

# High School New Student Registration Packet

(Choose one)

ESM

Solvay

*Lyncourt Union Free  
School District*

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 Student Registration  
2707 Court Street  
Syracuse, New York 13208  
Phone 315-455-7571 or Fax 315-455-7573

**The Registration Office is open by Appointment ONLY.**

Registration forms can be downloaded from our website (LyncourtSchool.org) or you may call the Main Office to schedule a time to pick up a registration packet. One can be mailed upon request. You **MUST** be a resident of the Lyncourt Union Free School District to register and attend school at Lyncourt. **Please NO WALK INS - you must have an appointment.**

Proof of Residency

- A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
- A statement signed by a third-party landlord, owner, or tenant from whom the parents or person(s) in parental relation leases or with whom they share property within the District, which may be sworn or unsworn; or
- Some other signed statement from a third party establishing the parent(s') or person(s) in parental relation's physical presence within the District.

If these forms of documentation are not available, the District will accept for review other forms of documentation of residency, including but not limited to:

- Pay stub;
- Income tax form;
- Utility or other bills;
- Membership documents based on residency (e.g., library card);
- Voter registration documents;
- Official driver license, learner permit, or non-driver identification;
- State or other government issued identification or documents relating to government services or benefits;
- Documents issued by federal, state or local agencies (e.g. local social service agency, federal Office of Refugee Resettlement); or
- Evidence of custody of the child, including, but not limited to judicial custody orders or guardianship papers.

The District may also require the parent(s) or person(s) in parental relation to provide an affidavit either: (1) indicating that they are the parent(s) with whom the child lawfully resides; or (2) indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control, whether through guardianship or otherwise.

Proof of Student's Age

- Birth Certificate;
- Record of Baptism;
- Passport;
- Medical Records

Immunizations/Physical

- Updated/current list of immunizations;
- Your child's latest physical is required to complete registration for the following grades: PreK, K, 1,3,5,7,9 &11

Parents/Guardian Photo Identification

- Driver's License;
- Passport

**IF YOU ARE STATING YOU LIVE WITH A LYNLCOURT RESIDENT, YOU MUST FILL OUT THE PARENT/GUARDIAN AFFIDAVIT. THE HOMEOWNER MUST COMPLETE THE HOMEOWNER RESIDENCY AFFIDAVIT. BOTH MUST BE NOTARIZED. THE HOMEOWNER MUST SUBMIT A UTILITY BILL, LEASE AGREEMENT OR MORTGAGE PAPERWORK. THE PARENT OF THE STUDENT MUST SUBMIT AN ITEM THAT ESTABLISHES THE LYNLCOURT ADDRESS AS YOUR ADDRESS.**

If applicable:

- Proof of guardianship (through court orders) or proof of custody.
- Parents 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-availble at the Main Office.
- Those with foster children must be accompanied by a social worker and paperwork should include Form DSS-2999 from the County Department of Social Services.

# LYNCOURT UNION FREE SCHOOL DISTRICT

## Student Registration

Student ID#:	Grade Entering:	Start Date:	Teacher / Homeroom#:
Date Registered:	<input type="checkbox"/> Request for Records Date:	<input type="checkbox"/> Proof of Age	<input type="checkbox"/> IEP/504 Plan
<input type="checkbox"/> Free/Reduced Lunch App	Proof of Residency	<input type="checkbox"/> Photo ID	<input type="checkbox"/> AIS
<input type="checkbox"/> Medicaid Form	<input type="checkbox"/> Yes	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> ENL
<input type="checkbox"/> Transportation Form	<input type="checkbox"/> No	<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

Select if student is a foster child

Home Street Address:	Apt. #	
City:	State:	Zip Code:

- Check if address is a temporary living arrangement  
 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: (    )

- Check if this student previously attended Lyncourt school  
 Check if this student receives Special Education Services or other Educational Services

### OTHER CHILDREN IN THE 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			
	<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"/> Karennii <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:
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**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"/> Sole	
			<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
			<input type="checkbox"/> Joint	<input type="checkbox"/> Temporary	
			<input type="checkbox"/> Visitation	<input type="checkbox"/> Pending	
			<input type="checkbox"/> Foster placement <i>(DSS-2999 must be provided)</i>		
Street Address:			Apt #:		
City:	State:	Zip:	<b>Check all that apply</b>		
Home Phone: (    )	Cell Phone: (    )		<input type="checkbox"/> Pick up student	<input type="checkbox"/> Custody	
Employer:	Work Phone: (    )		<input type="checkbox"/> Lives with student	<input type="checkbox"/> Receive mailings	
			<input type="checkbox"/> SchoolTool / Parent Portal <i>(must provide email address)</i>		

Email Address:

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

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:
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### Special Education Services

What Language is spoken at home?

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What language does the student primarily speak?

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

### Special Education Services

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

### Academic Intervention Services

Is the student receiving any AIS (Academic Intervention Services) for any of the following areas?     Yes     No

If yes, please check all that apply:

Reading     Math

Do you have any concerns about special needs for your child?     Yes     No

If yes, please explain:

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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.:

### Parent / Legal Guardian Statement

Are you or another parent / guardian of the child an *active member* of the Armed Forces and on Active Duty in the Armed Forces?  
 Yes     No

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.

<b>Parent / Legal Guardian Signature</b>	<b>Date</b>
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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:



Elisa Alvarez, Associate 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 Person in Parental Relation:  
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.

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to

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"/> Parent 1	_____	<input type="checkbox"/> Parent 2 _____
		<i>specify</i>	<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	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

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

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

## Home Language Questionnaire (HLQ)—Page Two

### 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:     Parent     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: