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 (MUST PROVIDE TWO PROOFS)

- 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 LYNCOURT 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 LYNCOURT 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-avialble 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:	☐ Request for Records Date:	☐ Proof of Age	☐ IEP/504 Plan
☐ Free/Reduced Lunch App	Proof of Residency	☐ Photo ID	☐ AIS
☐ Medicaid Form	☐ Yes	☐ Immunization Record	☐ ENL
☐ Transportation Form	☐ No	☐ Physical	☐ Other

Do Not Write Above This Line – OFFICE USE ONLY

STUDENT INFORMATION

Last Name, First Name, Middle	Date of Birth	☐ Male ☐ 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
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			

Optional

Ethnicity (Choose one)	☐ Hispanic / Latino	☐ Not Hispanic / Latino
Race (Choose all that apply regardless of Ethnicity)	☐ American Indian or Alaska Native ☐ Black or African American	☐ Asian ☐ White ☐ Multiracial ☐ Native Hawaiian or Other Pacific Islander
Dominant Language Spoken in Home (Choose all that apply	☐ Arabic ☐ English ☐ Karen ☐ Matu Chin ☐ Somali ☐ Swahili ☐ Other ☐ Burmese ☐ Kachin ☐ Karennii ☐ Nepali ☐ Spanish ☐ 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		☐ None ☐ Sole ☐ Mother ☐ Father ☐ Joint ☐ Temporary ☐ Visitation ☐ Pending ☐ Foster placement *(DSS-2999 must be provided)*
Street Address:	Apt #:		
City:	State:	Zip:	**Check all that apply**
Home Phone: ( )	Cell Phone: ( )		☐ Pick up student ☐ Custody ☐ Lives with student ☐ Receive mailings ☐ 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		☐ None ☐ Sole ☐ Mother ☐ Father ☐ Joint ☐ Temporary ☐ Visitation ☐ Pending ☐ Foster placement *(DSS-2999 must be provided)*
Street Address:	Apt #:		
City:	State:	Zip:	**Check all that apply**
Home Phone: ( )	Cell Phone: ( )		☐ Pick up student ☐ Custody ☐ Lives with student ☐ Receive mailings ☐ 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: ( )
		☐ Pick up student

Emergency Contact 2		
Parent / Legal Guardian Full Name	Relationship to Student	Home Phone: ( ) Cell Phone: ( )
		☐ 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? ☐ 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

☐ Resource Room ☐ Special Class Placement ☐ School Counseling ☐ Outside Counseling

☐ Occupational Therapy ☐ Speech Therapy ☐ Physical Therapy ☐ 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:

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.:

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

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:

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
Is the place you claim as the base of operation where the child sleeps and resides?	☐ Yes	☐ No
Does the student intend to remain permanently in the district?	☐ Yes	☐ No
Does the student live with the adult having permanent physical custody (custodian parent or guardian) of the student?	☐ Yes	☐ No

I understand that:

- If I provide false information on this registration from 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?	☐ Yes	☐ No
If the answer is YES, please complete the remainder of this form. If the answer is NO, you may stop here. The student is currently living…		
In a household with the custodial parent and/or legal guardian	☐ Yes	☐ No
In a shelter	☐ Yes	☐ No
With more than one family or relatives in a house or apartment	☐ Yes	☐ No
In a place not designed for ordinary sleeping accommodations such as a car, park, or transportation center/station (i.e. train, bus etc.)	☐ Yes	☐ No
In a motel, hotel, trailer park, camping ground or other similar situation due to the lack of alternative, adequate housing	☐ Yes	☐ No
In an abandoned apartment/building	☐ Yes	☐ No
In an Office of Children and Family Services (OCFS) facility awaiting permanent foster care placement	☐ Yes	☐ No
As a migratory child by moving from place to place	☐ Yes	☐ No
As an unaccompanied youth for whom no parent or person in parental relation is available	☐ Yes	☐ No
Temporary Address:		

LYNCOURT UNION FREE SCHOOL DISTRICT
Medical Background Form

Medical Background (to be completed for all students by the parent / legal guardian)

Student Name:	Date of Birth:	Age:	Grade Entering:

☐ My child will have a physical with his/her private Health Care Provider.
The following documents are to be completed by a Health Care Provider
1. Section 2 of the Dental Health Certificate
2. Health Appraisal Form

☐ I am requesting a physical examination with the school doctor.

Health Care Provider's Name:	Phone Number: ( )
Number of children in the family?	Position of child in the family?

Has your child had any of the following conditions? Please check and explain all that apply.

☐ Asthma	☐ Ear Conditions / Defect	☐ Scarlet Fever
☐ ADD / ADHD	☐ Eye Conditions / Defect	☐ Seizure Disorder / Epilepsy
☐ Anemia	☐ Heart Disease	☐ Whopping Cough
☐ Bleeding Tendency	☐ Kidney Disease	☐ Operations
☐ Bone / Joint Disease	☐ Nervous Disorder	
☐ Diabetes	☐ Pneumonia	☐ Serious Injuries

☐ Allergies: (drug, food, environmental)

Please explain the checked areas here.

Please list any other serious problems this child has had from birth to present.

Does your child wear (please check all that apply):

☐ Glasses ☐ Contact Lenses ☐ Hearing Aid(s) ☐ Orthodontic (teeth) Braces

☐ Orthopedic Brace (check all that apply): ☐ Right ☐ Left ☐Both ☐ Wrist ☐ Knee ☐ Ankle ☐ Other body part -

Medication Information

Is this child currently taking medication prescribed by a physician? ☐ Yes ☐ No

If Yes, Please list below:

Name of Medication	Dose and Frequency	Reason Taking Medication
1.		
2.		
3.		
4.		

Please Note: If any medication is to be dispensed during school hours, a the Authorization for Dispensing Medication Form, *must* be completed by the student's Health Care Provider *and* parent or legal guardian and brought to the school nurse with the medication. The Authorization for Dispensing Medication Form and additional information can be obtained from the school nurse.

Emergency Information

In the event a parent / legal guardian cannot be reached, I give my permission for emergency medical treatment to be administered to my son / daughter. Also, I give permission for this information to be given to an emergency medical provider.

Parent / Legal Guardian Signature **Date**

LYNCOURT UNION FREE SCHOOL DISTRICT
Health Certificate / Appraisal Form

NYSED requires an annual physical exam for new entrants, students in Grades PreK, K, 1, 3, 5 and 7, sports, working permits and triennially for the Committee on Special Education (CSE).

Student Name:	**Date of Birth:**	**Age:**	**Grade Entering:**
School:	**Gender:** ☐ M ☐ F	**Today's Date:**	

Medicines: Please list all the prescription and over-the-counter medicines and supplements (herbal & nutritional) that the student is currently taking.

Do you have any allergies? ☐ Yes ☐ No If **yes**, please identify specific allergy below:

☐ Food ☐ Pollens ☐ Stinging Insects ☐ Medicines (please list)

Explain "Yes" answers below. Circle questions you don't know the answers to.

General Questions	**Yes**	**No**
1. Has a doctor ever denied or restricted your participation in sport for any reason?		
2. Do you have any ongoing medical conditions? If **yes**, please identify: ☐ Asthma ☐ Anemia ☐ Diabetes		
3. Have you ever spent the night in a hospital?		
4. Have you ever had surgery?		
Heart and Health Questions About You	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had any discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If **yes**, check all that apply. ☐ A heart murmur ☐ A heart infection ☐ High blood pressure ☐ High cholesterol ☐ Kawasaki disease ☐ Other -		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Do you get more tired or short of breath more quickly than your friends during exercise?		
12. Have you ever had an unexplained seizure?		
Heart Health Questions About Your Family	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting or unexplained seizures?		
Bone and Joint Questions	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		

LYNCOURT UNION FREE SCHOOL DISTRICT
Health Certificate / Appraisal Form

Student Name:	Date of Birth:	Age:	Grade Entering:
School:	Gender: ☐ M ☐ F	Today's Date:	

Bone and Joint Questions Continued	Yes	No
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		
Head Injury / Concussion	**Yes**	**No**
26. Have you ever had a head injury or concussion?		
27. How many concussions have you had?		
28. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
Missing / Single Organ	**Yes**	**No**
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
Medical Questions	**Yes**	**No**
30. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
31. Have you ever used and inhaler or taken asthma medicine?		
32. Is there anyone in your family who has asthma?		
33. Do you have groin pain or painful bulge or hernia in the groin area?		
34. Have you had infectious mononucleosis (mono) within the last month?		
35. Do you have any rashes, pressure sores, or other skin problems?		
36. Have you had a herpes or MRSA skin infection?		
37. Do you have a history of seizure disorder?		
38. Do you have headaches with exercise?		
39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
40. Have you ever been unable to move your arms or legs after being hit or falling?		
41. Do you or someone in your family have sickle cell trait or disease?		
42. Have you had any problems with your eyes or vision?		
43. Have you had any eye injury?		
44. Do you wear glasses or contact lenses?		
45. Do you wear protective eyewear, such as goggles or face shield?		
46. Do you worry about your weight?		
47. Are you trying to or has anyone recommended that you gain or lose weight?		
48. Are you on a special diet or do you avoid certain types of foods?		
49. Have you ever had an eating disorder?		
50. Do you have any concerns that you would like to discuss with a doctor?		
Females Only	**Yes**	**No**
51. Have you ever had a menstrual period?		
52. How old were you when you had your first menstrual period?		
53. How many periods have you had in the last 12 months?		

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.

Parent / Legal Guardian Signature **Date**

LYNCOURT UNION FREE SCHOOL DISTRICT
Food Allergy Awareness Information Form

Student Name:	Date of Birth:	Age:	Grade Entering:

Does your child have any known food allergies / intolerances? ☐ Yes (Continue) ☐ No (Stop / Sign Form)

Food Allergy

What age was the student diagnosed with an allergy?

Specific food allergies?

☐ Pure food, list allergies:

☐ As an ingredient, list allergies:

Reaction signs:

Is medication required?

Is antihistamine in Nurses' Office?

Is epinephrine (Epi-Pen) in Nurse's office?

Non-Medical Dietary Restrictions

Please list all non-medical dietary restrictions:

Food Intolerance

☐ Pure food, list food intolerance(s):

☐ As an ingredient, list specific ingredient(s):

Reaction signs:

If lactose intolerant, is it: ☐ Milk ☐ Yogurt ☐ Ice Cream ☐ Cheese
☐ All types of food or beverages that contain milk

Has the student been hospitalized as a result of an allergic reaction? ☐ Yes ☐ No

If student has **peanut** or **tree-nut** allergy, can student eat anything manufactured in a plant that processes items with peanuts and tree-nuts?
☐ Yes ☐ No

A physician's note must be submitted to the school nurse if you are reporting a food allergy / intolerance for the first time or there has been a change in your child's allergy / intolerance status. A physician's note can be faxed or submitted in person to appropriate school.

Signature indicates agreement to allow the Lyncourt Union Free School District to share information on this document with appropriate personnel.

Parent / Legal Guardian Signature **Date**

LYNCOURT UNION FREE SCHOOL DISTRICT
Dental Health Certificate

Parent / Legal Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 1, 3, 5, 7 and 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed for to the school's medical director or school nurse as soon as possible.

Section 1 - To be completed by Parent / Legal Guardian (Please Print)

Last Name, First Name, Middle	Date of Birth	Gender
		☐ M ☐ F

Will this be your child's first visit to the dentist? ☐ Yes ☐ No

School:	Grade Entering:

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 / Legal Guardian Signature **Date**

Section 2 - To be completed by the Dentist

I. The **Dental Health condition** of on .(date of exam)

The date of the exam needs to be within 12 months of the start of the school year in which it is requested.

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

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 eat the public school does not preclude the student from attending school.

Dentist's name and address (Please print or stamp)	Dentist'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)? ☐ A tooth that is missing because it was extracted as a result of caries **or** an open cavity?
☐ Yes	☐ No	Untreated Caries ☐ Does the child have an open cavity? (At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration 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, ar considered sound unless a cavitated lesion is also present)
☐ Yes	☐ No	Dental Sealants Present

Other problems (specify):

III. **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.

Revisions to School Health Services Regulations Effective July, 1, 2018.

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

- Vision screening for distance and newer vision acuity will be required within 6 months of admission to school and in grades Pre-K or K, 1, 3, 5, 7, and 11.

Hearing

- Hearing screening utilizing pure tone testing will be required within 6 months of admission to school and in grades Pre-K or K, 1, 3, 5, 7, and 11.

Scoliosis

- Scoliosis screening will be required in grades 5 and 7 for girls and grade 9 for boys.

Health Appraisals

- Health examinations will be required in grades Pre-K or K, 1, 3, 5, 7, 9, and 11.

Dental Certificates

- A dental certificate is requested for all newly entering students and students in grades Pre-K, Kindergarten, 1, 3, 5, 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 (315-455-7571, ext) if you have any questions or concerns.

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.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: ☐ Female ☐ Male	Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

☐ **Allergies**	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ **Asthma**	☐ Intermittent ☐ Persistent ☐ Other: ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ **Seizures**	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ **Diabetes**	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors:Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.*

BMI_____kg/m2

Percentile (Weight Status Category): ☐ < 5th ☐ 5th- 49th ☐ 50th- 84th ☐ 85th- 94th ☐ 95th- 98th ☐ 99th and >

Hyperlipidemia: ☐ Yes ☐ Not Done **Hypertension:** ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K	Date
TB- PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥5 µg/dL	
Sickle Cell Screen-PRN	☐	☐			

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine/Neck	☐ Skin	☐ Social Emotional
☐ Mental Health	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
☐ Additional Information Attached	*Required only for students with an IEP receiving Medicaid

Name:	Affirmed Name (if applicable):	DOB:

SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision Screening	With Correction ☐Yes ☐ No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	☐ Yes	☐
Near Vision Acuity		20/	20/	☐ Yes	☐
Color Perception Screening	☐ Pass ☐ Fail				☐

Notes

Hearing Screening: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. **Not Done**

Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes	☐

Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	Negative	Positive	Referral	Not Done
	☐	☐	☐ Yes	☐

FOR PARTICIPATION IN PHYSICAL EDUCATION*/SPORTS*/PLAYGROUND/WORK

☐ ***Family cardiac history reviewed** – required for Dominick Murray Sudden Cardiac Arrest Prevention Act

☐ **Student may participate in all activities without restrictions.**

If Restrictions Apply – Complete the information below

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Other Accommodations*:** Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.

MEDICATIONS

☐ Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE	IMMUNIZATIONS
☐ Confirmed free of communicable disease during exam	☐ Record Attached ☐ Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: | Fax:

Please Return This Form to Your Child's School Health Office When Completed.

Dear Parents / Guardians,

Please let us know your student's **After School Routine** by indicating below.

Your Student's name:

_____

- Busser
- BASCOL (After School Program)
- Walker that is picked up by a parent **OUT FRONT** at designated door
- Walker that is allowed to **walk home on their own or with a sibling**
- Walker that is **picked up by a babysitter or another family member. Please list babysitter or family member** below:

  _____

  _____

  _____
- **Car Pick Up** by parent /guardian **OUT BACK** (Behind the School)

Thank you for your cooperation in this matter. Please sign and return this form to your child's teacher.

_____

Parent's Signature

Please fill in your and your child's names & sign the bottom of the form even if you DO NOT have MEDICAID. This form will stay in your child's file, and will only be used if/when your child receives special education services.

Lyncourt UFSD
Committee on Special Education
2707 Court Street
SYRACUSE, NY 13208 (3154557571)

Medicaid Consent

Dear Parent/Guardian:

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill for covered health-related services and to release information to the school district's/county's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____,
(print name of parent/guardian) ***(please print name of child)***

have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid;
- I have the right to withdraw consent at any time; and
- The school district must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district/county to release the following records/information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)	
IEP	Medication Administration Report
Written Order/Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable Information
Session Notes	Any Other Specific Records Pertaining to the Student's Services or Program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Medicaid CIN # ☐☐☐☐☐☐☐☐☐ **Or Initial here: _____ My Child is NOT Eligible for Medicaid.**

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Appendix B

Digital Equity Survey Question Guidance

That May be Used to Assist Parents with Responses

Overall:

"Device" is defined as a computing device, such as a laptop, desktop, Chromebook, iPad, or full-size tablet. "Device" for the purposes of this survey, is NOT a phone or mini tablet, nor is it a mobile internet access point, such as a MIFI.

"Dedicated" devices are devices that are not shared, where the student is allowed to take the device when they leave the school building to participate in learning outside of school. They are for single student use and are not shared with other students or household members.

"Sufficient" access means that the student does not regularly experience issues (slowdowns, buffering, disconnections, unreliable connection, etc.) while participating in required or assigned instruction and learning activities, as measured during peak household usage.

