
LaFayette Jr/Sr High School
3122 Route 11 North
LaFayette, NY 13084

Big Picture School
3122 Route 11 North
LaFayette, NY 13084

C. Grant Grimshaw Elementary
5957 Route 20 West
LaFayette, NY 13084

Onondaga Nation School
Route 11A RR#1 Box 270
Nedrow, NY 13120

REGISTRATION PACKET

Welcome to LaFayette Central School District!

LaFayette Central School District
Central Registration
5955 US Route 20 West
LaFayette, NY 13084
(315) 677-9728
(315) 677-3372 (f)

Revised 3/16/2016

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Welcome to LaFayette Central School District

Thank you for your interest in the LaFayette Central School District (the “District”)! In order to standardize the registration process, we ask that you provide the following information along with the attached registration paperwork.

1. PROOF OF RESIDENCY:

Please submit evidence establishing you and your child’s physical presence in the school district. Such evidence may include:

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

If the documentation listed above is not available, the District will consider other forms of documentation, which may include, but will not be limited to:

- Pay stub
- Income tax form
- Utility or other bills
- Membership documents (e.g., library cards) based upon residency
- Voter registration document(s)
- Official driver’s license, learner’s permit or non-driver identification
- State or other government issued identification
- Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)
- 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) and/or person(s) in parental relation to the child 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, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise.

2. PROOF OF AGE:

The District will require documentation and/or information establishing your child’s age. Please supply a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. Where such documentation is not available, a passport (including a foreign passport) may be used.

Where a birth certificate or passport is not available, the District may consider certain other evidence, which has been in existence two years or more. Other evidence may include, but will not be limited to the following:

- Official driver's license
- State or other government issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Military dependent identification card
- Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)
- Court order of other court-issued documents
- Native American tribal document
- Records from non-profit international aid agencies and voluntary agencies

3. EVIDENCE OF IMMUNIZATIONS & PHYSICAL:

In accordance with New York State's Public Health Law, the District must also receive evidence that your child has been immunized in accordance with the New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance. These records will be necessary to ensure your child's continued attendance. Additionally, please provide us with records of any recent physical examination your student has received. New York State mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

The items listed above will provide the District with the information that is needed to properly register your child(ren). All items are essential to the registration process.

In addition to the above, if your child receives special education services or has a medical accommodation plan, please indicate this by checking the appropriate box on the first page of the packet, and provide a copy of the current plan. Please also bring a copy of the student's last report card.

After your completed registration materials are submitted to the District Office, you may contact the building principal who is appropriate to each child being registered. You will find a list of LaFayette Central School District Staff names and phone numbers in this packet. The starting date of attendance will be determined by the next school day, or as soon as practicable. We wish your family a happy and successful school year!

Sincerely,
Vanessa Tryon
District Registrar
(315) 677-9728
(315) 677-3372 (f)
vtryon@lafayetteschools.org

LaFayette Central School District

5955 US Route 20 West LaFayette, NY 13084

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www.lafayetteschools.org

District Staff and Telephone Numbers

District Office, 677-9728

Laura Lavine, Superintendent

Tiffany Turner, School Business Official

Vanessa Tryon, Superintendent Secretary/District Registrar

Instruction and Pupil Services, 677-5506

Karen Ocque, Director of Instruction and Pupil Services

Patricia McElhannon, Pupil Services Secretary

Athletic Office, 677-3087

Jerry Kelly, Athletic Coordinator

Transportation Office, 677-9700

Ron Cooper, Transportation Supervisor

Food Services, 677-9761

Rob Kennedy, Food Service Manager

LaFayette Jr./Sr. High School, 677-3131

James Chupaila, Interim Principal

Tiana Poplawski, Main Office Secretary

Bill O'Leary, Director of Guidance, 677-7849

Paula Thompson, Guidance Secretary

C. Grant Grimshaw Elementary, 677-3152

Jennifer Blossey, Principal

Big Picture Learning, 504-1000

Susan Osborn, Principal

Kymerly Weil, Main Office Secretary

Onondaga Nation School, 469-6991

Diane Ellsworth, Principal

Charmaine Booth, Main Office Secretary

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Release of Information Form

According to the Final Regulations–Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within an educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student’s record without a written consent for such release.

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

Previous School Name: _____

Phone Number: _____ Fax: _____

Please send the following information to the appropriate department(s) below so that a proper placement can be made:

- Transcript/Report Cards
- Guidance/Anecdotal Records
- Attendance Reports
- Psychological Evaluation
- Standardized Test Scores/Regents Assessments
- Academic Intervention Service Records
- Health Records (including Immunizations)
- Discipline Records
- IEP/CSE Records

Central Registration

Attn: Vanessa Tryon

Fax: 677-3372

vtryon@lafayetteschools.org

(Any IEP/CSE Paperwork)

Department of Pupil Services

Attn: Patricia McElhannon

Fax: 677-3132

pmcelhannon@lafayetteschools.org

Parent/Guardian Signature

Date

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District Registration Form

_____	Building
_____	Pupil Services
_____	Transportation
_____	Athletics (Gr. 9-12)
_____	Technology
_____	Food Services
_____	Health

STUDENT INFORMATION: Please print. Complete all the information requested and check the appropriate spaces.

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ Zip _____

Gender: Female Male Residence Telephone Number _____

Date of Birth _____ Home Language _____

REGISTRATION INFORMATION: For School-Age Children Only.

Previous School Attended _____

School Address _____ Phone Number _____

Entering: LaFayette Jr/Sr High School (7-12) C. Grant Grimshaw Elementary (PK-6)

Big Picture Learning (9-12) Onondaga Nation School (PK-8)

Entering into Grade _____ Transportation by Bus Walk/Drop Off and Pick Up by Parent/Guardian

Has student ever attended LaFayette CSD? Y N If yes, what years? _____

Has student ever received Special Education or Section 504 Services? Y N

Is student currently classified? Y N

Was the student held out an extra year before entering Kindergarten? Y N

Has the student been held back an extra year? Y N If yes, what grade? _____

Is student receiving Academic Intervention/Support Services? Y N

If yes, please check: Speech Occupational/Physical Therapy Reading AIS Adaptive PE

FAMILY BACKGROUND:

Student lives with: Both Parents Father Mother Other (Relationship _____)

Legal documentation of custody? Yes (copies attached) No N/A

Parent/Guardian(s) deceased? Yes No If yes, name of deceased _____

For Office Use Only

Student ID _____ Foster Child? Y N Proof Of Age? _____

Date Received _____ Foreign Exchange Student? Y N Proof of Immunization _____

Registration Date _____ Tuition Student? Y N Custody Documents? _____

School Year _____ Homeroom # _____

CUSTODIAL PARENT/GUARDIAN INFORMATION:

Father/Guardian

Last Name _____ First Name _____ Middle _____
Street Address _____ City _____ Zip _____
Home Telephone _____ Cell _____ SMS Texting? _Y _N
Employer _____ Work Telephone & Extension _____
Email _____

Mother/Guardian

Last Name _____ First Name _____ Middle _____
Street Address _____ City _____ Zip _____
Home Telephone _____ Cell _____ SMS Texting? _Y _N
Employer _____ Work Telephone & Extension _____
Email _____

Other Children in the Home:

First & Last Name	Age	Sex	Birth Date	School (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contacts: List up to four (4) local emergency contacts who are available during school hours.

Name 1 _____ Relationship _____
Address _____
Cell _____ Home Telephone _____
Name 2 _____ Relationship _____
Address _____
Cell _____ Home Telephone _____
Name 3 _____ Relationship _____
Address _____
Cell _____ Home Telephone _____
Name 4 _____ Relationship _____
Address _____
Cell _____ Home Telephone _____

McKinney-Vento Registration Form

Name of School_____ Grade_____ School Year_____

Name of Student_____

Date of Birth_____ Age_____ Sex Male Female

The answers to these residency questions and the information given will help us to determine the services that the student may be eligible to receive.

- 1) Is your current address a temporary living arrangement? Yes No
- 2) If yes, is this temporary arrangement due to loss of housing or economic hardship? Yes No

OR

- 3) Is this temporary arrangement voluntary? Yes No

If you answered YES to questions 1 **AND** 2, please complete the remainder of this form. If you answered NO to either question 1 or 2, you may stop here.

Where is the student presently living?

Student lives with parent/guardian

- in a motel
- in a shelter
- with more than one family in a house or apartment
- moving from place to place
- in a car or campsite
- other (explain)_____

OR

with friends or family members (other than parent or guardian)

- in a motel
- in a shelter
- other (explain)_____
- in a car or campsite
- moving from place to place

OR

with head of household (name) _____ (Telephone)_____

OR

Student lives by himself/herself

- in a motel
- in a shelter
- other (explain)_____
- in a car or campsite
- moving from place to place

Name of Parent/Legal Guardian/Head of Household _____
(Circle One)

Address _____
Street City State Zip

Home Telephone _____ Work Telephone (Father) _____
(Mother) _____

Signature _____ Date _____
Parent/Guardian/Head of Household

I am the parent/legal guardian/head of household of _____
Name of Student
who is seeking admission to the LaFayette Central School District. Since _____
Date

our family has been living under the above-mentioned temporary living arrangements.
_ We anticipate moving into a permanent residence by _____.
Date
_ We do not yet know when we will obtain permanent residency.

I declare under penalty of perjury under the laws of New York State that the information provided here is true and correct.

Signature _____ Date _____
Parent/Guardian

The District reserves the right to verify any and all information contained in the above form.

For Office Use Only:

I certify that the above named student does/does not qualify as a student in transition under the provisions of the McKinney-Vento Act.

District McKinney-Vento Act Liaison

Date