

LAKE GEORGE CENTRAL SCHOOL DISTRICT CPSE STUDENT REGISTRATION CHECKLIST

Student Name: _____ Enrollment Date: _____

Welcome to Lake George Central School District! In an effort to ensure a smooth registration process, we have created a checklist of items to complete prior to registering in our main office.

Please call (518) 668-5714 ext. 1211 or email fullenn@lkgeorge.org with any questions.

Please complete the forms included in this packet and bring them with you to your registration appointment:

- _____ **CPSE Referral Form**
- _____ **Residency Questionnaire**
- _____ **Student Information Update**
- _____ **Health History**
- _____ **Mandatory New Student Questionnaire**
- _____ **Record Release Authorization**
- _____ **Affidavit - Family Residence** (*Must be notarized*)

Please also bring the following documents to your registration appointment:

- _____ **Record of Physical Exam** (*Must be from within the last year*)
- _____ **Immunization Record**
- _____ **Proof of Residency** (*Must show the parent(s)/guardian(s) residential address*)

Documentation of proof of residency in the Lake George school district may include a copy of a residential lease, deed, or mortgage statement; or a notarized statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian(s) lease from or live with.

If parent(s)/guardian(s) are unable to provide any of the above documentation, the district may consider the following as proof of residency: utility bills; pay stub; income tax form; membership documents based upon residency; voter registration documents; official driver's license, learner's permit, or non-driver ID; state or other government issued identification; documents issued by federal, state, or local agencies; custody or guardianship papers.

- _____ **Proof of Student Age**

Documentation of proof of age may include a duly certified transcript of a birth certificate filed according to law, or a duly certified transcript of a record of baptism, giving the date of birth; or, if not available, a passport showing the date of birth of the child; or, if not available, other documentary evidence may include: official driver's license; state or other government issued ID; school photo ID with date of birth; consulate identification card; hospital or health records; military dependent identification card; documents issued by federal, state, or local agencies; court orders or other court-issued documents; Native American tribal documents; records from non-profit international aid agencies/voluntary agencies, etc.)

- _____ **Parent Photo ID's**
- _____ **IEP** (*if applicable*)
- _____ **Custody papers** (*if applicable*)

Lake George Central School District
Committee on Preschool Special Education
381 Canada Street
Lake George, NY 12845
Phone: 518-668-5452 Fax: 518-964-6819



Referral Form

A student suspected of having an educational disability must be referred in writing to the chairperson of the Committee on Preschool Special Education.

Child Information:

Child's Name: _____ Date of Birth: _____

Language Spoken in the Home: _____ Sex: Male Female

Ethnicity (please check one):

American Indian Black (non-Hispanic) Asian or Pacific Islander
 Hispanic Caucasian Other: _____

Parent Information:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Reason for Referral:

Describe specific areas of concern including skill development, language quality or quantity, physical development, motor coordination, social skills:

Describe previous programs or services your child has received such as speech, PT, OT: _____

Have there been any previous tests or evaluations (include dates): No Yes _____

Additional Comments: _____

Name of Person Completing Referral

Date

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: _____ / _____ / _____ Grade: _____
Month Day Year (preschool-12)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check *one* box.)

- In a shelter
 With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
 In a hotel/motel
 In a car, park, bus, train, or campsite
 Other temporary living situation (Please describe): _____
 In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

LAKE GEORGE CENTRAL SCHOOL
Student Information Update
School Year _____

Student Name _____ Student ID _____
Date of Birth _____ Level _____
Grade _____
Teacher _____

- Please complete the following areas and sign below.
- *PLEASE NOTIFY THE MAIN OFFICE OF ANY CHANGES TO PHONE NUMBERS, ADDRESS OR EMERGENCY CONTACTS DURING THE SCHOOL YEAR.*

1. Address:

_____ Home Phone _____

Transportation Required: Yes / No

2. Parents/Legal Guardians with whom Student resides:

Name _____	Employer _____	Work Phone _____
	Occupation _____	Cell Phone _____
	Email _____	
Name _____	Employer _____	Work Phone _____
_____	Occupation _____	Cell Phone _____
	Email _____	

3. Parents & Step-parents with whom Student does not reside:

Name _____	Employer _____	Home Phone _____
	Occupation _____	Work Phone _____
	Email _____	Cell Phone _____
Name _____	Employer _____	Home Phone _____
_____	Occupation _____	Work Phone _____
	Email _____	Cell Phone _____

4. Person to be called in an Emergency (if parents are unavailable) Local resident only:

Name _____ Relationship _____ Home Phone _____
Work Phone _____
Cell Phone _____

5. List all siblings: (Additional siblings should be listed on back)

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

.....

