

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 main office for information on receiving a registration packet.

In order to register your child for school in the district, you need to complete a registration packet 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 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 ID#:	Grade Entering:	Start Date:	Teacher / Homeroom#:
Date Registered:	<input type="checkbox"/> Request for Records		
<input type="checkbox"/> Free/Reduced Lunch App	Date:	<input type="checkbox"/> Proof of Age	<input type="checkbox"/> IEP/504 Plan
<input type="checkbox"/> Medicaid Form	Proof of Residency	<input type="checkbox"/> Photo ID	<input type="checkbox"/> AIS
<input type="checkbox"/> Transportation Form	<input type="checkbox"/> Primary	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> ENL
	<input type="checkbox"/> Secondary	<input type="checkbox"/> Physical	<input type="checkbox"/> Other

Do Not Write Above This Line – OFFICE USE ONLY

Student Information

Last Name, First Name, Middle	Date of Birth	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<input type="checkbox"/> Select if student is a foster child		

Student's Residential Address

Home Street Address:		Apt. #
City:	State:	Zip Code:
Student's Home Phone: ()		Student's Cell Phone: ()
<input type="checkbox"/> Check if address is a temporary living arrangement		
<input type="checkbox"/> If address is a temporary, select if due to loss of housing or economic hardship		

Last School Attended

Last School's Name:	Grade:
Address:	Phone Number: ()
<input type="checkbox"/> Check if this student previously attended Lyncourt school	
<input type="checkbox"/> Check if this student receives Special Education Services or other Educational Services	

Other Children In Home

Name	Gender	Date of Birth	Grade	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			

Optional

Ethnicity (Choose one)	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Not Hispanic / Latino
Race (Choose all that apply regardless of Ethnicity)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multiracial
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Dominant Language Spoken in Home (Choose all that apply)	<input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> Karen <input type="checkbox"/> Matu Chin <input type="checkbox"/> Somali <input type="checkbox"/> Swahili <input type="checkbox"/> Other	
	<input type="checkbox"/> Burmese <input type="checkbox"/> Kachin <input type="checkbox"/> Karenli <input type="checkbox"/> Nepali <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese	

Parent / Legal Guardian Signature

Date

LYNCOURT UNION FREE SCHOOL DISTRICT

Student Registration

Student Name: _____ **Date of Birth:** _____ **Grade Entering:** _____

Parents / Legal Guardians may pick up their child unless we have Documentation (Custody / Restraining Orders) on file to show otherwise.

**Provide a copy of the custody order or temporary guardianship papers if applicable.*

Contact 2 (Parent / Legal Guardian)				Custody Order*	
Parent / Legal Guardian Full Name		Relationship to Student		<input type="checkbox"/> None <input type="checkbox"/> Mother <input type="checkbox"/> Joint <input type="checkbox"/> Visitation <input type="checkbox"/> Foster placement <i>(DSS-2999 must be provided)</i>	<input type="checkbox"/> Sole <input type="checkbox"/> Father <input type="checkbox"/> Temporary <input type="checkbox"/> Pending
Street Address:		Apt #:			
City:	State:	Zip:		Check all that apply	
Home Phone: ()	Cell Phone: ()		<input type="checkbox"/> Pick up student <input type="checkbox"/> Custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Receive mailings <input type="checkbox"/> SchoolTool / Parent Portal (must provide email address)		
Employer:	Work Phone: ()				
Email Address: _____					

Contact 2 (Parent / Legal Guardian)				Custody Order*	
Parent / Legal Guardian Full Name		Relationship to Student		<input type="checkbox"/> None <input type="checkbox"/> Mother <input type="checkbox"/> Joint <input type="checkbox"/> Visitation <input type="checkbox"/> Foster placement <i>(DSS-2999 must be provided)</i>	<input type="checkbox"/> Sole <input type="checkbox"/> Father <input type="checkbox"/> Temporary <input type="checkbox"/> Pending
Street Address:		Apt #:			
City:	State:	Zip:		Check all that apply	
Home Phone: ()	Cell Phone: ()		<input type="checkbox"/> Pick up student <input type="checkbox"/> Custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Receive mailings <input type="checkbox"/> SchoolTool / Parent Portal (must provide email address)		
Employer:	Work Phone: ()				
Email Address: _____					

Emergency Contact 1		
Parent / Legal Guardian Full Name	Relationship to Student	Home Phone: () Cell Phone: ()
		<input type="checkbox"/> Pick up student
Emergency Contact 2		
Parent / Legal Guardian Full Name	Relationship to Student	Home Phone: () Cell Phone: ()
		<input type="checkbox"/> Pick up student

Parent / Legal Guardian Signature _____

Date _____

LYNCOURT UNION FREE SCHOOL DISTRICT

Student Registration

Student Name:	Date of Birth:	Grade Entering:
What Language Is spoken at home?		
What language does the student primarily speak?		
Does the student receive ESL (English as a Second Language) services from a prior school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Special Education Services

Is the student receiving Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Academic Intervention Services

Is the student receiving any AIS (Academic Intervention Services) for any of the following areas? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check all that apply:			
<input type="checkbox"/> Reading		<input type="checkbox"/> Math	
Do you have any concerns about special needs for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Has your student ever repeated a grade in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what grade level(s)?			
Date your student started school in the U.S.:			
Are you or another parent / guardian of the child an <u>active member</u> of the Armed Forces and on Active Duty in the Armed Forces?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Parent / Legal Guardian Statement

Permission is hereby granted to the Lyncourt Union Free School District to obtain health and scholastic records from the above school listed 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.

Parent / Legal Guardian Signature

Date

LYNCOURT UNION FREE SCHOOL DISTRICT

Student Registration

Student Name:	Date of Birth:	Grade Entering:
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the place you claim as the base of operation where the child sleeps and resides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student intend to remain permanently in the district?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student live with the adult having permanent physical custody (custodian parent or guardian) of the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 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 the criminal charges for such false information.

Parent / Legal Guardian Signature

Date

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In a shelter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
With more than one family or relatives in a house or apartment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In a place not designed for ordinary sleeping accommodations such as a car, park, or transportation center/station (i.e. train, bus etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In a motel, hotel, trailer park, camping ground or other similar situation due to the lack of alternative, adequate housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In an abandoned apartment/building	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In an Office of Children and Family Services (OCFS) facility awaiting permanent foster care placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
As a migratory child by moving from place to place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
As an unaccompanied youth for whom no parent or person in parental relation is available	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Temporary Address:



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
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	<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:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:
