



CPSE REGISTRATION CHECKLIST

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 district office. Please contact Natalie Fullen, District Registrar, at fullenn@lkgeorge.org or (518) 668-5452 ext. 1211 with any questions.

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

- | | |
|--|---|
| <input type="checkbox"/> CPSE Referral Form | <input type="checkbox"/> Mandatory New Student Questionnaire |
| <input type="checkbox"/> Residency Questionnaire | <input type="checkbox"/> Record Release Authorization |
| <input type="checkbox"/> Student Information Update | <input type="checkbox"/> Affidavit – Family Residence |
| <input type="checkbox"/> Health History | |

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 Central 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.

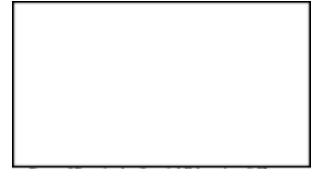
If parent(s)/guardian(s) are unable to provide any of the above documentation, the district may consider the following as proof of residency: utility bills; pay stub; income tax form; membership documents based upon residency; voter registration documents; official driver's license, learner's permit, 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, etc.

- Parent Photo ID**
- IEP or 504 Plan** (*if applicable*)
- Custody Paperwork** (*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



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



STUDENT INFORMATION UPDATE

School Year _____

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

Please complete the following areas and sign below.

1. Primary Address: _____
Mailing Address (if different) _____

2. Parent(s)/Legal Guardian(s) with whom the student **resides**:
Name _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____
Email Address _____

Name _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____
Email Address _____

3. Parent(s)/Legal Guardian(s) with whom the student **does not reside**:
Name _____ Relationship to Student _____
Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____
Email Address _____

Name _____ Relationship to Student _____
Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____
Email Address _____

4. Person to be called in an emergency if parents are unavailable (please list additional contacts on the back):
Name _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____

5. List all siblings (please list any additional siblings on the back):
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

Parent/Guardian Signature _____ Date _____

*PLEASE NOTIFY THE SCHOOL OF ANY CHANGES TO PHONE NUMBERS, ADDRESSES OR EMERGENCY CONTACTS MADE DURING THE SCHOOL YEAR.



HEALTH HISTORY

To be completed by Parent/Guardian

Student Name _____ Date of Birth _____ Grade _____

	Yes	No		Yes	No
Medication Allergy (to what?) _____			Headaches/Migraines		
Food Allergy (to what?) _____			Head Injury/Concussion		
Seasonal/Environmental Allergies (to what?) Ex. 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's Name: _____

Does your child take any medication(s)? No _____ Yes _____

If yes, please list the 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:** _____



MANDATORY NEW STUDENT QUESTIONNAIRE

Student Name: _____

	Yes	No
Has your child ever received special education services? If so, when? _____ <i>(*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.)</i>		
Does your child have an IEP?		
Does your child have a 504?		
Has your child repeated a grade? If so, which one? _____		
Has your child ever been in a Gifted & Talented Program?		
Has your child ever had remedial reading?		
Has your child ever been inducted into the National Junior or Senior Honor Society?		
Has your child ever been enrolled in the Lake George School District? If so, when? _____		
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? <i>(*Information required by the No Child Left Behind Act of 2001)</i>		
Does your child have a parent, step parent or guardian serving as a full-time active duty member of the United States Armed Forces?		
Do you have any custody limitations? <i>(*Must be documented with legal paperwork in district folder)</i>		
Is this student a foster child? If yes, attach form DSS-2999		
Does your child require transportation?		

What ethnicity is your child? Please circle all that apply:

- A) American Indian or Alaskan Native B) Asian C) Black (Not Hispanic Origin)
 D) Hispanic E) Pacific Islander F) White (Not Hispanic Origin)

Please provide name, number and address of your child's before/after school child care provider:

What is the main reason for moving to our school district? Please explain: _____

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 Office Use Only</i>	<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
 381 CANADA STREET, LAKE GEORGE, NY 12845
 PHONE: (518) 668-5452 FAX: (518) 668-2285

RECORD RELEASE AUTHORIZATION

Student's Name:	Date of Birth:	Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

School Name:	City/State:
<input type="text"/>	<input type="text"/>
School Phone:	School Fax/Email:
<input type="text"/>	<input type="text"/>

RECORDS REQUESTED	
Academic transcripts and report cards	Attendance records
Academic intervention service records	Disciplinary records
Special education records (IEP, 504 plan)	Standardized test scores
Psychological evaluations	Local assessments
Health records (last physical, immunization record)	Record of NYS Science Investigations (if applicable)
Record of birth	Custody paperwork

Please release all records requested pertaining to this student to Lake George Central School District. This release may not, in any way, be construed as permission to forward this information to a third party.

Records may be sent to Natalie Fullen, District Registrar. Thank you for your assistance.

Fax: (518) 668-2285

Email: fullenn@lkgeorge.org

 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

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

1. I[We] am[are] the _____ parent(s)/guardian(s) of _____.
[Name(s) of Student(s)]

2. I[We] reside at:

[Address of Parent/Guardian]

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 (Parent/Guardian)

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

Notary Public

Signature (Parent/Guardian)

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

Notary Public