driver or others
- When you get off the bus look both ways before you step down, make sure there are no cars approaching
- Do not bend down or stop near the bus, the driver cannot see you and needs you to be a safe distance away from the bus
- Make sure you make eye contact with the bus driver and wait for them to signal you if you need to pass in front of the bus
- Walkers should cross at the cross walk and look both ways before crossing the street
- Our crossing guards name is Wendy, use the crosswalk that she attends in front of the school to cross Court Street
- The area around the school is very busy and crowded in the morning and afternoon, be aware and always stop, look, and be safe
- Do not run between parked cars or to catch up with friends
- You can visit this web site together for a review of safety tips: <http://www.safeny.ny.gov/Kids/kid-schl.htm>



**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:* 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.

.....  
FOR TRANSPORTATION USE ONLY

☐ Approved ☐ Denied Reason \_\_\_\_\_

Transportation Department Designee: Signature: \_\_\_\_\_

Bus # \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ Pick-up Location: \_\_\_\_\_

## Letter to Lyncourt Parents for School Meal Programs

Dear Parent/Guardian:

Children need healthy meals to learn. **Lyncourt School District** offers healthy meals every school day. Breakfast costs **\$1.05**; lunch costs **\$2.00**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.25** for breakfast and **\$0.25** for lunch. Milk price is .50

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Lyncourt Food Service Department 2707 Court Street Syracuse, NY 13208.**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP, the Food Distribution Program on Indian Reservations** or **TANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or email **Amy MacCaull** at [Amaccaull@lyncourtschool.org](mailto:Amaccaull@lyncourtschool.org) or Phone 315-455-7571 to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call Rich Gunther at 315-455-7571 if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first 30 days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out a FREE/REDUCED PRICE MEAL application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling **Cathy Marchese** at 315-455-7571 or emailing [Cmarchese@lyncourtschool.org](mailto:Cmarchese@lyncourtschool.org).
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

**2015-2016 INCOME ELIGIBILITY GUIDELINES  
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

**REDUCED PRICE ELIGIBILITY INCOME CHART**

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	\$ 29,471	\$ 2,456	\$ 1,228	\$ 1,134	\$ 567
3	\$ 37,167	\$ 3,098	\$ 1,549	\$ 1,430	\$ 715
4	\$ 44,863	\$ 3,739	\$ 1,870	\$ 1,726	\$ 863
5	\$ 52,559	\$ 4,380	\$ 2,190	\$ 2,022	\$ 1,011
6	\$ 60,255	\$ 5,022	\$ 2,511	\$ 2,318	\$ 1,159
7	\$ 67,951	\$ 5,663	\$ 2,832	\$ 2,614	\$ 1,307
8	\$ 75,647	\$ 6,304	\$ 3,152	\$ 2,910	\$ 1,455
*Each Add'l person add	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

**How to Apply:** To get free or reduced price meals for your children you may submit an Eligibility Letter for Free Meals received from the NYS Education Department, OR carefully complete one application for your household and return it to the designated office. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household food stamp, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a food stamp, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF case number or complete the income portion of the application.

**Reporting Changes:** The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity employer.

**Meal Service to Children With Disabilities:** Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,  
Rich Gunther  
Food Service Director  
Lyncourt School District  
315-455-7571  
rdgunther@ocmboces.org

**2 -2 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to Lyncourt Food Service. Call 315-455-7571, if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

4. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Last Four Digits of Social Security Number: XXX-XX- \_\_\_\_ - \_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

I do not  
have a  
SS# ☐

**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**  
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster  
☐ Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_  
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid  
 Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_



## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions.. Sign the application and return the application to Food Service Department. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: 315-455-7571. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

### **PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

---

### **PART 2 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current Food Stamp, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

---

### **PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a food stamp, TANF or FDPIR number, a social security number is not needed.

---

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

## PRIVACY ACT STATEMENT

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

## DISCRIMINATION COMPLAINTS

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity employer.





"Great Expectations for  
Achievement, Respect, and Caring"

## Lyncourt Union Free School District

2707 Court Street, Syracuse, New York 13208

Phone: (315) 455-7571 Fax: (315) 455-7573

<http://www.lyncourtschool.org/>

James J. Austin  
Superintendent

Kimberly A. Davis  
Principal

Cathryn Marchese  
Business Administrator

Dear Parent/Guardian:

The district's School Health Services program supports your student's academic success by promoting health in the school setting. One way that we provide care for your student is by performing the health screenings as mandated by the State of New York.

During this school year, the following screenings will be required or completed at school:

### **Vision**

- Distance acuity for all students in Kindergarten, Grades 1, 2, 3, 5 and 7.
- Near vision acuity and color perception screening for all newly entering students.

### **Hearing**

- Hearing screening for students in Kindergarten, Grades 1, 3, 5 and 7.

### **Scoliosis**

- Scoliosis (spinal curvature) screening for all students in Grades 5-9.

### **Health Appraisals**

- A physical examination including Body Mass Index and Weight Status Category Information is required for all newly entering students and students in Pre-Kindergarten or Kindergarten, Grades 2, 4 and 7.

### **Dental Certificates**

- A dental certificate is requested for all newly entering students and students in Kindergarten, Grades 2, 4, and 7.

A letter will be sent home if there are any findings on the screening done at school that would cause concern or need medical follow-up. Please call the school's Health Office (455-7571) if you have any questions or concerns.

## LYNCOURT UNION FREE SCHOOL DISTRICT HEALTH CERTIFICATE / APPRAISAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Gender: ☐ M ☐ F Grade: \_\_\_\_\_

### IMMUNIZATIONS / HEALTH HISTORY

☐ Immunization record attached  
☐ No immunizations given today  
☐ Immunizations given since last Health Appraisal:

Sickle Cell Screen: ☐ Positive ☐ Negative ☐ Not done Date: \_\_\_\_\_  
 PPD: ☐ Positive ☐ Negative ☐ Not done Date: \_\_\_\_\_  
 Elevated Lead: ☐ Yes ☐ No ☐ Not done Date: \_\_\_\_\_  
 Dental Referral ☐ Yes ☐ No ☐ Not done Date: \_\_\_\_\_

Significant Medical/Surgical History: ☐ See attached \_\_\_\_\_

Allergies: ☐ LIFE THREATENING ☐ Food: \_\_\_\_\_ ☐ Insect: \_\_\_\_\_ ☐ Other: \_\_\_\_\_  
☐ Seasonal ☐ Medication: \_\_\_\_\_

### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Referral

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>	Vision - Near Point	R	L	
<input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

☐ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: ☐ Negative ☐ Positive: \_\_\_\_\_

Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

### MEDICATIONS

Medications (list all): ☐ None ☐ Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

If AM dose is missed at home: \_\_\_\_\_

I assess this student to be self-directed ☐ Yes ☐ No Student may self carry and self administer medication ☐ Yes ☐ No  
 Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

### PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

☐ Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

\_\_\_\_ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

\_\_\_\_ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

☐ Specify medical accommodations needed for school: \_\_\_\_\_ ☐ None

☐ Known or suspected disability: \_\_\_\_\_ ☐ Please monitor

☐ Restrictions: \_\_\_\_\_ ☐ Please monitor

☐ Protective equipment required: ☐ Athletic Cup ☐ Sport goggles/impact resistant eyewear ☐ Other: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ (Stamp below)

Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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



"Great Expectations for  
Achievement, Respect, and Caring"

## Lyncourt Union Free School District

2707 Court Street, Syracuse, New York 13208

Phone: (315) 455-7571 Fax: (315) 455-7573

<http://www.lyncourtschool.org/>

James J. Austin  
Superintendent

Kimberly A. Davis  
Principal

Cathryn Marchese  
Business Administrator

### **PHYSICAL EXAM INFORMATION**

Dear Parent/Guardian:

Dental certificates are **requested** of all new entrants and those in grades K, 2, 4 and 7.

New York State Education Law **requires** physical examinations of children when they:

- Enter the school district for the first time (including Kindergarten)
- Enter grades 2, 4, and 7
- Participate in interscholastic sports, yearly
- Need working papers
- Are referred by/to the Committee on Special Education
- Are in need of a physical to determine the child's education program

**Childhood is a time of rapid growth and change. Physical exams performed by your own doctor are important for your child's good health. The check-ups to identify medical issues early on, before any problems develop. It is also an excellent time for discussion of developmental and behavioral issues. Your doctor or nurse practitioner will teach you what to expect next in your child's growth stages and will be an important part of helping you to manage his/her health.**

Please check the box below that identifies how and when you will provide your child's information:

☐ My child will have a physical exam by our own provider on \_\_\_\_\_. I will send in a copy of that physical exam by the end of the month. (Date)

☐ My child has a current physical (dated within the last school year). I will forward a copy to the school nurse immediately.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of School Registration Officer

\_\_\_\_\_  
Date

**If you are experiencing difficulty arranging a physical with your own provider, please contact the Health Office at Lyncourt Union Free School District at 455-7571 x 2 to review available options.**

## Dear Parent/Guardian:

New York State Law Section 2164 requires certain immunizations (shots) to enter and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed Immunizations. **Required Immunizations for Students Entering:**

### Pre-Kindergarten

Immunization	# of Doses
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	4
Measles/Mumps/Rubella	1
Varicella (Chickenpox)	1
Hemophilus Influenzae	1 to 4
Pneumococcal Conjugate	1 to 4

### Kindergarten

Immunization	# of Doses
Polio	3-4
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	4-5
Measles/Mumps/Rubella	1
Varicella (Chickenpox)	2

### Grades 1st—5th

Immunization	# of Doses
Polio	3
Hepatitis B	3*
Diphtheria/Tetanus/Pertussis	4-5*
Measles/Mumps/Rubella	2
Varicella (Chickenpox)	1
*Must be given at correct intervals based on age*	

**IMPORTANT...**

**NEW  
GUIDELINES**

Immunization	6 <sup>th</sup> Grade # of Doses
Tdap:  Boostrix®  Adacel®	<b>Age 10:</b> Not required to receive the Tdap until they turn 11 years old. At that time they must provide documentation of a booster dose of Tdap or provide proof of an appointment for the booster dose within 14 days.  <b>Age 11:</b> Must receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap).
Varicella (chickenpox)	2
Polio	3 to 4

**Grades 7 & 8 — as currently required by the New York State Department of Health  
Please send proof of immunization to the school nurse.**

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school nurse, Mrs. Carmichael at 455-7571 ext. 2 or

## Dental Health Certificate- Optional

**Parent/Guardian:** New York State law (Chapter 2 ) permits schools to request an oral health assessment in the following grades: school entry, , 2, , , & . Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

### Section . To be completed by Parent or Guardian (Please Print)

Child's Name:		Last	First	Middle
Birth Date:	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first oral health assessment ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Month	Day	Year	
School:	Name			Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 2. To be completed by the Dentist/ Dental Hygienist

**I. The dental health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of assessment)**  
**The date of the assessment needs to be within 2 months of the start of the school year in which it is requested. Check one:**

- ☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- ☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

**Dentist's/ Dental Hygienist's name and address**

(please print or stamp)

**Dentist's/Dental Hygienist's Signature**

**Optional Sections - If you agree to release this information to your child's school, please initial here.**

--

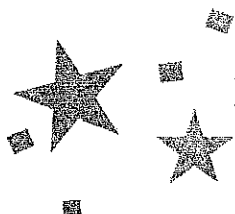
#### II. Oral Health Status (check all that apply).

- ☐ Yes ☐ No **Caries Experience/Restoration History** Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- ☐ Yes ☐ No **Untreated Caries** Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

#### II. Treatment Needs (check all that apply)

- ☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- ☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- ☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



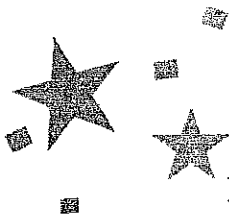
## LEAD SCREENING (Required)

**NYS PUBLIC HEALTH LAW ARTICLE 13, TITLE 10, SECTION 1370 – 1376-A  
STATES THAT:**

- Prior to or within 3 months of initial enrollment, schools are required to obtain from the pre-school child's parent or guardian, proof that the child has had a blood lead test.
- If evidence of blood lead testing has not been received within the 3 months of initial enrollment; the parent or guardian is:
  - to be given information about lead poisoning; and
  - to be referred to primary health care provider or local health department.
- The child's cumulative health record must indicate either the date of the lead screening or that information on lead poisoning referral was provided.

*Though the requirements above must be completed, a student lacking proof of lead testing may not be excluded from school (unlike failure to comply with immunization requirements).*

See Attachment B for additional information on lead poisoning.



## ATTACHMENT B

### LEAD POISONING INFORMATION

- Lead is an element that has no useful purpose in the body and is known to cause harmful effects, including the neurological, hemato-poietic and renal systems. The effects can be insidious or acute.
- The likelihood that lead will cause harmful effects and the nature of these effects is related to the extent and duration of exposure.

When your doctor gives you the results of your blood test, use the following chart. It will help explain what the numbers mean.

If your doctor tells you that the results are...	You should...
0-9 micrograms per deciliter (ug/dl)	Continue routine testing. Not considered lead poisoning.
10 - 14 ug/dl	Rescreen frequently and consult with your doctor about prevention measures.
15-19 ug/dk	Obtain a medical checkup, determine the lead source, and seek advice about proper diet. Children may need medical treatment (chelation).
Above 44 ug/dk	Get immediate care. Considered serious lead poisoning.

#### **RISK FACTORS FOR LEAD POISONING:**

- Exposure to contaminated dust, soil, and water.
- Living in housing built prior to 1950.
- Poverty, race and ethnicity.
- Occupational exposure of the parent. Jobs involving exposure to lead are: refinishing furniture, welding, battery recycling, construction & pottery making.
- Exposure to parental hobbies that use leaded products. Loading ammunition stained glass, fishing sinkers etc.
- Exposure to folk remedies such as pay-loo-ah, greta, azarcon, bali gola, coral and several others.

#### **LEAD POISONING PREVENTION TIPS FOR PARENTS:**

- Use unleaded paints in the home, on furniture and children's toys.
- Wash your child's hands frequently. Dirt tracked into the home may contain lead. Young children do a lot of hand to mouth activity and will decrease exposure with clean hands.
- Encourage a diet adequate in calcium, iron and vitamin C. Lead is less likely to be absorbed if the intake of these vitamins and minerals is adequate.
- Know your child's blood lead level.