REGISTRATION PACKET

Welcome to
LaFayette Central
School District!

LaFayette Central School District
Central Registration
5955 US Route 20
LaFayette, NY 13084
(315) 677–9728
(315) 677–3372 (f)
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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](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,
Vanessa Tryon
District Registrar
(315) 677-9728
(315) 677-3372 (f)
vtryon@lafayetteschools.org
District Staff and Telephone Numbers

District Office, 315–677–9728
Jeremy Belfield, Superintendent
Cindy Daley, School Business Manager
Vanessa Tryon, 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 Crimshaw Elementary, 315–677–3152
Jennifer Blossey, Principal
Paula Hibbert, Main Office Secretary
Sarah Munnell, Main Office Secretary

Big Picture Learning, 315–504–1000
Susan Osborn, Principal
Kymberly Weil, Main Office Secretary

Onondaga Nation School, 315–469–6991
John Gizzi, Interim Principal
Charmaine Booth, Main Office Secretary
Simone Thornton, Dean of Students
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
vtryon@lafayetteschools.org

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
315-677-9728 (p)/315-677-3372 (f)
www.lafayetteschools.org

District Registration Form

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 #________________

Building
Pupil Services
Transportation
Athletics (Gr. 9-12)
Technology
Food Services
Health
CUSTODIAL PARENT/GUARDIAN INFORMATION:

Primary Contact/Guardian

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Street Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Home Telephone</th>
<th>Cell</th>
<th>SMS Texting?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><em>Y</em> _N</td>
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<table>
<thead>
<tr>
<th>Employer</th>
<th>Work Telephone &amp; Extension</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Email</th>
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</table>

Secondary Contact/Guardian

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Street Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
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<tr>
<th>Email</th>
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Other Children in the Home:

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Age</th>
<th>Sex</th>
<th>Birth Date</th>
<th>School (if applicable)</th>
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</table>

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

Name 1

<table>
<thead>
<tr>
<th>Relationship</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

Address

<table>
<thead>
<tr>
<th>Telephone (Cell/Home)</th>
<th>Email</th>
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<tbody>
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</table>

Name 2

<table>
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<tr>
<th>Relationship</th>
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</table>

Address

<table>
<thead>
<tr>
<th>Telephone (Cell/Home)</th>
<th>Email</th>
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</table>

Name 3

<table>
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<tr>
<th>Relationship</th>
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<tbody>
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</table>

Address

<table>
<thead>
<tr>
<th>Telephone (Cell/Home)</th>
<th>Email</th>
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</table>

Name 4

<table>
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<tr>
<th>Relationship</th>
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Address

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<th>Telephone (Cell/Home)</th>
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McKinney–Vento Registration Form

Name of School__________________________________________ Grade_____ School Year________

Name of Student________________________________________________________________________

Last    First    Middle
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)

____________________________________________________________________________________

OR

with head of household (name) __________________________(Telephone)____________________

OR

Student lives by himself/herself
__ in a motel
__ in a shelter
__ 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.

_________________________________________ Date ______________
District McKinney–Vento Act Liaison