"Reliable" access should be judged against the goal of "All the Time" access, as indicated in the National Educational Technology Plan. The Plan states the expectation that technology-enabled learning should be available for all students, everywhere, all the time (NETP 2017).

Question 1: Did the school district issue your child a dedicated school or district owned device for their use during the school year?

"Yes" means the school district issued the student a dedicated device to use at home.

"No" means that the school district has not issued a dedicated device to the student to use at home.

Question 2: What is the device your child uses **most often** to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)

Choice can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.

DESKTOP LAPTOP TABLET CHROMEBOOK SMARTPHONE NO DEVICE

Please select a response other than "No Device" if you previously responded "Yes" to Question 1.

Question 3: Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)

"School" means that the school district provided the device for the student to use.

"Personal" means that the student uses a device not provided by the school district.

"No Device" means the student does not have a device to use.

You should answer "No Device" if you previously responded "No Device" to Question 2.

Question 4: Is the primary learning device (identified in question 2) shared with anyone else in the household?

"Shared" means multiple students/people share the device for school or work. This can be a school provided device or another device, whichever the student is most often using to complete their schoolwork.

"Not Shared" means dedicated to one student. This can be a school provided device or another device, whichever the student is most often using to complete their schoolwork.

"No Device" means the student does not have a device to use.
You should answer "No Device" if you previously responded "No Device" to Questions 2 and 3 respectively.

Question 5: Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?

"Yes" means the student has a sufficient device (a computer or computing device such as a laptop, desktop, Chromebook, or full-sized iPad or other tablet), that is able to connect to the internet (even if an internet connection is not always available); has a screen size of at least 9.7"; has a keyboard (on-screen or external) and a mouse, touchscreen, or touchpad; and can run all applications, allowing for full participation in learning without or with very limited issues.

"No" means that the student does not have a device that meets the criteria above.

You should answer "No" if you previously responded "No Device" to Questions 2, 3, and 4 respectively.

Question 6: Is your child able to access the internet in their primary place of residence?

"Yes" means the student has internet access in their primary residence where the student typically resides.

"No" means the student does not have internet access in their primary residence.

Note: If student has multiple residences that share equal time, answer this question according to the residence that has the more limited access

Question 7: What is the primary type of internet service used in your child's primary place of residence?

"Residential Broadband" means a high-bandwidth connection to the Internet at your home by using a cable (fiber or coaxial) connected to an Internet service provider such as Spectrum, AT+T, Frontier, etc.

"Cellular" means wireless Internet access delivered through cellular towers to computers and other devices. Uses your cell phone provider for internet access.

"Mobile Hotspot" means a wireless access point created by a dedicated hardware device or a smartphone feature that shares the phone's cellular data. For example, a cellphone or a device like a Kajeet, Verizon Jetpack, Netgear Nighthawk or MiFi.

"Community WiFi" means allowing Internet connection to visitors and guests using an existing Wi-Fi infrastructure in the community such as a library, café, hotel, etc.

"Satellite" means a wireless connection through the use of a satellite dish located on your property.

"Dial up" means a service that allows connectivity to the Internet by using a modem and a standard telephone line.

"DSL" Digital Subscriber Line means a high-speed bandwidth connection from a phone wall jack on an existing telephone network that works within the frequencies so you can use the Internet while making phone calls.

"Other" means none of the other choices apply.

"None" means that you do not have Internet access in your home.

You should answer "None" if you previously responded "No" to Question 6.

Question 8: In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?

"Yes" means the student experiences very few or no interruptions in learning activities caused by poor internet performance in their primary place of residence.

"No" means the student regularly experiences interruptions and is unable to complete all learning activities due to poor internet performance in their primary place of residence or lack of internet access.

You should answer "No" if you previously responded "No" and "None" to Questions 6 and 7 respectively.

Question 9: What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?

"**Availability**" means you cannot actually get fiber (or satellite or cell service) at your home.

"**Cost**" means the service available to your neighborhood is cost prohibitive.

"**None**" means that your child has sufficient and reliable access to the internet.

"**Other**" means none of the other choices apply.

You should answer "None" if you previously responded "Yes" to Question 8.

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2022-2023
Digital Equity Survey

Student _____ **District** Lyncourt UFSD

Collecting an accurate picture of the digital resources for our New York students will greatly help educators to better serve our students and families. In order to accomplish this, the New York State Education Department is asking parents to complete a Digital Equity survey (for each student in the family) in grades Kindergarten - Grade 12. This survey will provide information on student access to devices and internet access in their places of residence. To assist us in this process, ***please answer each question below*** *and follow any additional instructions provided for submitting or returning the survey. Thank you for your time and cooperation.*

Use blue or black ink.

1. Did the school district issue your child a dedicated school or district owned device for their use during the school year?
   O Yes O No

2. What is the device your child uses **most often** to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)
   O Desktop O Chromebook
   O Laptop O Smartphone
   O Tablet O No Device

3. Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork)
   O School O Personal O No Device

4. Is the primary learning device (identified in question 2) shared with anyone else in the household?
   O Shared O Not Shared O No Device

5. Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?
   O Yes O No

6. Is your child able to access the Internet in their primary place of residence?
   O Yes O No

7. What is the primary type of internet service used in your child's primary place of residence?
   O Residential Broadband O Dial Up
   O Cellular O DSL
   O Mobile HotSpot O Other
   O Community Wi-Fi O None
   O Satellite

8. In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment uploads, without interruptions caused by slow or poor internet performance?
   O Yes O No

9. What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?
   O Availability O Other
   O Cost O None

Student ID

District ID

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

Lissette 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: *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?	❑ English	❑ Other *specify*	
2. What was the first language your child learned?	❑ English	❑ Other *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother *specify*	❑ Father *specify*	
	❑ Guardian(s) *specify*		
4. What language(s) does your child understand?	❑ English	❑ Other *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other *specify*	❑ 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? _____

_____ Month: Day: Year: _____
Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ❑ **Mother** ❑ **Father** ❑ **Other:**_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ❑ 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:

"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
www.lyncourtschool.org

James J. Austin
Superintendent

Kimberly A. Davis
Principal

Cathryn L. Marchese
Business Administrator

Household Income Eligibility Form

Why we need you to fill out the Household Income Eligibility Form when meals are free anyway?

It is important for EVERY family to fill out this form because doing so impacts the amount of aid the district receives. School Aid directly impacts programs for students. Lyncourt School District receives funding from the state and federal governments to support the needs of low-income students. For each student who qualifies for free or reduced-price meals, our district receives thousands of additional dollars in funding. Studies show that many eligible students, in particular middle school and high school students, do not complete this form each year, leaving thousands of dollars in funding for Lyncourt School District on the table.

What if my child doesn't want to eat school lunch? Why should I fill out the form?

Even if your child chooses to bring their own lunch, or goes to a school where all students receive free lunch, filling out the form is very important! It ensures that your school gets all of the funding and benefits available to support teachers and students. In addition, even if your child does not eat school lunch, students who qualify for free lunch also can receive other benefits like:

Discounts for your family on utilities and internet service
Reduced fees for SAT and ACT tests and college applications
Reduced College Application Fees
Future P-EBT Benefits

Is the Information I Submit Confidential?

The information you submit on the Free and Reduced application cannot be shared by the Food Service Department.
Personal information submitted on the form is not shared with the state or federal government: only the number of students who qualify for free or reduced lunch is shared.
Principals and teachers are not told which students qualify for free or reduced lunch benefits.
Lyncourt School District does not share information with other organizations that provide benefits. But if your child does qualify for free or reduced-price lunch, you may use the eligibility form provided by Lyncourt School District to qualify for other benefits through providers like Spectrum Cable and National Grid.

Please call the Food Service Office at (315) 455-7571 ext.4 if you need more information.

Community Eligibility Provision
Household Income Eligibility Form

Lyncourt School District is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call (315) 455-7571 ext. 4 if you need help.

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

Student Name	School	Grade/Teacher	Foster Child	No Income
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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 5, and sign the application.

Name: ______________________ CASE #______________________

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive 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:

Home Phone

Work Phone

Home Address

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 Total Household Income/How Often: Household Size:

Free Eligibility Reduced Eligibility Denied Eligibility

Signature of Reviewing Official

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

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

(1) Print the names of the children, including foster children, for whom you are applying on one form.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 **HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

(1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) 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 form in PART 4. **SKIP PART 3 -** Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 **ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.**

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living 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.

PRIVACY ACT STATEMENT

The information provided above is private and intended solely for the use of the Lyncourt Union Free School District.