Parent/Guardian Signature _____ Date _____

LAKE GEORGE ELEMENTARY SCHOOL

HEALTH HISTORY

To Be Completed By Parent/Guardian

Name _____ Birth Date _____ Grade _____

Please add specific information if checked "Yes" to any health concerns below.

	YES	NO		YES	NO
Medication Allergy (to what?)			Headaches/migraine		
Food Allergy (to what?)			Head Injury/Concussion		
Seasonal/environmental Allergies (pets, mold, dust, trees)			Heart Problem/Murmur		
Insect (bee) Sting Allergy			Mononucleosis		
Does your child have an Epipen?			Pneumonia		
ADD/ADHD			* SEIZURE DISORDER		
Asthma Has Inhaler Has Nebulizer meds			Strep/frequent sore throat Has your child been seen by an ENT Or allergy specialist?		
Bladder/Kidney Injury, disease, problem			Stomach Problems (reflux, lactose intolerance)		
Colds			Celiac disease		
*DIABETES			Tonsillitis		
Ear Infections Tubes			Developmental delay		
Hearing Loss/hearing aids			Physical Therapy		
Vision/eye problem			Speech Therapy		
Wears glasses or contacts			Any other health conditions? Please explain:		
Fracture/Sprain (please list)			Birth Weight: _____ Normal pregnancy/delivery?		
List Hospitalizations, Operations, Injuries Date: _____ Explanation/reason: _____ _____ _____			Has your child been to a Dentist? Name of Dentist: _____ Date of last exam: _____ Any dental problems? _____ Has orthodontic braces		
Child's Physician:					

Does your child take any medication(s)? no _____ yes _____ (If yes, please list name and dosage of medication (s) and when taken: _____

Are there any medical, emotional, behavioral or developmental conditions requiring special attention? _____

Is your child receiving counseling services? _____

Parent/Guardian Signature: _____ Date: _____

LAKE GEORGE CENTRAL SCHOOL MANDATORY NEW STUDENT QUESTIONNAIRE

Please take a few minutes to complete this survey so that we may best meet your needs.

Student Full Name: _____

1. Has your child ever had special education services? _____ Yes _____ No If so, when? _____
*(*Every parent/guardian has the right to have their child evaluated for the purposes of special education services and programs pursuant to applicable federal and state laws.)*
2. Does your child have an IEP? _____ Yes _____ No
3. Does your child have a 504? _____ Yes _____ No
4. Did your child repeat a grade? _____ Yes _____ No If so, which one? _____
5. Has your child ever been in a Gifted & Talented Program? _____ Yes _____ No
6. Has your child ever had remedial reading? _____ Yes _____ No
7. Has your child ever been inducted into the National Junior or Senior Honor Society? _____ Yes _____ No
8. What ethnicity is your child? **Please circle A, B, C, D, E, or F:**
 A.) American Indian or Alaskan Native B.) Asian
 C.) Black (Not Hispanic Origin) D.) Hispanic
 E.) Pacific Islander F.) White (Not Hispanic Origin)
9. Has your child ever been enrolled in the Lake George Central School District? _____ Yes _____ No
 If yes, list the years _____
10. Are you living in a shelter, with a relative or others due to lack of housing; in an abandoned apartment/building, in a motel/hotel, camping ground, car, train/bus station or other similar situation due to the lack of alternative, adequate housing; or temporarily housed in a shelter awaiting an OCFS permanent foster care placement?
**Information required by the No Child Left Behind Act of 2001* _____ Yes _____ No
11. Does your child have a parent, step parent or guardian serving as a full-time active duty member of the United States Armed Forces? _____ Yes _____ No
12. CUSTODY LIMITATIONS:
**Must be documented with legal papers in district folder* _____ Yes _____ No
13. Before/after school child care provider (please provide name/number/address):
14. What is the main reason for moving to our school district? Please explain:
15. Please describe anything that the counselor should know about your child (immediate health concerns, behavior concerns, academic concerns, etc.):

Note: The Lake George Central School District may occasionally use student photographs, video recordings or work on the district website and/or in district and community publications. Any parent or guardian who does not wish to have his/her child(ren)'s picture or work used for these purposes must notify the building principal in writing.

<i>For</i>	<input type="checkbox"/>	New Student		Effective Date: _____
<i>Office</i>	<input type="checkbox"/>	Re-Entry		Student ID: _____
<i>Use</i>	<input type="checkbox"/>	Move Out: _____	→ Indicate:	
<i>Only</i>	<input type="checkbox"/>	Transfer: _____	<input type="checkbox"/>	
	<input type="checkbox"/>	Change: _____	<input type="checkbox"/>	Year Entered High School: _____



LAKE GEORGE CENTRAL SCHOOL DISTRICT
LAKE GEORGE, NEW YORK 12845
TELEPHONE: 518-668-5714

RECORD RELEASE AUTHORIZATION

<u>STUDENT(S)</u>	<u>DATE OF BIRTH</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give permission for the following school(s) to release records to the Lake George Central School District:

- Health Records
- Academic Records
- Psychological Evaluations (If available)
- Special Education Records (If available)
- Full disciplinary file

Please release all general education and Special Education records, reports, test data, and health information for the above listed students.

This release may not, in any way, be construed as permission to forward this information to a third party.

Academic/Health/Disciplinary records should be sent to:

_____ Lake George Elementary School
Central Registration
69 Sun Valley Drive
Lake George, New York 12845

_____ Lake George Jr./Sr. High School
Guidance Office
381 Canada Street
Lake George, New York 12845

Special Education records should be sent to:

_____ Lake George Jr./Sr. High School
Committee on Special Education
381 Canada Street
Lake George, New York 12845

Parent/Guardian Signature

School District Employee

Date: _____

Date: _____

* The attached scholastic records are released to you under allowable provisions of Public Law 93-380 Section 438 of the condition that you will not permit any other party to have access to these records or will not release this information contained therein in personally identifiable form to any other party without the written consent of the student (if under 17 years of age and not attending an institution of post-secondary education).

* The Final Regulations Family Rights and Privacy Act dated June 1976, no longer requires written parental consent to release student educational records between schools. These rules state that school officials in school systems in which the student may intend to enroll may release and receive a student's records without a written consent for such release.

AFFIDAVIT – FAMILY RESIDENCE

STATE OF NEW YORK)
)ss.:
COUNTY OF WARREN)

_____, being duly sworn, deposes and says:
[Name of Parent]

- 1. I[We] am[are] the parent(s) of _____.
- 2. I[We] reside at

[Address of Parent]

The Student(s) reside(s) at:

- 3. The Student(s) began living at the current residence on _____ and will continue to reside there until _____.
- 4. I[We], the Parent(s), began living at the current residence on _____ and will continue to reside there until _____.

I[We] understand that this affidavit has been completed to establish me[us], the Parent(s), and the Student as residents, living within the Lake George Central School District (the “District”) boundaries. As a result of the representations made by me(us) in this affidavit, the District may admit the Student to its schools on a tuition free basis. If any such representations are untrue, the District may be damaged, at least in the amount of tuition it should have received for the education of the Student.

Therefore,

I[We] certify that all the information provided on this affidavit is true and accurate.

I[We] understand that:

If I[We] provide false information on this affidavit to the Lake George Central School District, I[We] may be committing the crime of perjury in the third degree (a class A misdemeanor);

If I[We] provide false information on this affidavit to the Lake George Central School District with the intent to defraud the Lake George Central School District, I[We] may be committing the crime of perjury in the second degree (a class E felony); and

I[We] may be prosecuted on criminal charges for such false information.

Signature (Mother)

Sworn to before me this
_____ day of _____, 20_____

Notary Public

Signature (Father)

Sworn to before me this
_____ day of _____, 20_____

Notary Public