

# LAKE GEORGE JR./SR. HIGH SCHOOL 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 contact Natalie Fullen, District Registrar, at [fullenn@lkgeorge.org](mailto:fullenn@lkgeorge.org) or (518) 668-5714 ext. 1211 with any questions.**

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

- \_\_\_\_\_ **Residency Questionnaire**
- \_\_\_\_\_ **Student Information Update**
- \_\_\_\_\_ **Authorization for Use or Disclosure of Protected Health Information**
- \_\_\_\_\_ **Health History**
- \_\_\_\_\_ **Dental Health Certificate**
- \_\_\_\_\_ **Mandatory New Student Questionnaire**
- \_\_\_\_\_ **Record Release Authorization**
- \_\_\_\_\_ **Student Handbook Acknowledgement**
- \_\_\_\_\_ **Student Athletic Form**
- \_\_\_\_\_ **Digital Equity Survey**
- \_\_\_\_\_ **Application for Parent Portal Account** *(Optional)*
- \_\_\_\_\_ **Affidavit - Family Residence** *(Must be notarized)*
- \_\_\_\_\_ **Home Language Questionnaire**

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**
- \_\_\_\_\_ **Latest Report Card**
- \_\_\_\_\_ **IEP** *(if applicable)*
- \_\_\_\_\_ **Custody papers** *(if applicable)*

# 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 \_\_\_\_\_



**Francis Cocozza, Principal**  
**Stephen Prouss, Director of Guidance**  
**James Perrigo, Guidance Counselor**  
**Jennifer Dell'olio, Guidance Counselor**  
**Kyle Manny, Athletic Director**  
**Christopher Mondella, Dean of Students**  
381 Canada Street  
Lake George, New York 12845  
(518) 668-5452 Fax (518) 668-3796

**Health Office Information for New Students**

- ☐ **Physical exam:** All new students entering the school district must have an up to date physical exam.
  - **Required:** Exam date must be within the past year of the first day of school.
  - **Required:** Must be presented to school before the first 30 days of school.
  - **Information:** A physical exam will also be required for grades 1, 3, 5, 7, 9 and 11. A dental health certificate is requested at the same time a physical is required. It is helpful to send an updated physical exam each time your child has one to keep their school health record current.
  
- ☐ **Immunizations:** All students entering the school district must be up to date with immunizations.
  - **Required:** Provide immunization record before the first 14 days of school.
  - **Information:** It is helpful to send an updated immunization record each time your child has any changes to keep their school health record current. More information on required vaccines can be found at <https://www.health.ny.gov/publications/2370.pdf>
  
- ☐ **Medications:** Does your child require medication during the school day?
  - **Required:** Must have both written Parental Consent and Physician Authorization. This law applies to both prescription and over-the-counter medications (including prescription meds, inhalers, cough drops, Tylenol etc). All medication must be in the original container.
  - **Information:** A new medication order can be valid for the school year. A new order is needed for each school year.
  
- ☐ **Medical:** Does your child have any medical conditions, surgeries, injuries or anaphylactic allergies?
  - **Required:** Provide information for any chronic medical conditions, anaphylactic allergies or other food allergies and upcoming surgeries.
  - **Required:** Food allergies or dietary restrictions must have medical documentation.
  - **Information:** Continue to communicate any medical changes as the school year goes on.

Please do not hesitate to contact me with any questions or concerns.

Carrie Becker RN, School Nurse

Phone: 518-668-5452 Ext 1217

Fax: 518-668-228 Email: [beckerc@lkgeorge.org](mailto:beckerc@lkgeorge.org)

*The mission of Lake George Central School is to personalize opportunities that empower all students to be lifelong learners, leaders and global citizens.*

# LAKE GEORGE JR.-SR. HIGH SCHOOL

381 CANADA STREET, LAKE GEORGE, NEW YORK 12845-3900

TELEPHONE 518-668-5452 FAX 518-668-3796

## Authorization for Use or Disclosure of Protected Health Information

In order to share protected health information with the school district, your healthcare provider may require completion of the form below to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Please complete, sign and give the form to your healthcare provider and/or to your school nurse to avoid delays in care for your child.

I, \_\_\_\_\_ guardian for \_\_\_\_\_, DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
authorize the medical records of my child, to be released to the district from their healthcare provider and authorize the school district to share relevant school information with my healthcare providers.

### Healthcare provider(s) listed below:

Name _____	Phone _____	Fax _____
Name _____	Phone _____	Fax _____
Name _____	Phone _____	Fax _____

### The healthcare provider may disclose the following information:

- \* Immunizations
- \* Health Appraisals
- \* Past/current medical conditions and its impact on attendance, athletics, school programming or therapy.
- \* Other \_\_\_\_\_

### The Protected Health Information may be used, disclosed or received for the following purpose(s):

- To develop care or therapy plans for routine and emergent school management
- To design appropriate educational, school, or athletic programs
- To assess the impact of the medical condition(s) on school programming and/or attendance
- To share school observations/concerns surrounding behavior
- To assess a medical basis for modification of transportation and/or home tutoring
- Medication delivery or therapy prescriptions
- At patient's request with no specified purpose
- Other \_\_\_\_\_

### PARENT: Please select one.

☐ This authorization is valid for the duration of attendance within the school district  
or

☐ This authorization is valid for the entire academic school year 20\_\_ - 20\_\_  
or

☐ This authorization shall expire on \_\_\_\_/\_\_\_\_/\_\_\_\_

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building. I understand that the revocation of this authorization is not effective if the Healthcare Provider or District has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice. I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law. I understand that my child's treatment is not dependent on my agreement to release or withhold information. I acknowledge that the district will share relevant school information with my healthcare providers and when applicable with those governmental agencies as required for reimbursements. I give permission for the school representatives above to share and disclose information as indicated above with the health care provider listed.

Signature of Parent/Guardian (or student if over 18)

Relationship

Date

# LAKE GEORGE JR.-SR. HIGH 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: \_\_\_\_\_

## Dental Health Certificate- Optional

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, Pre-K or K, 1, 3, 5, 7, 9, & 11. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

### Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:		Last	First	Middle
Birth Date:	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Month Day Year				
School: Name				Grade
Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No				

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 2. To be completed by the Dentist/ Dental Hygienist

**I. The dental health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of assessment)**  
**The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:**

- ☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- ☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

**Dentist's/ Dental Hygienist's name and address**

(please print or stamp)

**Dentist's/Dental Hygienist's Signature**

**Optional Sections - If you agree to release this information to your child's school, please initial here.**

#### II. Oral Health Status (check all that apply).

- ☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- ☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

#### II. Treatment Needs (check all that apply)

- ☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- ☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- ☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

**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.

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





# LAKE GEORGE CENTRAL SCHOOL DISTRICT

LAKE GEORGE, NEW YORK 12845

TELEPHONE: 518-668-5714

## **RECORD RELEASE AUTHORIZATION**

**STUDENT(S)**

**DATE OF BIRTH**

**GRADE**

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.

# 2023-2024 Student Handbook & Academic Eligibility Policy Acknowledgment

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*This page must be returned to school with **REQUIRED SIGNATURES** and Information*

Print Student Name: \_\_\_\_\_ Guideroom: \_\_\_\_\_ Grade: \_\_\_\_\_

The 2023-2024 Student Handbook is available on the school's website. If you do not have internet access and/or wish to receive a hard copy, please email Ana Hladik in the main office ([hladika@lkgeorge.org](mailto:hladika@lkgeorge.org)) or call (518) 668-5452 Ext. 1201.

## **Handbook Acknowledgment:**

☐ We read the Student Handbook and understand the student responsibilities and consequences.

## **Academic Eligibility Policy Acknowledgment for Athletics & Extracurricular Activities:**

☐ We read the Academic Eligibility Policy for Athletics & Extracurricular Activities (Section 5805), and understand our responsibilities.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ***Directory Information***

FERPA defines "directory information" as information contained in a student's education records that would not generally be considered harmful or an invasion of privacy if disclosed. Directory information, as defined in federal regulations, includes info such as the student's name, address, email address, photograph, date and place of birth, major field of study, grade level, enrollment status, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors and awards received and the most recent educational agency or institution attended. Lake George CSD shall limit the disclosure of information contained in the student's education records except:

- a. by prior written consent of the student's parents or an eligible student,
- b. directory information or,
- c. under certain circumstances, as permitted by FERPA, state and federal law.

Typical means of disclosure may include school publications, newsletters, newspapers, our student handbook, mailings, postings, school-affiliated websites, military recruiters, or institutions of higher education. For more detailed information, visit <https://studentprivacy.ed.gov>.

If you do **not** want your child's name and/or photo used for any of the above during the **2023-2024 school year**, please submit a written request to the high school main office specifying which items you would like excluded.

**A new request will need to be submitted each school year.**



## TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to the Section 2 office.

UPON RECEIPT IN THE SECTION OFFICE, OF A NOTIFICATION EMAIL, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.

**Please Note:** Make sure all available information/documentation is submitted prior to the Transfer Committee's review. NO appeal will be entertained involving additional information that WAS AVAILABLE but not included prior to the Transfer Committee's review.

**PLEASE CHECK ONLY ONE (1) of THE FOLLOWING.**

### Waiver Request:

- \_\_\_\_\_ **Financial** – Requires documented proof of a significant loss of income OR a significant increase in expenses.
- \_\_\_\_\_ **Health & Safety** – Written documentation from the Superintendent of Schools or HS Principal of the previous school indicating the specific circumstances which necessitated the transfer.
- \_\_\_\_\_ **School District of Residence (SDR):** (No change of residence, school registration change only.) Student is transferring to a school within the district boundaries of his/her residence.

### Exemption:

- \_\_\_\_\_ **Divorced/Legally Separated Parents:** A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six (6) months. The legal separation agreement or divorce document must address custody, child support, spousal support and distribution of assets and be filed with the County Clerk or issued by a Judge. **(proof required)**

\_\_\_\_\_  
Parent(s) Signature Attesting to Above

\_\_\_\_\_  
Athletic Director's Verification

- \_\_\_\_\_ **Homeless:** Student declared homeless by the Superintendent under McKinney-Vento Legislation (NYSED 100.2) **(STAC on file at the school)**

- \_\_\_\_\_ **No Corresponding Change of Address:** This transfer has no corresponding change of address nor does a waiver or exemption apply. We understand that the student is ineligible per the NYSPHSAA Transfer Rule and subject to the limitations contained in NYSPHSAA Handbook #31(b) passed July 2019.

- \_\_\_\_\_ **Residency Change:** The entire family has abandoned the previous address and is physically residing at the current address. I/We attest that our previous residence has been abandoned by the immediate/entire family and our current residence has been established through action and intent. I/We attest that the immediate/entire family will be physically residing at our current address as inhabitants and intend to remain indefinitely. (The mere renting of property within the District does not confer residency. The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPHSAA Regulations.) I/We attest that the student has transferred without inducement, recruitment or having sought an athletic advantage.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this document, I/We attest to the truth and accuracy of any and all information provided on this form.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving School: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Registration/Transfer: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade: \_\_\_\_\_ Did Student Repeat Any Grades: YES NO

Student/Entire Family Previous Address: \_\_\_\_\_

Student/Entire Family Present Address: \_\_\_\_\_

### Parent(s) Names and Current Addresses

Parent #1: Name \_\_\_\_\_ Address: \_\_\_\_\_

Parent #2: Name \_\_\_\_\_ Address: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_ Did student participate in high school athletics at previous school? YES NO

OVER

**TO BE COMPLETED BY RECEIVING SCHOOL'S ATHLETIC DIRECTOR IN CONVERSATION WITH PREVIOUS SCHOOL.**

Address of Student While Attending Previous School: \_\_\_\_\_

Name & Relationship Of All With Whom Student Lived While Attending Previous School: \_\_\_\_\_

Dates of Attendance and Withdrawal of all Previous Schools: (grades 7-12)

1. School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_
2. School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_
3. School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

List All High School Sports Student Has Played (7-12 grade)  
Most Recent First

7th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
8th Grade:	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
9th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
10th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
11th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
12th Grade:	Sport: _____	Level: _____	School: _____
	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____

Sports history verified by Receiving School's Athletic Director by:

\_\_\_\_\_ Telephone Conversation with \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ E-mail/Fax with \_\_\_\_\_ Date: \_\_\_\_\_

Failure to confirm after three (3) documented attempts:

1. Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_
2. Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_
3. Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_

The Receiving School's Athletic Director has reviewed and verified all information on this document as accurate and true to the best of his/her knowledge.

Athletic Director Reviewed & Verified: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* If any information provided in this document by the parent(s) and/or Athletic Director is deemed to be inaccurate or false, will result in Eligibility Violations.**

## **Lake George Athletics**

Lake George School offers a variety of sports. We would like to know if you have an interest in playing any of the following sports: (Please check any that you may be interested in.)

### **FALL**

- ☐ Cross Country
- ☐ Football
- ☐ Golf
- ☐ Boys/Girls Soccer
- ☐ Girls Volleyball
- ☐ Cheerleading

### **Winter**

- ☐ Boys/Girls Basketball
- ☐ Bowling
- ☐ Alpine Skiing
- ☐ Nordic Skiing
- ☐ Wrestling
- ☐ Cheerleading

### **Spring**

- ☐ Baseball
- ☐ Softball
- ☐ Tennis
- ☐ Boys/Girls Track & Field

# **LAKE GEORGE CSD DIGITAL EQUITY SURVEY**

In efforts to ensure that all students have access to a device appropriate for learning and sufficient broadband access, the New York State Education Department has developed a Digital Equity Survey that must be completed for every student.

*"Collecting accurate data regarding digital resource access for our New York students will greatly help educators to better serve their students and families. In order to accomplish this, the New York State Education Department is asking parents or guardians to complete a Digital Equity survey (for each student in the family) in grades Kindergarten – Grade12. This survey will provide information on student access to devices and internet access in their places of residence. To assist us in this process, please answer each question below and follow any additional instructions provided for submitting or returning the survey. Thank you for your time and cooperation."*

**Question 1: Did the school district issue your child a dedicated school or district-owned device for their use during the school year?**

Responses: A) YES B) NO

**Question 2: What is the device your child uses most often to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) Please circle only one.**

Responses: A) DESKTOP B) LAPTOP C) TABLET D) CHROMEBOOK E) SMARTPHONE F) NO DEVICE

**Question 3: Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)**

Responses: A) SCHOOL B) PERSONAL C) NO DEVICE

**Question 4: Is the primary learning device (identified in question 2) shared with anyone else in the household?**

Responses: A) SHARED B) NOT SHARED C) NO DEVICE

**Question 5: Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?**

Responses: A) YES B) NO

**Question 6: Is your child able to access the internet in their primary place of residence?**

Responses: A) YES B) NO

**Question 7: What is the primary type of internet service used in your child's primary place of residence?**

Responses: A) RESIDENTIAL BROADBAND B) CELLULAR C) MOBILE HOTSPOT D) COMMUNITY WIFI  
E) SATELLITE F) DIAL UP G) DSL H) OTHER I) NONE

**Question 8: In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?**

Responses: A) YES B) NO

**Question 9: What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?**

Responses: A) AVAILABILITY B) COST C) NONE D) OTHER

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

# LAKE GEORGE CENTRAL SCHOOL DISTRICT

## SchoolTool Parent/Guardian Access Request Form

The Lake George Central School District is pleased to provide parents and guardians with access to student information records via the SchoolTool Parent Portal. In order to protect the confidentiality of student records, all parents/guardians who would like access are required to complete this form and return it in person to your child's school. For security purposes, a photo ID is required when you return this form.

Parents and Guardians are required to adhere to the following SchoolTool Parent Portal guidelines:

- Parents/Guardians will access data solely in regard to their children.
- Parents/Guardians will not access any account assigned to another user.
- Please do not share your password with anyone, including your children.
- Please do not allow your computer to "remember" your Parent Portal password.

**Parent/Guardian Name**

*\*One name per form*

**Parent/Guardian**

**Home Address**

**Parent/Guardian**

**Email Address**

*\*Only one email address per application. Your email address will be your username.*

Please list all children who are or will be enrolled at Lake George (Student Name)	What is your relationship to this student? (Mother/Father/Guardian)	Do you reside at the same address as this student? (Yes or No)	Grade
<b>You only need to fill this form out once. New children will automatically be added.</b>			

*I have read the SchoolTool Parent Access Form and agree to abide by and support the guidelines. I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important:** Once the information on this form is received, verified, and processed, you will receive notification via email that your SchoolTool Parent Portal account has been created. The email will also contain instructions to complete the registration process.

**Office Use Only:**

• ID Verified	Verified by: _____	Date: _____
• Account Created	Created by: _____	Date: _____

[illegible]

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

The Student(s) reside(s) at:

- [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.

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

Notary Public





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

Elisa Alvarez, Associate 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 Person in Parental Relation:*  
*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.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
		<input type="checkbox"/> Male
Month	Day	Year
<input type="checkbox"/> Female		
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to

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 _____ <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1 _____ <small>specify</small>	<input type="checkbox"/> Parent 2 _____ <small>specify</small>
	<input type="checkbox"/> Guardian(s) _____ <small>specify</small>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not write

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

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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? _____	

\_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 Signature of Parent or of Person in Parental Relation Date

Relationship to student: ☐ Parent ☐ 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>**DATE OF INDIVIDUAL INTERVIEW:</b> <div style="text-align: center; margin-top: 10px;">             _____              MO.      DAY      YR.           </div>	<b>OUTCOME OF INDIVIDUAL INTERVIEW:</b> <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
<b>DATE OF NYSITELL ADMINISTRATION:</b> <div style="text-align: center; margin-top: 10px;">             _____              MO.      DAY      YR.           </div>	<b>PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</b> <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	