
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
LaFayette, NY 13084

Onondaga Nation School
3285 State Route 11A
Nedrow, NY 13120

REGISTRATION PACKET

Welcome to LaFayette Central School District!

LaFayette Central School District
Central Registration
5955 US Route 20
LaFayette, NY 13084
Phone: (315) 677-9728
Fax: (315) 677-3372

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*Per Chapter 434 of the Laws of 2014, Public schools are required to notify every parent of their rights regarding referral and evaluation of their child(ren) for the purposes of the special education services or programs upon their child's enrollment in public school. Families seeking more information can read *A Parent's Guide To Special Education* www.p12.nysed.gov/specialed/publications/policy/parentguide.htm

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 and CURRENT YEAR 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,
Paula Hibbert
District Registrar
(315) 677-9728
(315) 677-3372 (f)
phibbert@lafayetteschools.org

LaFayette Central School District

5955 US Route 20 LaFayette, NY 13084
Phone: 315-677-9728 * Fax: 315-677-3372
www.lafayetteschools.org

District Staff and Telephone Numbers

District Office, 315-677-9728

Jeremy Belfield, Superintendent
Cindy Daley, School Business Manager
Paula Hibbert, Superintendent Secretary/District Registrar

Instruction and Pupil Services, 315-677-5506

Karen Ocque, Director of Instruction and Pupil Services
Patricia McElhannon, Pupil Services Secretary

Athletic Office, 315-677-3087

Jerry Kelly, Athletic Coordinator

Transportation Office, 315-677-9700

Ron Cooper, Transportation Supervisor
Stephanie Benner, Transportation Assistant

Food Services, 315-677-9761

Rob Kennedy, Food Service Manager

LaFayette Jr./Sr. High School, 315-677-3131

Jason Ryan, Principal
Theresa Flint, Main Office Secretary
Guidance Office, 315-677-7849
Tiana Poplawski, Guidance Secretary

C. Grant Grimshaw Elementary, 315-677-3152

Jennifer Blossey, Principal
Sarah Munnell, Main Office Secretary
Megan Simmons, Main Office Secretary

Big Picture Learning, 315-504-1000

Susan Osborn, Principal
Kymberly Weil, Main Office Secretary

Onondaga Nation School, 315-469-6991

Simone Gonyea, Principal
Charmaine Booth, Main Office Secretary
Trisha Forgarty, Administrative Intern

LaFayette Central School District

5955 US Route 20 LaFayette, NY 13084

315-677-9728 (p)/315-677-3372 (f)

www.lafayetteschools.org

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 on ____/____/____:

- 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: Student Records
Fax: 315-677-3372

phibbert@lafayetteschools.org

(Any IEP/CSE Paperwork)

Department of Pupil Services
Attn: Patricia McElhannon
Fax: 315-677-3372

pmcelhannon@lafayetteschools.org

Parent/Guardian Signature

Date

LaFayette Central School District

5955 US Route 20 LaFayette, NY 13084

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www.lafayetteschools.org

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 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? <input type="checkbox"/> Y <input type="checkbox"/> N	Proof Of Age? _____
Date Received _____	Foreign Exchange Student? <input type="checkbox"/> Y <input type="checkbox"/> N	Proof of Immunization _____
Registration Date _____	Tuition Student? <input type="checkbox"/> Y <input type="checkbox"/> N	Custody Documents? _____
School Year _____	Homeroom # _____	

CUSTODIAL PARENT/GUARDIAN INFORMATION:

Primary Contact/Guardian

Last Name_____ First Name_____ Middle_____

Street Address_____ City_____ Zip_____

Home Telephone_____ Cell_____ SMS Texting? _Y _N

Employer_____ Work Telephone & Extension_____

Email_____

Secondary Contact/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_____

Telephone _____ (Cell/Home) Email_____

Name 2_____ Relationship_____

Address_____

Telephone _____ (Cell/Home) Email_____

Name 3_____ Relationship_____

Address_____

Telephone _____ (Cell/Home) Email_____

Name 4_____ Relationship_____

Address_____

Telephone _____ (Cell/Home) Email_____

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

OR

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

OR

Student lives by himself/herself

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

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



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

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:

Month Day Year

GENDER:

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

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

SCHOOL DISTRICT INFORMATION:

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: