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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

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## 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

## TABLE OF CONTENTS

Registration Required Information Letter	3-4
District Staff and Telephone Numbers	5
Release of Information Form	6
District Registration Form	7-8
McKinney-Vento Registration Form	9-10

\*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](http://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](http://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](http://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](mailto:phibbert@lafayetteschools.org)

*(Any IEP/CSE Paperwork)*

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

[pmcelhannon@lafayetteschools.org](mailto:pmcelhannon@lafayetteschools.org)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# LaFayette Central School District

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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.

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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